



2015 ENHANCED CRISIS INTERVENTION TRAINING

Training usefulness, on-the-job applications, and reinforcing of training objectives

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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 model¹; 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 2015 ECIT training.

Data and feedback for this evaluation was obtained from the ECIT training program coordinators and several of the instructors, training participants, the Bureau of Emergency Communications, the Behavioral Health Unit Advisory Committee's recommendations, the Enhanced Crisis Intervention Team Advisory Council, the Internal Affairs 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.

Substantial changes in content and instructors/presenters were made after the 2014 training. The current evaluation results suggest some of these changes were very beneficial, while others had mixed or negative results and are listed in this document for further consideration. Several areas for refining course material were identified, in relation to increasing student learning and engagement.

Areas where the students may benefit from some additional focus in the curriculum are when and how to utilize mental health services (such as NAMI, EASA, Project Respond, Multnomah County Call Center, and the Behavioral Health Unit Electronic Referral System), the role of the ECIT officer, communication coaching, how to set up a communication team, and some of the nuances related to assessing threats and communicating with someone during a psychotic state.

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

There were a total of 593 identified ECIT dispatched calls in 2015. Among these calls, 159 included transports to a care facility, 43 resulted in a physical arrest, 2 resulted in a cite-in-lieu, and eight cases involved force². In follow-up surveys of training participants, ECIT officers are consistently 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.

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 complements 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.

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 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.

INTRODUCTION

The Portland Police Bureau created the Enhanced Crisis Intervention Team (ECIT) training in 2013 to train a select group of volunteer officers to assist with specific calls involving a behavioral health crisis.

This included calls with a mental health component and at least one of the following: a violent subject; a subject with a weapon; the call location is at a designated residential mental health facility; the call involves someone who is threatening suicide by jumping; or an ECIT officer is requested by an officer or citizen. On July 27, 2016, the directive was updated to include all calls where a subject is threatening or attempting suicide, in addition to the previous criteria.

The ECIT team is a component of the Portland Police Bureau's Behavioral Health Unit (BHU), which was established in 2013 to manage and coordinate the increasing demands related to police contacts involving behavioral health crises³.

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 first ECIT trainings were

conducted in May 2013. To date, four ECIT trainings have been conducted, with a total of 105 sworn attendees.

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 the Training Division's non-sworn mental health professional, who specializes in developing crisis intervention strategies and training for law enforcement.

The training is conducted over four 10-hour training days that consist 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 includes topics on crisis response and de-escalation techniques, historical perspectives on mental illness, stigma, local mental health systems and resources, and suicide intervention.

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³ More information about the Behavioral Health Unit can be obtained at <http://www.portlandoregon.gov/police/62135>.

INTRODUCTION (con't)

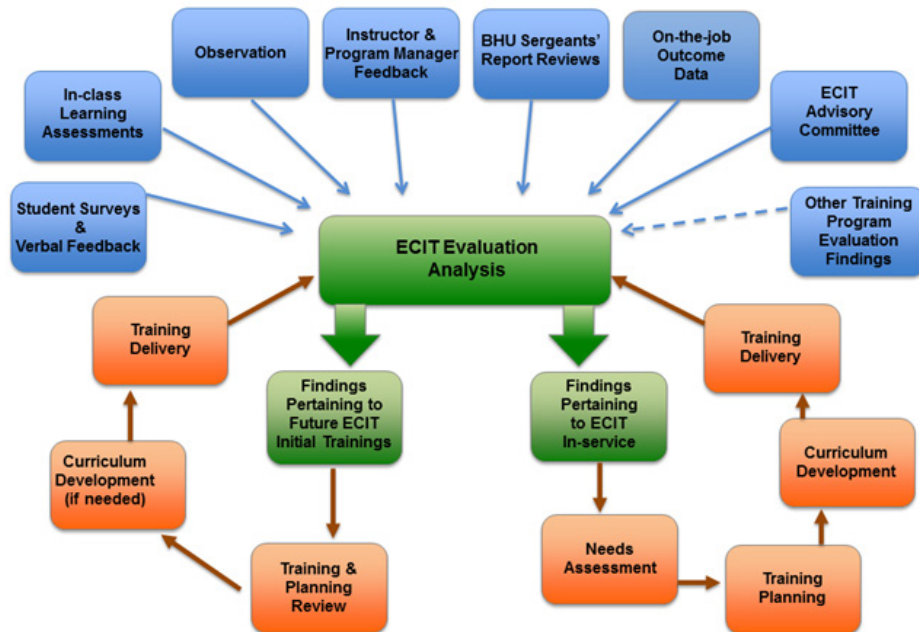


Figure 1. ECIT Evaluation Process

The ECIT Evaluation Process

The Training Division utilizes multiple research methodologies within the Kirkpatrick Model of training evaluation for evaluating the effectiveness and impact of training.

For the ECIT training, the evaluation process includes examining the quality of the training event, student learning, the relevancy of the material, on-the-job barriers, on-the-job outcomes, and organizational level goals. This includes the use of student feedback surveys, observation, instructor and program manager feedback, in-class learning assessments (including a pre and posttest), the Behavioral Health Unit Advisory Committee, the Enhanced Crisis Intervention Team Advisory Council, feedback regarding on-the-job outcomes from the Behavioral Health Unit, and several data sources pertaining to on-the-job outcomes (for example, use of force data, call data,

the ECIT template data). In addition, knowledge of other training program evaluation findings occasionally provide further insight into the evaluation process.

The Training Division and the Behavioral Health Unit are continually expanding their formalizing of the in-class learning assessments and analysis of on-the-job outcomes as time permits.

The training evaluation process utilizes a mixed-method approach, with the analysis integrating the findings from various sources of information to form a more comprehensive perspective.

In Figure 1 above, the ECIT training evaluation process demonstrates the various sources of information that currently flow into the evaluation process, which lead to refinement of the ECIT training as needed and the needs assessment process for ECIT In-services. In addition, findings from the

ECIT evaluation process at times yield results which help inform the crisis intervention training needs for general In-service.

Although the Training Division and the CIT coordinators have always conducted training evaluation and needs assessments informally, they began formalizing these processes in 2013. Some of the goals of formalizing these systems are to:

- Increase ease and efficiency in training planning.
- Provide more comprehensive and streamlined feedback loops to training managers regarding what is working well in the training environment, as well as on the job.
- Maximize the use of training time.
- Enhance uniformity between training and organizational level expectations and goals.

Report Purpose

This report focuses on the evaluation results for the 2015 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, and job application of the training objectives, as well as additional future measurement goals.

TRAINING EVENT AND STUDENT LEARNING

The Training Division and Behavioral Health Unit utilizes these findings to inform future ECIT trainings and ECIT In-service trainings. This report is also intended to be a resource for stakeholders, who want to keep updated on this training program.

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 training event level, 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 previous ECIT training evaluation results (for the 2014 ECIT training) found the training was well-received, and the results suggested the students were satisfied, engaged, found the training relevant, and experienced an increase in knowledge, skills, and confidence in core learning objectives for this program. Several new additions to the program such as the peer recovery section of the History of Mental Health Treatment class and the NAMI and EASA class sessions, which are based on the Behavioral Health Unit Advisory Committee recommendations, were well-received.

There were no sections of the 2014 training program identified as failing to meet the students' needs. However, there were several areas identified for consideration related to refining the curriculum and time allocated to various learning objectives. For instance, some areas were identified for refining curriculum to further increase engagement and active learning opportunities. The findings also suggested devoting more time to communicating with someone in a psychotic state, maintaining a broad perspective of call, and that communication coaching skills may be beneficial.

The ECIT training program managers and lead instructors made several changes based on the 2014 evaluation results related to enhancing the curriculum and allocating more training time to specific learning objectives.

Several changes were also made based on input from external advisory and oversight bodies. This included the addition of classes on Trauma Informed Care and an overview of mental health diagnoses. There was also a desire to have more external instructors and presenters leading the class sessions. Many changes to instructors/presenters were made based on these recommendations, as well as changes in instructor/presenter availability.

2015 ECIT Training Evaluation Results on the Training Event and Student Learning

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, feedback from the Behavioral Health Unit Advisory

The ECIT training program managers and lead instructors made several changes based on the 2014 evaluation results related to enhancing the curriculum and allocating more training time to specific learning objectives.

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TRAINING EVENT AND STUDENT LEARNING (con't)

Committee, and feedback from the main instructors for this program. The class descriptions, in-class learning assessment results, and survey results pertaining to each class are provided in Appendix A and B.

The evaluation results suggest the students gained important knowledge and skills from the 2015 ECIT Training.

However, the findings also indicate the training event was likely overall less effective compared to the 2014 ECIT Training. This was evident in the initial and follow-up student feedback, as well as the instructor and program coordinators' observations. For instance, the 2015 cohorts' class ratings were substantially lower compared to the 2014 cohorts'; they reported less learning, the instructors reported less engagement in several activities, and the student feedback focused on distractions to learning rather than feedback indicative of gains in learning associated with the objectives of the program.

Again, the findings still support the value of the training and some of the additional changes made to the training, which will be further discussed below. The two main distracting factors, pertaining to lower ratings, engagement, and learning, were some of the changes in instructors/presenters and the impact of observers. These factors will also be further discussed below. There were no substantial differences found in cohorts that would explain the extent of differences in results between the cohorts.

Although, it is important to note that as the ECIT program becomes more

established in the organization, some curriculum design may need adjustment for students who come into the program with a higher knowledge level and familiarity with the ECIT program.

One of the purposes of the training evaluation process is to gauge the impact of changes made to the training event, to ensure that program changes lead to increases in student engagement, learning, and relevancy of the material. It is not uncommon for changes to be made that do not fully serve their intended goal. The evaluation process tracks the impact of changes for program managers to assist in future training planning. This helps ensure training objectives remain a primary focus during training planning and employee training time is maximized.

The following is a summary of the main evaluation findings pertaining to the training event itself for consideration in future training planning⁴. These findings are not intended to be the sole source of input for future training planning but rather provide training managers, lead trainers, and decision makers with information to aide future training planning discussions.

Course Material and Learning Objectives

Overall, the findings support the relevancy and applicability of main course material and learning objectives to the students' learning needs. The Training Division's non-sworn mental health specialist and Behavioral Health Unit staff conducted extensive research prior to and during the development of the ECIT training.

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One of the purposes of the training evaluation process is to gauge the impact of changes made to the training event, to ensure that program changes lead to increases in student engagement, learning, and relevancy of the material.

⁴ Further details regarding the student feedback and learning assessment results can be found in Appendix A and B.

TRAINING EVENT AND STUDENT LEARNING (con't)

This included attending several years of the International CIT Conference, reviewing national and international literature research, and obtaining input from the Behavioral Health Unit's Advisory Committee.

Several key components of the Memphis Model were utilized, as well as information from other national sources, and components to tailor the training to local community and officer needs.

The ECIT training program includes a wide variety of course material, covering information important for: 1) effective utilization of mental health resources; 2) rapport building and communication with someone who has mental health issues; 3) recognition of mental status indicators; 4) communication with family members; 5) identification of safety risks; and 6) use of other tactics pertaining to more complex calls involving a mental health component. To date, the feedback from students, program managers, and lead instructors, as well as the supervisors observing or reviewing on-the-job application of skills, the Behavioral Health Unit's Advisory Council, and the literature reviewed⁵, suggest the main course material and learning objectives are in-line with the program goals and students' learning needs.

The main training topic areas have been very well received by the students. Some additions were made in the 2015 ECIT training, such as the Overview of Mental Health Diagnoses, Trauma Informed Care, Multnomah County Threat Advisory Team, and Psychosis and Communication classes.

In addition, the Lines for Life presentation and the crisis communication skill building exercises portion of the Crisis Response Resource training were new. Overall, these appear to be good additions to the program, although some refinements may be beneficial.

The main findings pertaining to course material for future ECIT training preparations were the following:

Course Overview / ECIT Program Introduction

- Consider the addition of a chart pertaining to the role of the ECIT officer, which can be built upon during the Crisis Response Resources class.
- Start the class with a case study.

Overview of Mental Health Diagnoses

- The student ratings related to learning were lower than desired. Given this class covers content that is not new to the students, there may be a benefit in reviewing the curriculum to assess whether any of it should be advanced or otherwise changed for this student group.

NAMI Overview

- The student ratings related to the class overall and to the learning gained were lower compared to the 2014 cohort. The pre- and post-test indicated some learning increase pertaining to NAMI. However, about half of the students still reported not having a clear understanding of when and how to utilize NAMI. Ensuring the course material is focused on this important learning objective may be beneficial.

EASA Overview

- The student ratings related to the overall class and to the learning gained were lower compared to the 2014 cohort. Almost half of the students did not report having substantial agreement regarding a clear understanding of when and how to utilize EASA. Ensuring the course material is focused on this important learning objective may be beneficial.

Trauma Informed Care

- The student ratings related to learning were lower than desired. One student commented this class could be condensed. Other officer feedback related to this training topic has suggested officers are very familiar with much of this topic. There may be a benefit in reviewing the curriculum to better identify what information ECIT training participants are not already familiar with, where officers struggle the most pertaining to the topic area, and/or where the curriculum could be advanced.

Mental Health Risk Assessment

- A consideration for strengthening the class is allowing more time for debriefs and practicing the more nuanced identifiers during the practical application exercises.

Psychosis and Communication

- A consideration for strengthening the class is incorporating more guidance pertaining to moving a conversation involving symptoms of psychosis to a place of problem solving after establishing some rapport.

⁵ The Training Division is currently in the process of conducting additional literature research on crisis intervention training.

TRAINING EVENT AND STUDENT LEARNING (con't)

Suicide Intervention

- A consideration for strengthening the class is the inclusion of a video and having students practice asking someone if they are contemplating suicide.

Crisis Response Resource

- Overall, these class sessions were very well received, and the new additions provided more opportunities for interactive learning compared to the previous trainings. The students were less interactive than normal. However, given the feedback, this was likely related to the observers and not the curriculum changes.
- The student and program coordinator feedback suggest the Lines for Life section may be strengthened. One consideration is having it co-presented with one staff member from Lines for Life and one sworn member, who can address how to utilize this service.
- Overall, the skill building exercises went very well. Some considerations for further strengthening in this area, in regards to content, are:
 - Providing the students more direction regarding the purpose of these exercises (practice communication, not a full scenario)
 - Providing more clarity regarding when to inject intel into a conversation
 - Refining the context of some of the scenarios and the information the students receive
 - Continue to emphasize “staying in the muck”

ECIT Patrol Tactics

- Overall, this training day was well received, though it was noted this class was also significantly less interactive

compared to previous trainings with the same curriculum and instructors.

- The student ratings related to learning from the table top exercise were lower than normal. There is some consideration to incorporating a different case study, though the reaction may have been solely due to the impact of observers given student and instructor feedback.
- Consider refining some of the scenarios to include additional learning objectives.
- Consider the inclusion of more scenarios or more students in the scenarios when and if staffing capacity allows.
- Explore the inclusion of observation sheets for class members to fill out during the scenarios. This would serve to increase engagement and learning.

Instruction & Presentation Skills

As noted above, several changes in instructors/presenters were made between the 2014 and 2015 ECIT trainings.

Several areas where the training could benefit from more effective instruction and presentation were identified during the evaluation process. Some were identified through student feedback, some instructor self-critique, and others by those observing the training. In some

cases, these findings were correlated with indications of large decreases in learning of main training objectives; other cases related to more minor instructor development.

The details of these findings are not included in this report. However, they are being discussed and addressed by the training managers, as well as by the Behavioral Health Unit's Advisory Committee in some cases. Overall, those who were more experienced in instructing/presenting were able to maintain focus on the main learning objectives.

They were also able to connect the learning objectives closely to practical application of the law enforcement officers' job and were most effective in contributing to the main learning objectives.

A consideration for strengthening the class is incorporating more guidance pertaining to moving a conversation involving symptoms of psychosis to a place of problem solving after establishing some rapport.

TRAINING EVENT AND STUDENT LEARNING (con't)

Logistical Considerations

Several logistical considerations arose during the evaluation process. Most of them related to minor changes in scheduling or training preparation, which will be discussed further below.

One of the main distractions to learning brought to attention was the presence of observers. This training event included observers from the DOJ, COCL team, COAB, Behavioral Health Unit's Advisory Committee, and the occasional internal curriculum development specialist.

The students expressed being overwhelmed by the presence of observers, which clearly reduced their attention on learning.

The students reported discomfort with being shadowed, felt they were being judged during the training, were distracted by hearing the observers' notetaking, and were less willing to participate in discussions. Some of these reported impacts on the students correlated with instructors' observations of student behavior. In addition, several instructors reported being distracted by the observers, which led to a reduced focus on the students. The split focus of the instructors was noticeable to some of the students.

The reported impact of observers was completely unsolicited during the evaluation process. However, the impacts have been observed during other trainings and correlate with

the research findings pertaining to observation. Essentially, the act of observing itself generally impacts an environment; the impact ranges from very small to large. Observation can create positive or negative impacts depending on factors such as the relationship to the observed, stress levels, the difficulty of the task, and the context of the event (e.g. performance vs. learning event). However, the impacts of observers has been found to be largely negative in relation to learning, concentration, memory, test performance, and accurately assessing people's skill levels⁶.

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⁶ The negative impacts of observers on learning and performance has been found in numerous studies over the years. The impacts of observers can vary, but they are typically found to be negative with the effects ranging from small to large. Researchers are expressing that the issue of observers can no longer be seen as benign, even when the observer is unobtrusive. The negative impacts have been significant enough to change policy and procedures related to testing as the interpretation of testing done with the presence of an observer has been found to be invalid (Yantz & McCaffrey, 2005; McCaffrey, Lynch & Yantz, 2005). Furthermore, one cannot accurately assess people's skills, memory, neuropsychological status and/or learning levels with an observer present (Binder & Johnson-Greene, 1995; Constantinou & McCaffrey, 2003; Yantz & McCaffrey, 2005; McCaffrey, 2005). These negative impacts can be found in performance tests, even when the test taker believes that the presence of the observer does not impact them.

The research shows that observers negatively impact memory, test performance, concentration, and performance on tasks involving motor skills, reaction time, vigilance, visual-spatial abilities, problem solving and conceptual reasoning (Yantz & McCaffrey, 2005; Gavett, Lynch, and McCaffrey, 2005). The size of the impact can vary from small to large depending on what skills or qualities are being measured (Gavett, Lynch & McCaffrey, 2005) and the difficulty of the task (Yantz & McCaffrey, 2005). The impact of the observer can also vary with the anxiety level of the individual and the relationship to the student. For instance, those experiencing higher anxiety in the learning or test taking environment will be more likely to experience a higher degree of negative impacts from the presence of an observer.

Researchers have also looked into alternative modes of observing, such as by camera or recorders. The negative impacts of having observers have been found whether a person is physically in the room, or whether a recorder or camera is used instead of an in-person observer (McCaffrey, R., Lynch, J. & Yantz, 2005; Constantinou, Ashendorf, and McCaffrey, 2002). The negative impacts of an in-person observer have also been found even when the test taker is told that the observer is only in the room to evaluate the test administrator and not the examinee's performance (Yantz & McCaffrey, 2005).

In sum, to date the research demonstrates that the presence of an observer impacts memory, performance and concentration, with the impact typically being negative. Sometimes the impact of an observer has positively impacted performance, however, this is typically associated with situations where the task is easy, for sporting events, and low stress environments (situations less applicable to the much of the police training).

The following are some of the research articles pertaining to the impacts of observers:

Baumeister, R. (1984). Choking under pressure: Self-consciousness and paradoxical effects of incentives on skillful performance. *Journal of Personality and Social Psychology*, 46, 610-620.

Constantinou, M., Ashendorf, L. & McCaffrey, R. (2002). When a third party observer of a neuropsychological evaluation is an audio-recorder. *The Clinical Neuropsychologist*, 16, 407-412

Gavett, B., Lynch, J. & McCaffrey, R. (2005). Third party observers: The effect size is greater than you might think. *Journal of Forensic Neuropsychology*, 4, 49-64.

Kehrer, C., Sanchez, P., Habif, U., Rosenbaum, J., & Townes, B. (2000). Effects of a significant-other observer on neuropsychological test performance. *The Clinical Neuropsychologist*, 14, 67-71.

Kroger-Costa, A. & Abreu-Rodrigues, J. (2012). Effects of historical and social variables on instruction following. *The Psychological Record*, 62, 691-706.

McCaffrey, R. (2005). Some final thoughts and comments regarding the issues of third party observers. *Journal of Forensic Neuropsychology*, 4, 83-90.

McCaffrey, R., Lynch, J., & Yantz, C. (2005). Third party observers: Why all the fuss? *Journal of Forensic Neuropsychology*, 4, 1-15.

Poulter, D. (2009). Home advantage and player nationality in international club football. *Journal of Sports Sciences*, 27, 797-805.

Sanders, G. & Baron, R. (1975). The motivating effects of distraction on task performance. *Journal of Personality and Social Psychology*, 32, 956-963.

Yantz, C. & McCaffrey, R. (2005). Effects of a supervisor's observation on memory test performance of the examinee: Third party observer effect confirmed. *Journal of Forensic Neuropsychology*, 4, 27-38.

TRAINING EVENT AND STUDENT LEARNING (con't)

The Behavioral Health Unit and the Training Division are working towards building opportunities for people to learn about what, why, and how they train, while simultaneously maintaining a professional learning environment. These evaluation results support the need for this work.

In addition to the impact of observers, some scheduling and other logistical considerations arose during the evaluation process. Some additional logistical considerations for future ECIT trainings are:

General Scheduling

- Consider spacing out the classes focused on experiential learning, such as the Peer Recovery Movement, Consumer Panel, and Family Member Panel.

Consumer and Family Member Panels

- Provide more guidance on the session objectives and what has been impactful in meeting those objectives to guest presenters.

Mental Health Risk Assessment

- Consider extending the class to an hour and 15 minutes.

Trauma Informed Care

- Consider reducing the time to between one and one-and-a-half hours, assuming that timing fits with the reworking of content.

Crisis Communication Skills Exercises

- Create a checklist for the observer role, for tracking crisis communication skills such as active listening, open ended question, “staying in the muck”,

etc. Give credit for intel requested, even if not available.

- Rework the debrief guide sheet to include more focus on staying in the muck.
- Provide a facilitator class, including a dry run, prior to the next ECIT training.
- Extend the time to 25 minutes per exercise.
- Assign the Behavioral Health Response Team members as team facilitators.

Student Learning

The feedback from the student survey, instructor and program coordinator observations, and in-class learning assessments (including the pre- and post-test) suggest the students gained knowledge and skills in the main categories of: 1) mental health facilities and resources; 2) de-escalation and communication techniques; 3) knowing the role of ECIT officers; 4) communication coaching; 5) assessing situations; and 6) mental health indicators. The indicators suggest a decreased amount of achieved learning compared to the 2014 ECIT training.

Thus, there may be potential for increasing learning in the program. This portion of the results should be interpreted with some caution, given the distractions to the learning environment for this cohort.

Some of the results may be related to the impact of observers and/or strength of the instruction and presentation, rather than the curriculum itself.

However, one consideration that is clear is many (if not all) of the officers coming into the program had substantial knowledge in many areas of mental health.

Areas where the students may benefit from some additional focus in the curriculum are when and how to utilize mental health services (such as NAMI, EASA, Project Respond, Multnomah County Call Center, and the Behavioral Health Unit Electronic Referral System), the role of the ECIT officer, communication coaching, how to set up a communication team, and some of the nuances related to assessing threats and communicating with someone during a psychotic state.

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ON THE JOB APPLICATION AND POST-TRAINING OFFICER FEEDBACK

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 2016, feedback regarding on-the-job application of the training objectives and the ECIT program was collected with a follow-up survey of the 2015 training participants. Feedback regarding on-the-job application continues to be collected from the internal Enhanced Crisis Intervention Team Advisory Council⁷. In addition, the Behavioral Health Unit continues to receive informal feedback from officers

working patrol.

In June 2016, a follow-up survey was dispersed to the twenty-seven officers who had attended the 2015 ECIT training. The survey consisted of fourteen initial closed-ended survey items and three open-ended questions/response areas (the survey items are presented in Appendix C).

Depending on how the officer responded to some of the initial survey items, some follow-up questions were also included. Officers were provided the option to take the survey online or by paper.

Three officers responded to the online survey and four responded by paper, providing a total response rate of twenty-six percent. The Training Division usually achieves substantially higher survey response rates. At least a portion of the lower response rate

is likely due to not having a survey reminder for this cohort. Therefore, the results for a substantial portion of the training attendees are missing from the information below. This should be taken into consideration while reviewing the results.

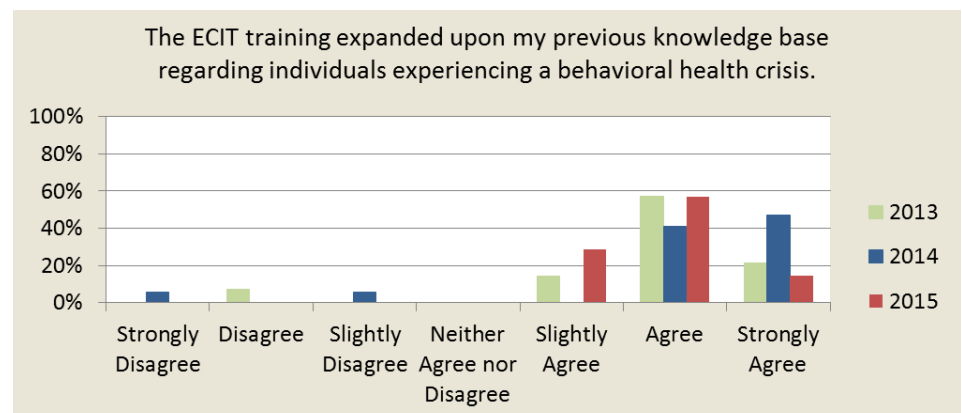
The following section focuses mostly on the survey results and incorporates some additional feedback from other evaluation results in the discussion. The survey results are presented in the following main sections, although some results may overlap multiple categories:

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

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.

- Among the 2015 cohort, seventy-one percent of the officers that responded agreed or strongly agreed that the training expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis.
 - Out of seven respondents, one strongly agreed, four agreed, and two slightly agreed.



⁷ 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.

ON-THE-JOB APPLICATION, POST-TRAINING OFFICER FEEDBACK (con't)

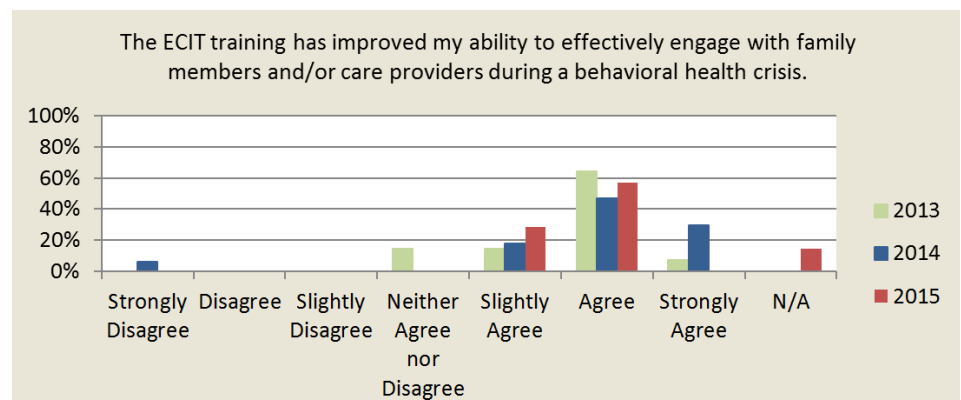
2. Since the ECIT training, I feel more confident in my ability to handle situations involving people in a behavioral health crisis.

- Among the 2015 cohort, approximately forty-three percent of the officers that responded “agreed” that they felt more confident in their ability to handle situations involving people in a behavioral health crisis.
- Out of seven respondents, three agreed and four slightly agreed that 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 behavioral health crisis.

- Note of caution: This survey item is a close but not exact comparison to the 2013 and 2014 survey item. There was a slight wording difference (“mental health” rather than “behavioral health”) among the 2013 and 2014 cohorts.
- Among the 2015 cohort, approximately fifty-seven percent of the respondents “agreed” that the ECIT training improved their ability to effectively engage with family members and/or care providers during a mental health crisis.
- Four of the officers agreed, two slightly agreed, one responded “N/A”.



ON-THE-JOB APPLICATION, POST-TRAINING OFFICER FEEDBACK (con't)

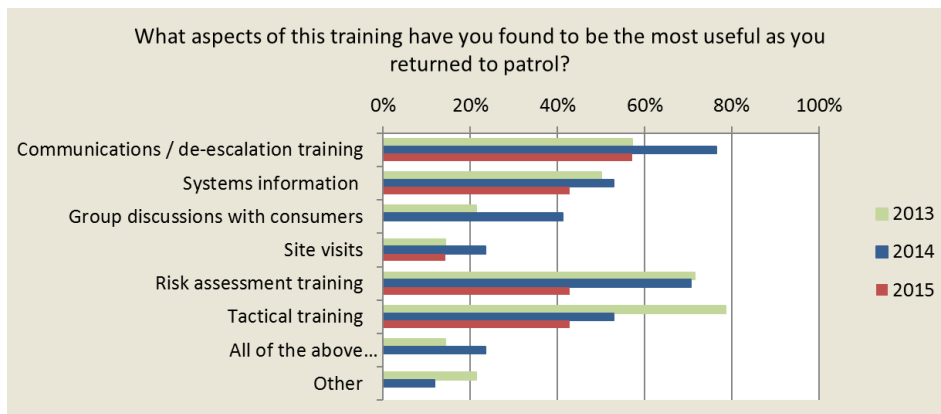
4. What aspects of this training have you found to be the most useful as you returned to patrol?

Officers were able to choose an unlimited number of training aspects that they 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.

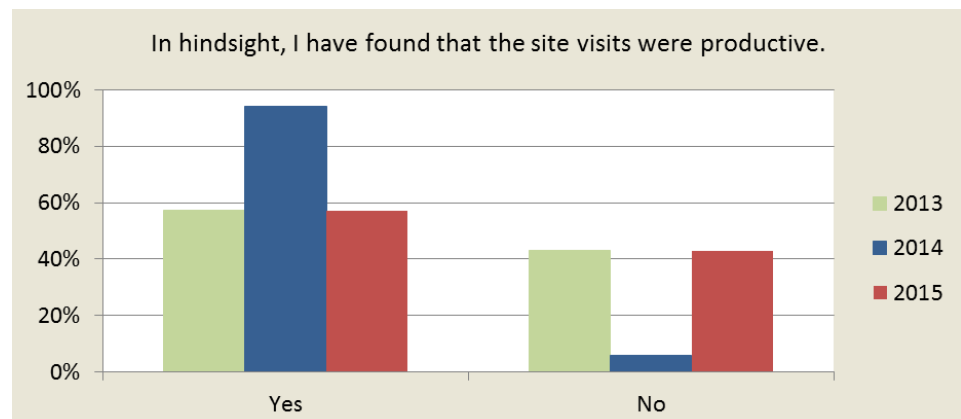
- As a group, the 2015 cohort respondents favored four specific aspects of the training at roughly equal levels. Four individuals (57 percent) chose communications/de-escalation training as the most useful aspect of the training. Three individuals (43 percent) each chose systems

information, risk assessment training, and tactical training as the most useful aspects of the class. One individual (14 percent) chose the site visits as the most useful aspect of the training.



5. In hindsight, I have found that the site visits were productive.

- Among the 2015 cohort, four individuals (57 percent) responded that they found the site visits productive. Three individuals (43 percent) responded that they did not find the site visits productive in hindsight.



ON-THE-JOB APPLICATION, POST-TRAINING OFFICER FEEDBACK (con't)

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.

Name of Facility	Attended this site visit	Brought someone to site	Referred someone to site	Helpful to learn about
Cascadia Urgent Walk In Clinic	1	1	2	1
Golden West	2	0	0	0
Arbor Place	1	0	0	0
Lines for Life	1	0	1	1
Multnomah County Crisis Line	1	0	3	1
North Star (NAMI)	1	0	0	1
Project Respond	1	0	4	1
*These results are only for the 2015 students.				

- Since the ECIT training, one of the officers brought at least one person to the Cascadia Urgent Walk In Clinic.
- Since the training, two officers referred at least one person to the Cascadia Urgent Walk In Clinic, one referred to Lines for Life, three to the Multnomah County Crisis Line, and four referred at least one person to Project Respond.
- Each of the following resources was reported as helpful to learn: Cascadia Urgent Walk-In Clinic, Lines for Life, Multnomah County Crisis Line, North Star, and Project Respond.
- Since the ECIT training, one officer referred someone to Lines for Life and two officers referred someone to the Multnomah County Crisis Line. One officer also thought it was helpful to learn about the Multnomah County Crisis Line, one felt it was helpful to learn about North Star (NAMI), and one felt it was helpful to learn about Lines for Life.

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:

Among the 2015 cohort, three people responded to this area. One individual wrote that the site they visited was not in their typical area and that it would be more helpful to visit sites in the precinct in which they work.

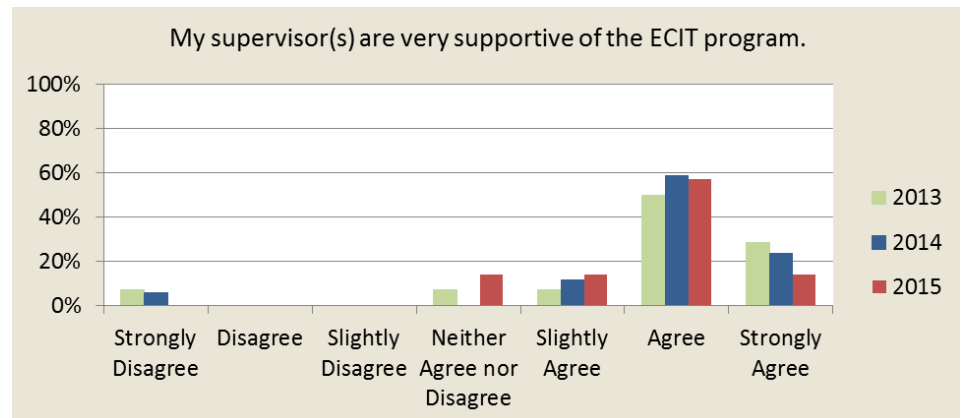
One commented that they work night shift, making the 24-hour sites particularly helpful. One commented that the sites are helpful when they can immediately assist with the current issue, however the ongoing patient/consumer follow up aspect is less practical of a consideration for officers due to understaffing.

ON-THE-JOB APPLICATION, POST-TRAINING OFFICER FEEDBACK (con't)

Section Two: Supervisor and Peer Support

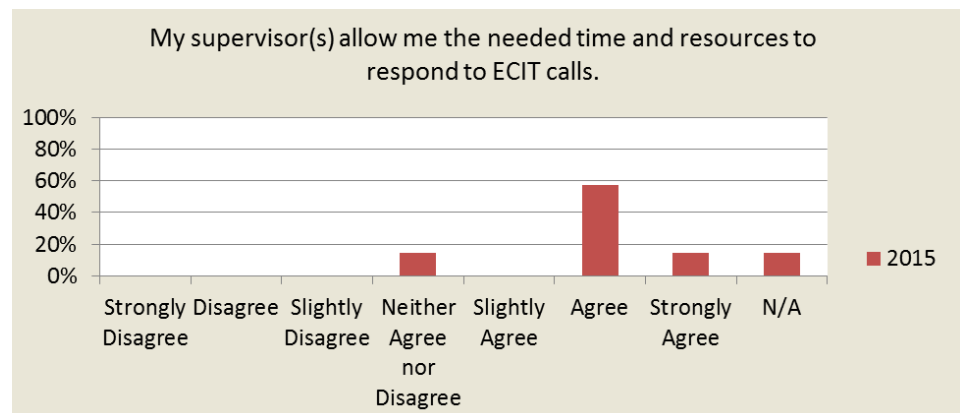
6. My supervisor(s) are very supportive of the ECIT program.

- Among the 2015 cohort, approximately 71 percent of the officers that responded agreed or strongly agreed that their supervisors are very supportive of the ECIT program.
- One of the officers strongly agreed, four agreed, one slightly agreed, and one neither agreed nor disagreed with the statement.



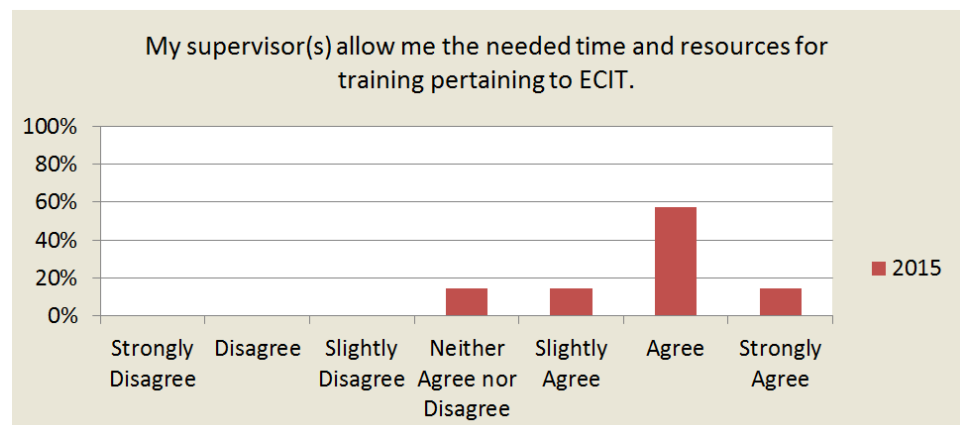
7. My supervisor(s) allow me the needed time and resources to respond to ECIT calls.

- Among the 2015 cohort, 71 percent of the officers that responded agreed or strongly agreed that their supervisor allows them the needed time and resources to respond to ECIT calls.
- One of the officers strongly agreed, four agreed, one neither agreed nor disagreed, and one responded "N/A."
- This survey item does not have an exact comparison from previous years due to rewording of the survey.



8. My supervisor(s) allow me the needed time and resources for training pertaining to ECIT.

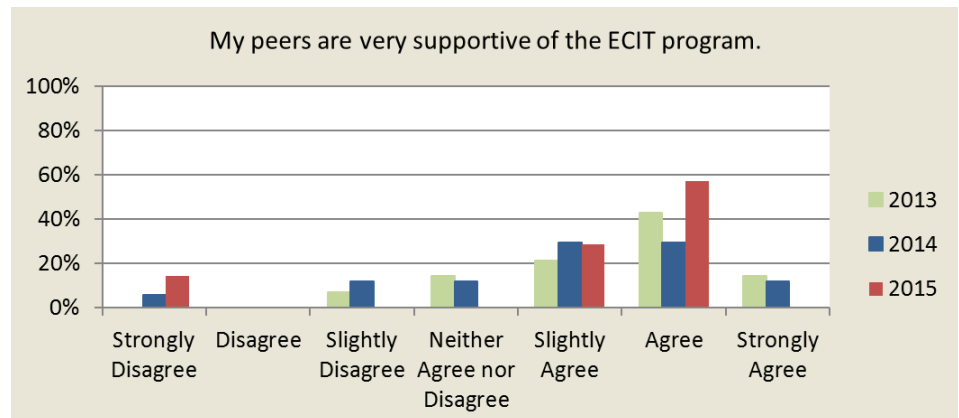
- Among the 2015 cohort, 71 percent of the officers surveyed strongly agreed or agreed that their supervisor allows them the needed time and resources for training pertaining to ECIT.
- One officer strongly agreed, four agreed, one slightly agreed, and one neither agreed nor disagreed.
- This survey item does not have an exact comparison from previous years due to rewording of the survey.



ON-THE-JOB APPLICATION, POST-TRAINING OFFICER FEEDBACK (con't)

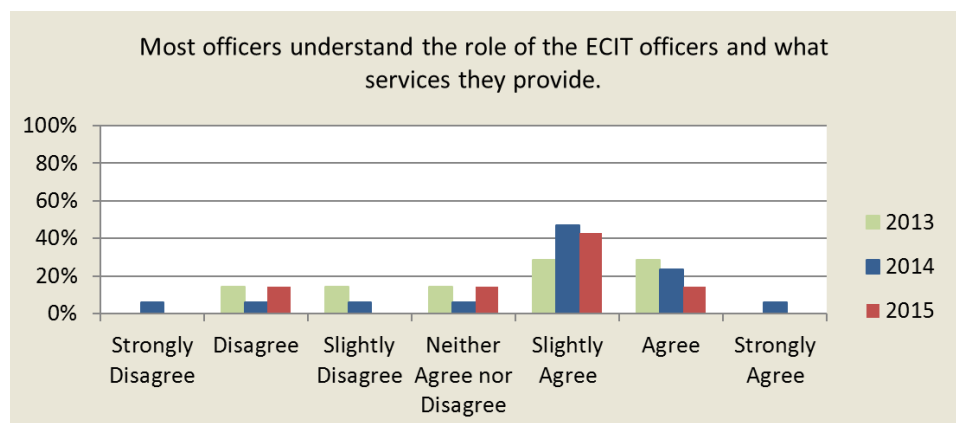
9. My peers are very supportive of the ECIT program.

- Among the 2015 cohort, 57 percent of the respondents “agreed” that their peers are very supportive of the ECIT program.
- Four of the respondents agreed, two slightly agreed, and one strongly disagreed.



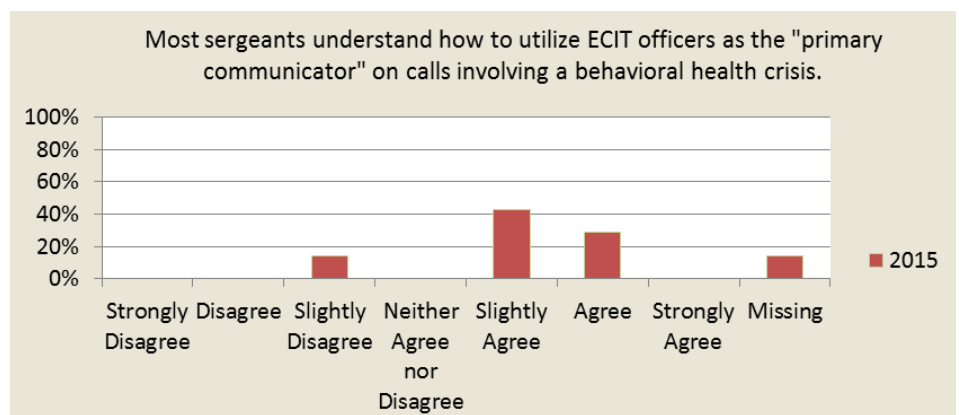
10. Most officers understand the role of the ECIT officers and what services they provide.

- Among the 2015 cohort, roughly fourteen percent of the respondents “agreed” that most officers understand the role of ECIT officers and the services they provide.
- One officer agreed with this statement, three slightly agreed, one neither agreed nor disagreed, one disagreed, and one did not respond to the question.



11. Most sergeants understand how to utilize ECIT officers as the “primary communicator” on calls involving a behavioral health crisis.

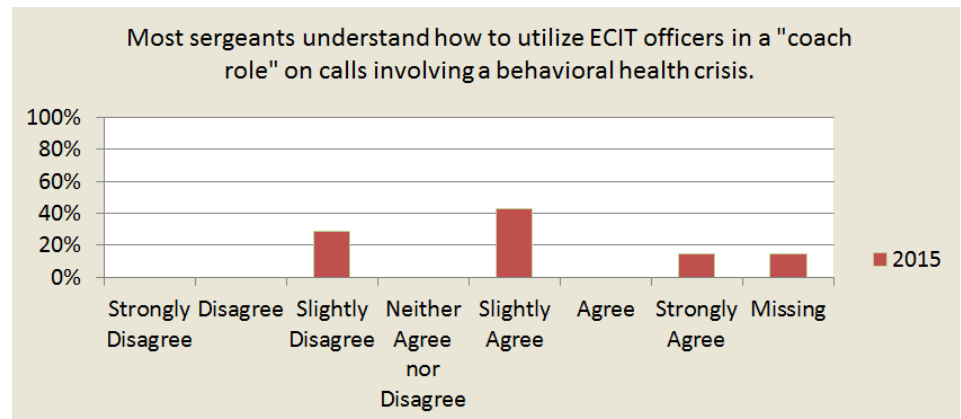
- Among the 2015 cohort, approximately twenty-nine percent of the respondents “agreed” that most sergeants understand how to utilize ECIT officers as the “primary communicator” on calls involving a behavioral health crisis.
- Two officers agreed with this statement, three slightly agreed, one slightly disagreed, and one did not respond to the question.



ON-THE-JOB APPLICATION, POST-TRAINING OFFICER FEEDBACK (con't)

12. Most sergeants understand how to utilize ECIT officers in a “coach role” on calls involving a behavioral health crisis.

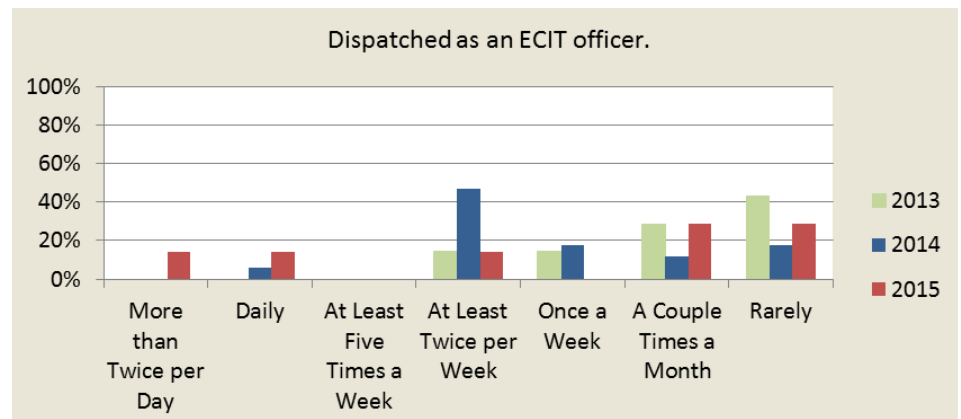
- Among the 2015 cohort, approximately 14 percent of the respondents “strongly agreed” that most sergeants understand how to utilize ECIT officers in a “coach role” on calls involving a behavioral health crisis.
- One officer strongly agreed with this statement, three slightly agreed, two slightly disagreed, and one did not respond to this question.



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

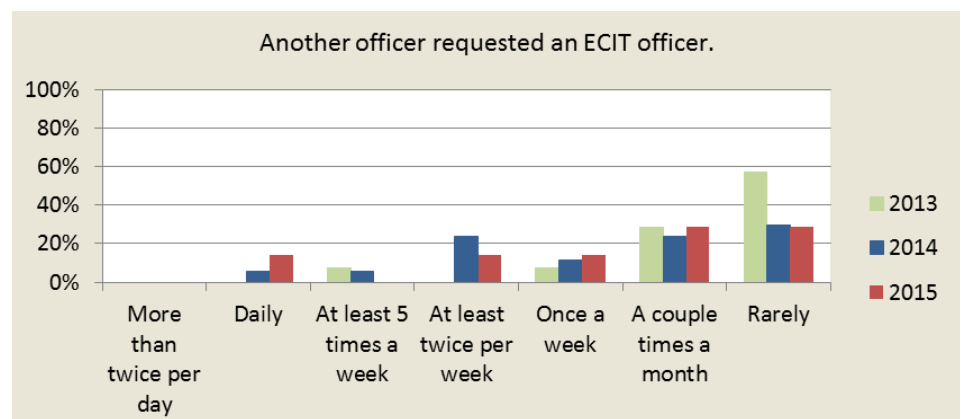
Dispatched as an ECIT officer

- Among the 2015 cohort, approximately 43 percent of the respondents reported being dispatched as an ECIT officer at least once per week.
- One officer reported being dispatched as an officer more than twice per day, one marked daily, one marked at least twice per week, two marked a couple times a month, and two marked rarely.



Another officer requested an ECIT officer

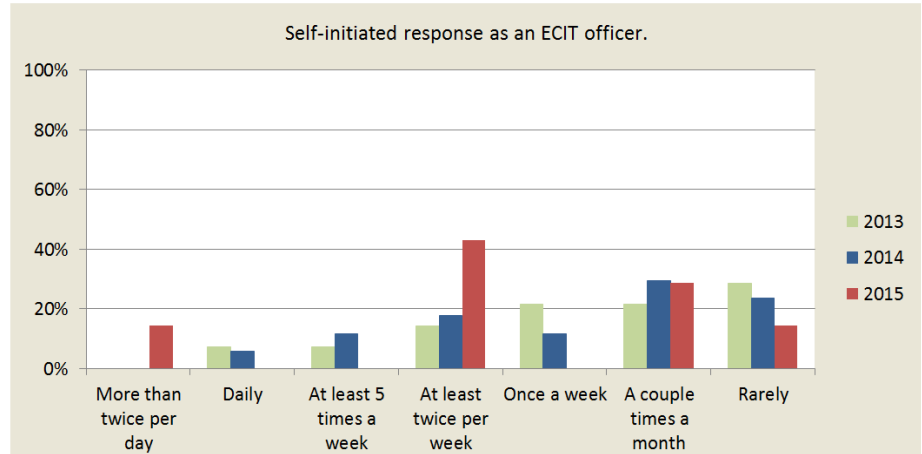
- Among the 2015 cohort, approximately 43 percent of the respondents reported responding to an ECIT call based on another officer's request at least once per week.
- Two of the officers reported responding under these circumstances rarely, two reported a couple times a month, one marked once a week, one marked at least twice per week, and one marked daily.



ON-THE-JOB APPLICATION, POST-TRAINING OFFICER FEEDBACK (con't)

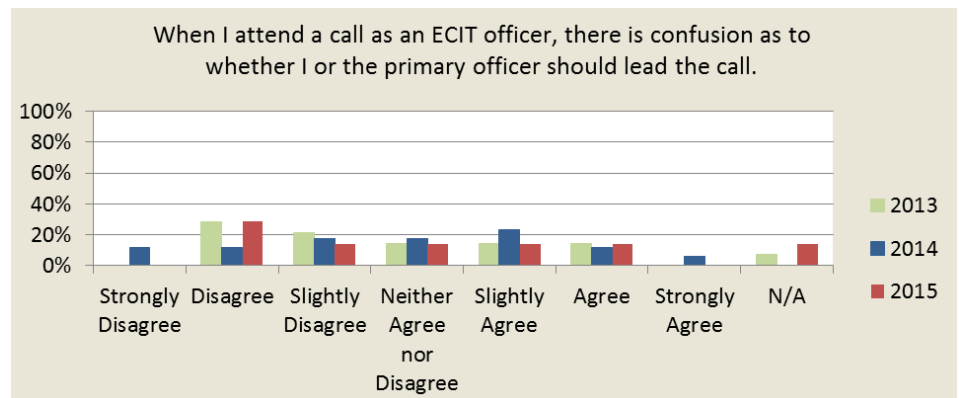
Self-initiated response as an ECIT officer

- Among the 2015 cohort, approximately fifty-seven percent of respondents estimate that they self-initiate responding to calls as an ECIT officer at least once per week.
 - One officer reported responding under these circumstances more than twice per day, three reported at least twice per week, two officers estimated a couple times a month, and one officer reported rarely.



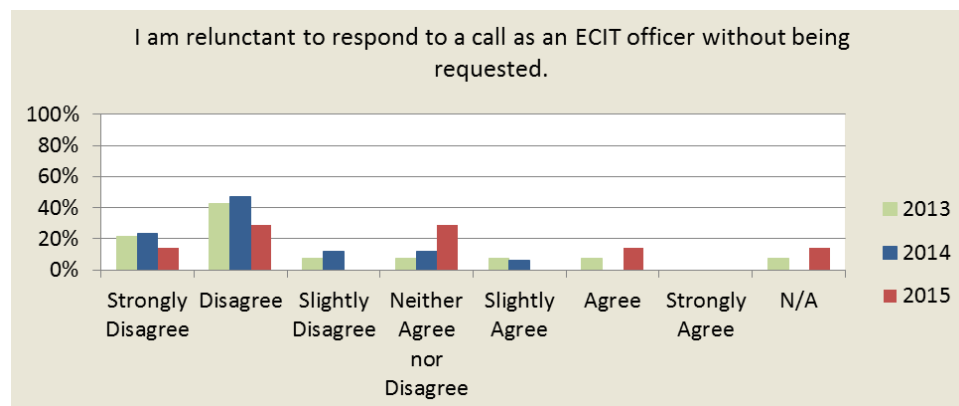
14. When I attend a call as an ECIT officer, there is confusion as to whether I or the primary officer should lead the call.

- Among the 2015 cohort, there was variation in the level of agreement regarding whether they or the primary officer should lead the call when they respond as an ECIT officer (consistent with previous years).
 - Approximately twenty-nine percent of the respondents disagreed that there is confusion.
 - Two officers disagreed, one slightly disagreed, one neither agreed nor disagreed, one slightly agreed, one agreed, and one responded "N/A."



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

- Among the 2015 cohort, approximately forty-three 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 strongly disagreed, two officers disagreed, two neither agreed nor disagreed, one agreed, and one responded "N/A."



ON-THE-JOB APPLICATION, POST-TRAINING OFFICER FEEDBACK (con't)

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):**

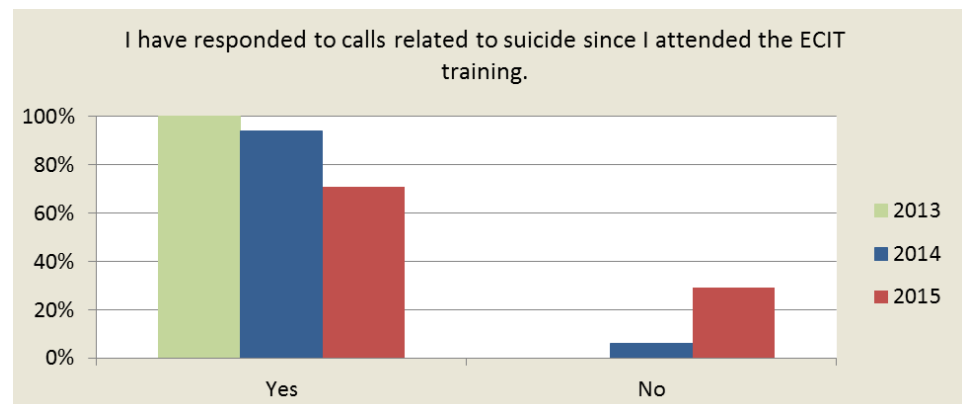
- 1) **The officers already present may not be familiar with the ECIT program.**
- 2) **The officers already present may not be supportive of the ECIT program.**
- 3) **The officers already present may feel insulted by an ECIT officer showing up to the call.**
- 4) **I do not want to encroach on district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

In 2014, 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.

Among the 2015 cohort, one individual responded to this item. They reported that they are reluctant to respond to calls because 2) the officers already present may not be supportive of the ECIT program.

16. I have responded to calls related to suicide since I attended the ECIT training.

- Among the 2015 cohort, five of the respondents (seventy-one percent) reported that they had responded to calls related to suicide since attending the ECIT training. Two officers reported that they had not responded to such calls.

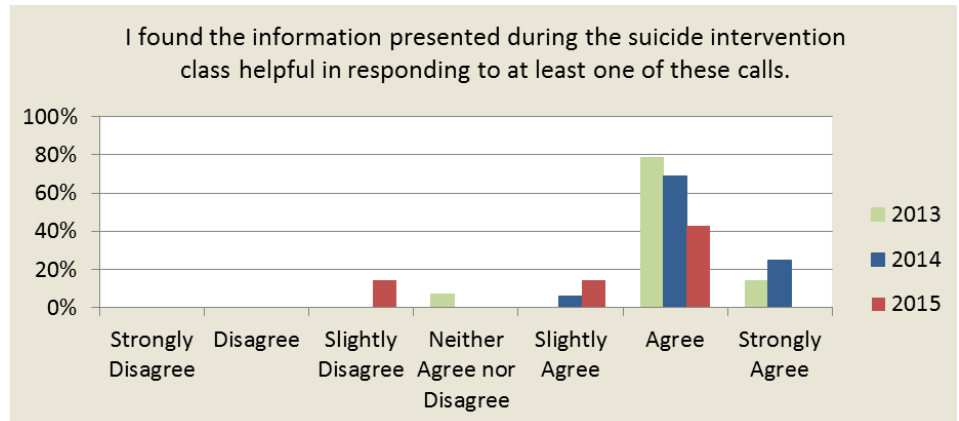


ON-THE-JOB APPLICATION, POST-TRAINING OFFICER FEEDBACK (con't)

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

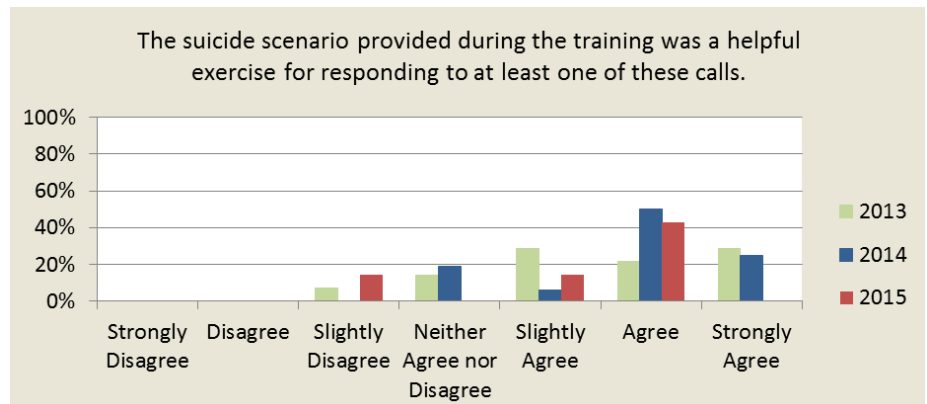
I found the information presented during the suicide intervention class helpful in responding to at least one of these calls.

- Among the 2015 cohort, approximately forty-three percent of the responding officers agreed that they found the information presented during the suicide intervention class helpful in responding to at least one of these calls.
- Three of the respondents agreed, one slightly agreed, and one slightly disagreed.



The suicide scenario provided during the training was a helpful exercise for responding to at least one of these calls.

- Among the 2015 cohort, approximately forty-three percent of the respondents agreed that the suicide scenario provided during the training was a helpful exercise for responding to at least one of these calls.
- Three of the respondents agreed, one slightly agreed, and one slightly disagreed.



ON-THE-JOB APPLICATION, POST-TRAINING OFFICER FEEDBACK (con't)

17. 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.

In 2014, 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.

Among the 2015 cohort, two people responded to this survey item. One person noted that the vast majority of the calls they attend as an ECIT officer, the primary officer has handled the call without them. The other person provided a general comment regarding finding the training helpful to them in their daily assignment.

ON-THE-JOB APPLICATION, POST-TRAINING OFFICER FEEDBACK (con't)

Summary and Discussion

Usefulness of the Enhanced Crisis Intervention Training

All of respondents reported the ECIT training expanded upon their previous knowledge regarding behavioral health crises and increased confidence in handling situations involving a behavioral health crisis, although the strength of agreement was slightly lower compared to the previous cohort. The majority of them also reported some level of agreement that the training improved their ability to effectively engage with family members and/or care providers.

All of the main categories of the training were reported as the most useful on patrol, with the exception of the group discussions with consumers. The panel discussions for the 2015 ECIT training experienced some challenges, unlike for the previous ECIT training. The training sections on communication/de-escalation, risk assessment, tactical training, and systems information 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. Approximately half of the respondents reported finding the site visits helpful and had utilized at least one of the facilities since the training (either by referral or bringing someone to the facility).

Most of the officers reported having 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, although the strength of agreement was slightly lower compared to the previous cohort.

It is possible the slightly lower ratings related to learning and other benefits of the training, compared to the previous cohort, are related to not having a significant portion of the trainees' feedback on this particular survey. However, the results are consistent with the initial results pertaining to the training event so these findings are not unexpected.

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 some. The findings were similar to the previous cohorts.

The additional supervisor support survey items for the 2015 ECIT training participants differed slightly, so there is not an exact comparison. Most of the officers agreed their supervisor(s) allow them the needed time and resources for both responding to ECIT calls and for training pertaining to ECIT. They reported similar agreement on both applications of support. These same survey items were included in the 2016 ECIT In-service training, so additional feedback pertaining to these items will be considered with these findings soon.

The training sections on communication/de-escalation, risk assessment, tactical training, and systems information received the highest amount of responses for what was most helpful when returning to patrol.

ON-THE-JOB APPLICATION, POST-TRAINING OFFICER FEEDBACK (con't)

The results suggested it may be beneficial for sergeants to have more familiarity with the multiple roles of ECIT officers. In addition, other recent evaluation results further support that more clarity and awareness of the various roles of an ECIT officer would be beneficial for both non-ECIT officers and sergeants.

Most officers agreed at some level that their peers were very supportive of the ECIT program, however, one strongly disagreed.

The level of agreement continued to be slightly lower compared to reported support from supervisors, which is consistent with previous findings. A portion of this may be related to the confusion of the role of the ECIT officer. There was still 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 responses for this item were also similar to previous feedback. Two additional related survey items were added to this survey to better understand potential gaps in understanding the role of ECIT officers.

The results suggested it may be beneficial for sergeants to have more familiarity with the multiple roles of ECIT officers. In addition, other recent evaluation results further support that more clarity and awareness of the various roles of an ECIT officer would be beneficial for both non-ECIT officers and sergeants.

Non-systematic verbal feedback has suggested understanding of the role of ECIT officers has improved as the program has become more established and additional information regarding the role of ECIT officers has been dispersed. Although this is likely accurate, additional support in this area appears to be needed.

Call Load and BOEC

About half of the ECIT officers who responded to the survey reported being dispatched as an ECIT officer at least once per week. The reported frequency was similar for attending a call based on a request from another officer and for self-initiated responses. The overall distributions of responses are similar to the previous cohort. Other recent evaluation results suggest more ECIT officers are needed, particularly as the criteria for an ECIT call has become broadened.

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 job⁸.

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; some other examples are job aids, reminders from supervisors and upper management, work review checklists, executive modeling, recognition when exhibiting that behavior, and mentoring.

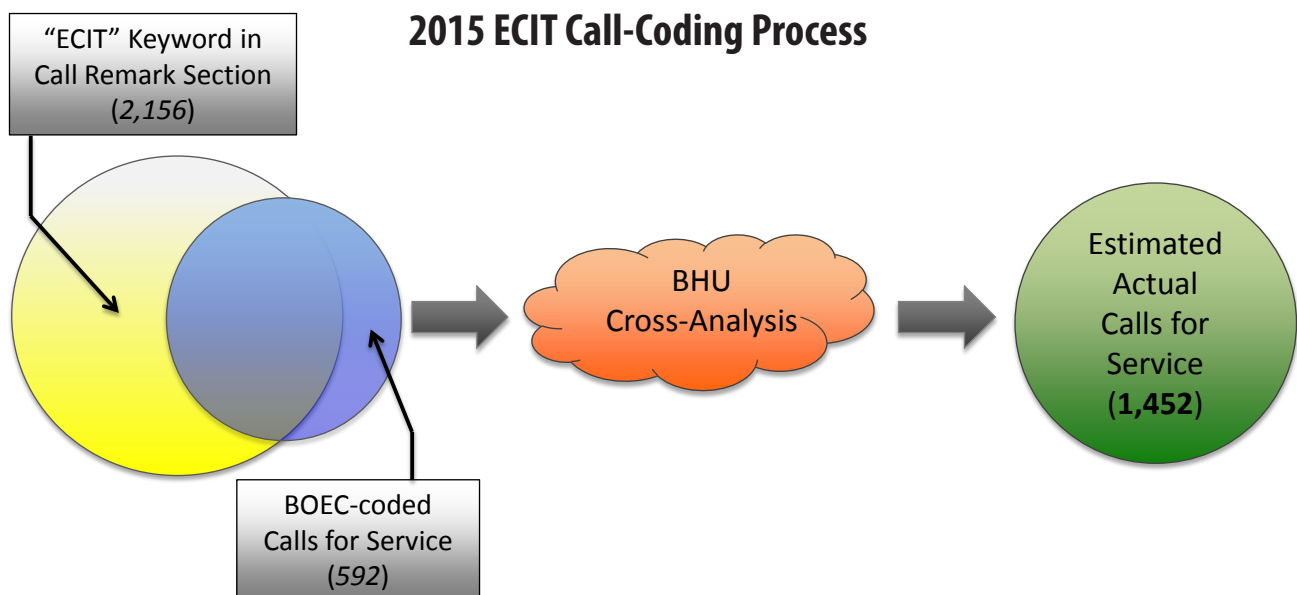
Given that the ECIT program operates under the Behavioral Health Unit, this unit has a critical role in observing and reinforcing on-the-job application.

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. The Behavioral Health Unit Analyst tracks this data.

Data from BOEC indicated there were 592 ECIT calls for service in 2015. This was approximately the same amount as the previous year. However, the ECIT data gathered from 2015 included five more months than 2014.

Believing the 2015 call data may be underrepresented, the BHU analyst conducted a thorough cross-analysis of two datasets. This process demonstrated there were potentially 1452 ECIT calls. A detailed description the process can be found in Appendix D.



⁸ Kirkpatrick, James & Kirkpatrick, Wendy (2010). Training on trial: How workplace learning must reinvent itself to remain relevant. New York: Amacom.

ON-THE-JOB APPLICATION: BHU FEEDBACK (con't)

The utilization of health facilities and community based mental health services

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 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.

Beginning March 1, 2016, the Portland Police Bureau implemented an additional data collection system for information pertaining to calls involving mental health. This system also collects data pertaining to Use of Force, the use of de-escalation and disengagement techniques, and resources on calls involving a mental health component. This data collection system is still in its beginning stages of implementation. It is anticipated that this data will be used for this evaluation process.

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.

ON-THE-JOB APPLICATION: BHU FEEDBACK (con't)

Monitoring Sources and Current Results

Dispatch Data

The Behavioral Health Unit Analyst analyzed the database from the Bureau of Emergency Communications to see how many Enhanced Crisis Intervention Team (ECIT) calls involve the utilization of health facilities or other mental health professionals.

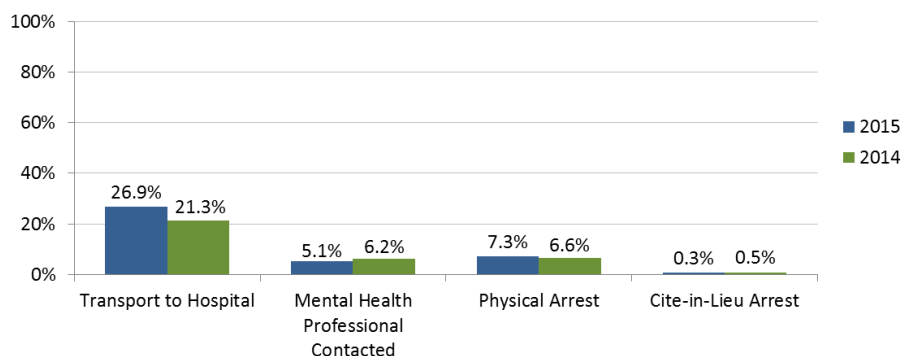
This information is gathered from notes made in the disposition of the call. These notes are voluntary and were absent in approximately 72 percent of the ECIT dispatched calls for 2015. Therefore, these counts likely underestimate the utilization of these resources.

However, they do provide some information regarding the utilization of services while more accurate measures are being developed.

Dispatch Data Findings

- There were a total of 105 ECIT trained officers at year's end.
- There were a total of 592 identified ECIT dispatched calls.
- In approximately 27 percent (N=159) of the ECIT dispatched calls, officers noted transporting someone to a care facility.
- In approximately five percent (N=30) of the ECIT dispatched calls, officers noted contacting a mental health professional.
- Approximately seven percent (N=43) of the of the ECIT dispatched calls resulted in a physical arrest, and less than one percent (N=2) resulted in a cite-in-lieu arrest.

ECIT Dispatched Calls: Outcomes



ON-THE-JOB APPLICATION: BHU FEEDBACK (con't)

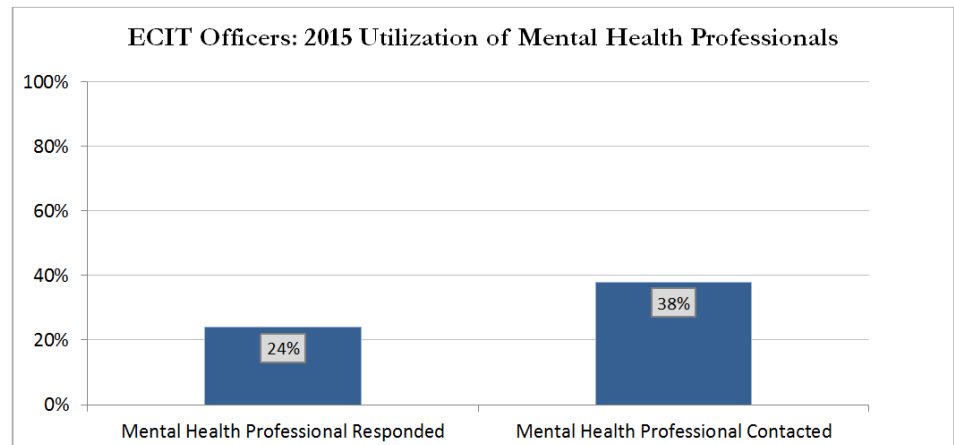
ECIT Text Template

An ECIT Template was introduced and implemented in February 2015 and discontinued in February 2016. The templates were used for the evaluation of the ECIT Program, not an evaluation of every crisis call.

Every time an ECIT officer used their crisis skills, completion of the template was required. Officers completed the template if they used ECIT skills on a mental health crisis call, whether it was their district call or they were dispatched to assist. A copy of the ECIT Template form can be found in Appendix E.

ECIT Text Template Findings

- There were a total of 728 templates completed (one call may generate multiple templates)
- There were a total of 124 templates that did not have sufficient information
- 104 were Street Checks – Street Checks do not have a call type
- 13 duplicated Templates – contained the same call number
- 7 Templates where the case number could not be located
- A total of 604 templates were used for analysis
- There were 142 (24 percent) templates that indicated a mental health professional responded to the incident
- There were 232 (38 percent) templates that indicated a mental health professional was contacted as a result the incident



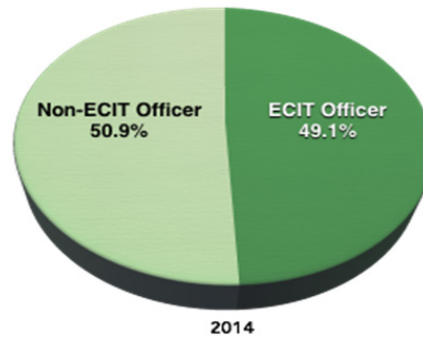
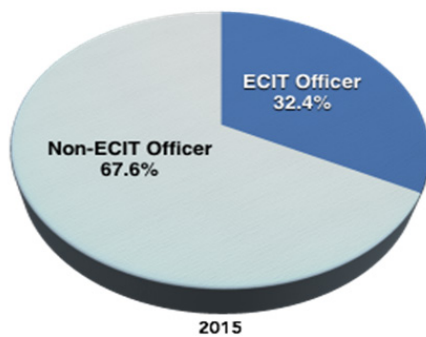
ON-THE-JOB APPLICATION: BHU FEEDBACK (con't)

ECIT and Non-ECIT Officers on Mental Health Cared For and Mental Health/Emotional Assistance Rendered

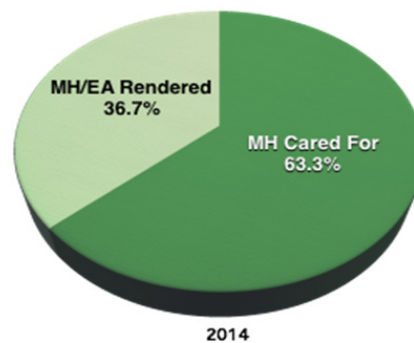
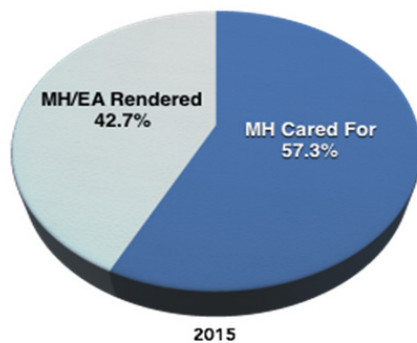
The BHU also examines how frequently ECIT and non-ECIT officers are transporting people to a hospital or mental health facility for mental health care. This information includes ECIT and non-ECIT calls. The information is derived from police reports on “Mental Health Cared For” incidents and “Mental Health/Emotional Assistance Rendered” incidents⁹.

Mental Health Cared For and Mental Health/Emotional Assistance Rendered Findings

- There were a total of 1,547 transports classified under these two incident types in 2015
- ECIT officers responded to 501 (32 percent) of these calls
- There were 886 (57 percent) Mental Health Cared For incidents and 661 (43 percent) Mental Health/Emotional Assistance Rendered incidents



Mental Health Cared For and Mental Health/Emotional Assistance Rendered



Breakdown by Call Type

⁹ Mental Health Cared For

A report is coded as Mental Health Cared For when: 1) Peace Officer Custody of an Allegedly Mentally Ill Person paperwork is received. This report indicates the person was taken to a hospital, 2) The person is placed on a Director's Custody, 3) 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.

Mental Health/Emotional Assistance Rendered

A report is coded as Mental/Emotional Assistance Rendered when: 1) If the person is taken to a treatment facility or hospital; or 2) Any voluntary transport (without a Peace Officer or Director's Custody).

ON-THE-JOB APPLICATION: BHU FEEDBACK (con't)

Daily referrals and case reports: Feedback on the quality of mental health resource use

The BHU Sergeants and CIT Coordinator read through the daily referral reports as well as case reports flagged by the Records Division as having a mental health component.

In addition to serving other functions, this process provides a more contextual view of their decision making pertaining to the utilization of mental health resources and ongoing guidance for ECIT and non-ECIT officers. The BHU Sergeant provides feedback to officers, directly or through supervisory channels, when areas of improvement are found during the review process.

For the most part, the BHU is finding officers are correctly utilizing Project Respond and other mental health resources. However, it was noted officers are experiencing challenges with both Project Respond being understaffed and capacity issues at community mental health facilities during both crisis and non-crisis situations.

It was also noted that at times it is not possible for an officer to distinguish whether a person's symptoms are caused by the influence of drugs or from a mental health issue. At times, a person with such symptoms who is also displaying criminal behavior is being taken to the hospital on a "hold". If the hospital discovers the symptoms are at least partially related to an influence of drugs, the person is often released shortly after, and sometimes reengages

in the criminal behavior.

In some of these cases, the jail may serve as a better choice, given they will frequently hold the person longer, allowing them to reach a better mental state prior to being released.

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

The utilization of techniques related to disengagement and increasing the likelihood of de-escalation is also a central component of the ECIT program.

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 by ECIT officers was collected to a limited degree in 2015 through the ECIT text templates describe above. This data will become more accessible for future reports, due to the new data collection systems that was implemented on March 1, 2016, described above.

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.

(Con't next page)

ON-THE-JOB APPLICATION: BHU FEEDBACK (con't)

Assessing findings around Use of Force in the evaluation process involve consideration to factors such as the context of the call, officer and subject injuries, and alignment with policy. Out of the 592 ECIT dispatched calls in 2015, seven involved force.

Three of the cases entailed pointing of a firearm (no physical force was applied), two of the cases involved a takedown, one involved a use of a bean bag, and one involved the use of a bean bag and the pointing of a firearm. Four of the cases involved no injuries, two involved bruising and scrapes, and one was unknown due to disengaging from the subject.

In all of the cases the person was posing a potential threat to themselves or others and in six the person was armed with a weapon (in one case a makeshift weapon) or lighting things on fire. Since error was found with the BOEC data, the officer-involved shooting cases were also reviewed. One was found to be an ECIT dispatched call. In this case the person had a gun in a public, was threatening his life, and eventually posing a significant risk to others.

Bureau members made numerous attempts to resolve the call without the use of force for about an hour and a half. Eventually force was used in response to the subject firing his weapon multiple times and deliberately pointing his firearm at the officers. This case received an extensive investigation and it was found within policy. This case closed per the DOJ on April 27, 2016. To date, no ECIT identified dispatched calls have findings pertaining to out-of-policy Use of Force.

A future increase or decrease in force during ECIT calls alone does not necessarily reflect a failure or success of the ECIT program. The Use of Force will continue to be monitored and examined at multiple levels to ensure related actions are occurring within training and organizational goals.

Monitoring Sources and Current Results

ECIT Text Template

As described above, an ECIT Template was introduced and implemented in February 2015 and discontinued in 2016, to collect information on techniques being utilized by ECIT officers. Officers completed the template if they use ECIT skills on a mental health crisis call, whether it was their district call or they were dispatched to assist.

The utilization of techniques related to disengagement and increasing the likelihood of de-escalation is 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 as safely as possible. 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.

One of the goals of the ECIT program is to resolve calls involving a behavioral health crisis as safely as possible.

ON-THE-JOB APPLICATION: BHU FEEDBACK (con't)

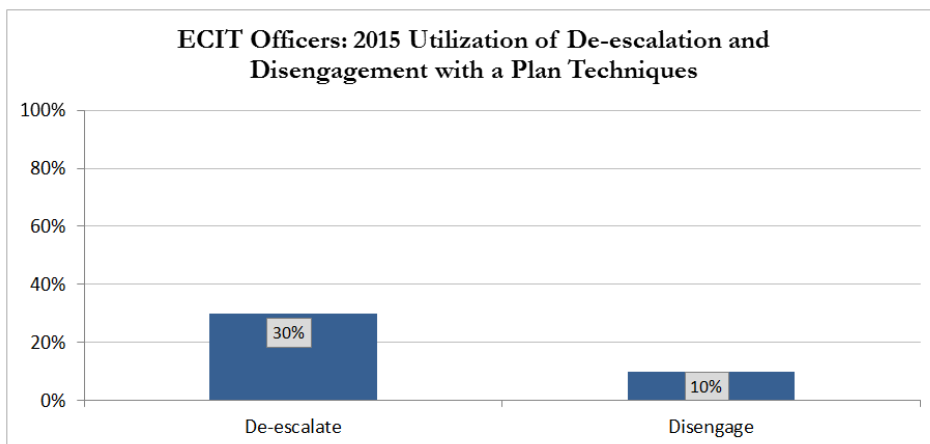
ECIT Template De-escalation & Disengagement Findings

- There were a total of 728 templates completed (one call may generate multiple templates)
- There were a total of 124 templates that did not have sufficient information
- 104 were Street Checks – Street Checks do not have a call type
- 13 duplicated Templates – contained the same call number
- 7 Templates where the case number could not be located
- A total of 604 templates were used for analysis
- There were 181 (30 percent) templates that indicated de-escalation was used during the incident. Further exploration into how officers are defining de-escalation for these forms was done with the BHU. It appears officers are utilizing it for more extensive applications since some level of these skills are utilized on most calls.
- There were 60 (10 percent) templates that indicated disengagement was used during the incident

Daily Referrals and Case Reports: Feedback on the Quality of the Utilization of De-escalation and Disengagement with a Plan Techniques

The BHU sergeant's and CIT coordinator's review of referral and case reports also provides a more contextual view of the utilization of de-escalation and disengagement with a plan techniques.

Overall, the BHU is finding the officers utilizing de-escalation and disengagement with a plan techniques effectively. Officers are demonstrating greater abilities in discerning when it is best to utilize disengagement with a plan and when to stay engaged. The BHU sergeants provide feedback to officers, directly or through supervisory channels, when areas of improvement are found during the review process.



ON-THE-JOB APPLICATION: BHU FEEDBACK (con't)

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

BHU Electronic Referral System (BERS)

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.

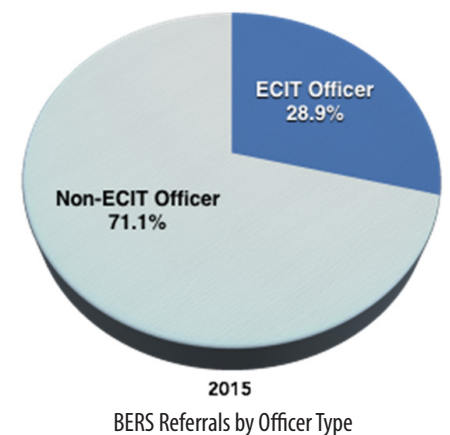
Although BERS is only a small component of the ECIT training, the utilization of the BERS is considered a critical component of achieving organizational goals associated with the ECIT program.

The analysis used for the 2015 data differed from the previous year; therefore the results are not presented in a graph below. In 2014, the BHU analyst used a utilization count (e.g. all documented notes, referrals, and other pertinent information) in the BERS system. This resulted in a count of 2,222; however, it is noted the utilization that stemmed from ECIT (32 percent) and non-ECIT officers (68 percent) was very similar compared to 2015.

In 2015, the BHU analyst was able to create a process to examine referrals separate from other documentation.

BHU Electronic Referral System (BERS) Findings

- There were a total of 985 BERS referrals
- There were 285 (29 percent) BERS referrals made by an ECIT-trained officer



Daily Referrals and Case Reports: Feedback on the Quality of the Utilization of BERS

The BHU Sergeants and CIT Coordinator's review of referrals suggest the officers are making good decisions of when and how best to utilize the BERS.

Very occasionally another resource would have been a better fit for the case, in which this feedback is provided to the officers.

ON-THE-JOB APPLICATION: BHU FEEDBACK (con't)

Strategies for Reinforcing these Training Objectives

As previously mentioned, an important part of the training evaluation process is considering how the organization reinforces key objectives. The Behavioral Health Unit and the Chief's Office continue to reinforce the utilization of health facilities and community based mental health services, techniques related to disengagement with a plan and de-escalation, and BHU Electronic Referral System (BERS). Below are some examples of this continued work:

The BHU Sergeants respond to each BERS Referral made, thanking the officer for the submission of information and providing feedback regarding the plan for follow-up. The Behavioral Health Response Team members often provide additional follow-up to officers pertaining to resolutions.

The BHU continued their newsletter which highlighted case studies where the use of de-escalation and disengagement techniques were used successfully in a call involving a behavioral health crisis. The newsletters also highlighted the importance of resources and information on a new program pertaining to mental health.

The BHU generates internal advisory communications for patrol officers, which provide tips on how to interact effectively with various individuals with mental health issues that are frequently interfacing with law enforcement.

The BHU Sergeant and other BHU members attend roll calls as needed, to address specific individual or community level case issues involving a mental health component.

The BHU and Training Division conducted a 2016 ECIT In-service for ECIT Officers, which included additional training on de-escalation techniques and reinforced the utilization of the BHU Electronic Referral System.

The Portland Police Bureau further developed Directive 850.20 and provided a related online training module to all sworn members, which reinforces the use of de-escalation, disengagement with a plan, and the use of mental health facilities.

The BHU conducts outreach to mental health and other facilities, related to improving effective interactions among all parties involved in a police response to a facility. Information from these visits, that could assist officers during their police response, is shared with officers during some rollcalls and internal ECIT Advisory Committee meetings.

During the 2016 In-service training all sworn members were provided a refresher on crisis intervention training, which included the use of de-escalation, disengagement with a plan, the use of resources on calls pertaining to mental health.

The Portland Police Bureau awarded the BHU and ECIT officers for their work in the ECIT program during the November 2015 award ceremony.

The BHU generates internal advisory communications for patrol officers, which provide tips on how to interact effectively with various individuals with mental health issues that are frequently interfacing with law enforcement.

ON-THE-JOB APPLICATION: BHU FEEDBACK (con't)

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 2015, 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.

To date, the findings show officers are utilizing low amounts of arrest and use of force and substantially higher amounts of mental health resources, and de-escalation and disengagement with a plan techniques. Within the context of the call, the BHU reports officers applying these techniques effectively overall and correctly utilizing resources. Upon review of case and referral reports, the BHU occasionally recommends another or additional strategy for the particular context of

the call, in which they provide that feedback to officers.

The limited capacity of the mental health resources was noted. As was the challenge in discerning when mental health symptoms are attributable to illness or a drug influence.

The first challenge is beyond the control of the Police Bureau; however, it is good to stay aware of these challenges and progress towards increasing the local mental health resources.

The latter is a difficult challenge even for mental health and medical professionals. It is not realistic for officers to always be able to distinguish between symptoms associated with mental or physical illness, or drug influence. However, training managers and instructors can continue to provide instruction pertaining to mental health indicators and diagnoses to the degree that is practical.

The BHU has also seen a noticeable difference in officers' abilities in discerning when it is best to utilize disengagement with a plan and when to stay engaged.

Feedback from the general In-service training surveys indicates some officers are still struggling with this aspect of disengagement with a plan. Therefore, it is likely still beneficial for the organization to continue to provide guidance in related decision-making processes. However, it is extremely positive to see improvement in their on-the-job performance of these skills.

The BHU has also seen a noticeable difference in officers' abilities in discerning when it is best to utilize disengagement with a plan and when to stay engaged.

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, student learning, and on-the-job application. Within this process, it has been clear that many of the outcomes of the ECIT calls are in-line with the organizational goals.

The ECIT training evaluation plan has yet to be fully implemented and is expanded upon as staffing capacity allows. It is within the ECIT training evaluation plan to more thoroughly examine on-the-job outcomes and the extent to which the organizational goals related to this program are being achieved.

Training Event and Student Learning

Substantial changes in content and instructors/presenters were made after the 2014 training. The current evaluation results suggest some of these

changes were very beneficial, while others had mixed or negative results and are listed for further consideration. Several areas for refining course material were identified, in relation to increasing student learning and engagement. In general, ensuring most of the curriculum is focused on practical application and what officers will need to know on the job would be beneficial and likely maximize training time.

Areas where the students may benefit from some additional focus in the curriculum are when and how to utilize mental health services (such as NAMI, EASA, Project Respond, Multnomah County Call Center, and the Behavioral Health Unit Electronic Referral System), the role of the ECIT officer, communication coaching, how to set up a communication team, and some of the nuances related to assessing threats and communicating with someone during a psychotic state. Some scheduling and other logistical considerations pertaining to increasing learning were also identified for future training planning.

Overall, the results continue to support the value of this training and that officers are gaining knowledge and skills from the training experience that are beneficial to them on the job.

The findings also support the officers' engagement in the main topic areas related to this 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, continues to confirm the utilization of the ECIT program and several of the main learning objectives.

Several months after the training, the training participants are consistently self-reporting 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 have also been reporting on the utilization of 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.

(Con't next page)

CONCLUSION (con't)

For instance, they found that in 2015, Portland Police Officers handled a minimum of 1,547 transports related to calls involving a mental health component and 985 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 593 2015 ECIT dispatched calls identified during this evaluation process, 43 resulted in a physical arrest, two resulted in a cite-in-lieu arrest, and eight cases involved force¹⁰.

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 the quality in which they are being applied. 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 approach¹¹. It is when there is alignment in training, supervision, and other organizational systems, that desired organizational outcomes are best achieved.

Evaluation Plans

As mentioned above, the full ECIT training evaluation plan is in progress but has yet to be completely implemented. The Training Division and the Behavioral Health Unit analysts are expanding upon this work as staffing capacity allows.

The next steps of focus will be refining the pre and post-test to ensure it best captures the main learning objectives for the program, further developing the analyses of on-the-job outcomes, and collecting feedback from local mental health professionals.

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.

¹⁰ 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.

¹¹ Kirkpatrick, James & Kirkpatrick, Wendy (2010). Training on trial: How workplace learning must reinvent itself to remain relevant. New York: Amacom.

APPENDIX A: 2015 ECIT TRAINING STUDENT SURVEY AND LEARNING ASSESSMENT RESULTS

The following are the class sessions provided to students during the 2015 ECIT training, as well as the corresponding in-class learning assessment and student survey results. The 2015 ECIT training had a class size of 27 students.

DAY ONE OF ECIT TRAINING

ECIT Course Overview

In this session, the Behavioral Health Unit's crisis intervention training coordinator and the Training Division's non-sworn mental health professional provided an overview of the training week and the ECIT officer's role within the Behavioral Health Unit and the Bureau. This included an overview of the Crisis Response Model, the ECIT officer's role on an ECIT call, and dispatch protocols pertaining to ECIT calls.

In-Class Learning Assessments

The ECIT pre-test was conducted during this class session. No learning assessments pertaining specifically to this session were conducted during this class. However, the scenarios on day four of this training week provided an opportunity for students to apply knowledge pertaining to this class.

Student Survey Results

Table 1: ECIT Training: Course Overview/ECIT program intro <i>Shown as: Percentage of Total (Number of Respondents)</i> <i>n = 27</i>	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Course Overview/ECIT program intro] session was a good use of my training time.</i>							
2015	0%	0%	0%	3.7% (1)	55.6% (15)	37.0% (10)	3.7% (1)

History of Mental Health Treatment

This class was instructed by a psychiatric mental health nurse practitioner from Cascadia Behavioral Healthcare Services. It 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.

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.

Student Survey Results

Table 2: ECIT Training: History of Mental Health Treatment <i>Shown as: Percentage of Total (Number of Respondents)</i> <i>2015: n = 27 2014: n=25</i>	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [History of Mental Health Treatment] session was a good use of my training time.</i>							
2014	0%	0%	0%	8.0% (2)	48.0% (12)	44.0% (11)	0%
2015	0%	0%	0%	22.2% (6)	51.9% (14)	22.2% (6)	3.7% (1)
<i>The [History of Mental Health Treatment] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>							
2014	0%	8.0% (2)	0%	8.0% (2)	52.0% (13)	32.0% (8)	0%
2015	0%	3.7% (1)	3.7% (1)	22.2% (6)	37.0% (10)	25.9% (7)	7.4% (2)

APPENDIX A (con't)

Overview of Mental Health Diagnoses

This class was added in the 2015 ECIT curriculum based on the recommendations from the DOJ's mental health consultant. The class was presented by a psychiatric mental health nurse practitioner from Cascadia Behavioral Healthcare Services. It provided a refresher on common mental health diagnoses, material officers receive in the mental health response classes during their Advanced Academy training. Students may be able to take the signs, symptoms, and behaviors of psychiatric diagnoses into consideration when responding to calls.

In-Class Learning Assessments

The instructor conducted pulse checks on student learning during this class. However, no formal documentation of learning assessment results was conducted for this class.

Student Survey Results

Table 3: ECIT Training: Overview of Mental Health Diagnoses <i>Shown as: Percentage of Total (Number of Respondents)</i> <i>n = 27</i>		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Overview of Mental Health Diagnoses] session was a good use of my training time.</i>								
2015		0%	0%	3.7% (1)	14.8% (4)	48.1% (13)	29.6% (8)	3.7% (1)
<i>The [Overview of Mental Health Diagnoses] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2015		0%	3.7% (1)	3.7% (1)	18.5% (5)	37.0% (10)	29.6% (8)	7.4% (2)

Peer Recovery Movement *Student Survey Results*

In this session, a peer support specialist 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 this session.

Table 4: ECIT Training: Peer Recovery Movement <i>Shown as: Percentage of Total (Number of Respondents)</i> <i>2015: n = 27 2014: n=25</i>		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Peer Recovery Movement] session was a good use of my training time.</i>								
2014		0%	0%	0%	0%	64.0% (16)	32.0% (8)	4.0% (1)
2015		0%	0%	11.1% (3)	25.9% (7)	40.7% (11)	18.5% (5)	3.7% (1)
<i>The [Peer Recovery Movement] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2014		0%	0%	0%	12.0% (3)	48.0% (12)	40.0% (10)	0%
2015		0%	3.7% (1)	7.4% (2)	25.9% (7)	40.7% (11)	14.8% (4)	7.4% (2)

APPENDIX A (con't)

Consumer Panel Discussion

The training participants were provided with an opportunity to interact with a panel consisting of people with lived experience regarding mental health concerns. 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. The people with lived experience shared personal stories to highlight various aspects of the crisis experience. The panel consisted of four people with lived experience, 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 panel members had the opportunity to present, officers were invited to ask questions. The officers were provided some sample questions that they could use, or they were able to ask their own questions. Examples of the provided questions are: 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?” (If a negative police interaction is raised as an issue). The primary purpose of this interaction was not as a learning assessment; however, the program coordinators were often able to see where learning was occurring from this or previous sessions based on the discussions.

The students were also assessed for their ability to work with people in mental health crisis in the Patrol Tactics scenarios on Day 4.

Student Survey Results

Table 5: ECIT Training: Consumer Panel Discussion <i>Shown as: Percentage of Total (Number of Respondents)</i> 2014: n=25 2015: n=26		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Consumer Panel Discussion] session was a good use of my training time.</i>								
2014		0%	0%	0%	8.0% (2)	40.0% (10)	52.0% (13)	0%
2015		0%	3.7% (1)	11.1% (3)	3.7% (1)	48.1% (13)	29.6% (8)	3.7% (1)
<i>The [Consumer Panel Discussion] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2014		0%	0%	4.0% (1)	4.0% (1)	40.0% (10)	52.0% (13)	0%
2015		0%	3.7% (1)	0%	22.2% (6)	48.1% (13)	18.5% (5)	7.4% (2)
<i>This section of the training gave me a greater understanding of how mental health issues can be overcome.</i>								
2014		0%	8.0% (2)	0%	16.0% (4)	36.0% (9)	40.0% (10)	0%
2015		0%	7.4% (2)	0%	22.2% (6)	37.0% (10)	29.6% (8)	3.7% (1)

APPENDIX A (con't)

National Alliance on Mental Illness (NAMI)

This training session was presented by the Executive Director of NAMI. It introduced officers to the services that NAMI provides to consumers and their family members, as well as how NAMI can be a resource to the police.

In-Class Learning Assessments

No learning assessments were conducted during this class session.

Student Survey Results

Table 6: ECIT Training: NAMI <i>Shown as: Percentage of Total (Number of Respondents)</i> 2015: n = 27 2014: n=25		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [NAMI] session was a good use of my training time.</i>								
2014 <i>*Note: 1 respondent (4.0%) marked agree/strongly agree.</i>		0%	0%	0%	16.0% (4)	48.0% (12)	32.0% (8)	0%
2015		0%	3.7% (1)	11.1% (3)	33.3% (9)	37.0% (10)	11.1% (3)	3.7% (1)
<i>The [NAMI] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2014		0%	0%	4.0% (1)	12.0% (3)	40.0% (10)	44.0% (11)	0%
2015		0%	11.1% (3)	0%	18.5% (5)	44.4% (12)	14.8% (4)	11.1% (3)

Early Assessment and Support Alliance (EASA)

This training session was presented by a Licensed professional counselor from the Early Assessment and Support Alliance (EASA). It introduced officers to the services that 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 presentation included two adolescent guests with lived experience who utilize EASA's services.

In-Class Learning Assessments

No learning assessments were conducted during this class session.

Student Survey Results

Table 7: ECIT Training: EASA <i>Shown as: Percentage of Total (Number of Respondents)</i> 2015: n = 27 2014: n=25		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [EASA] session was a good use of my training time.</i>								
2014		0%	0%	0%	12.0% (3)	56.0% (14)	32.0% (8)	0%
2015		0%	0%	11.1% (3)	37.0% (10)	33.3% (9)	11.1% (3)	7.4% (2)
<i>The [EASA] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2014		0%	0%	4.0% (1)	12.0% (3)	40.0% (10)	44.0% (11)	0%
2015		0%	7.4% (2)	3.7% (1)	18.5% (5)	37.0% (10)	22.2% (6)	11.1% (3)

APPENDIX A (con't)

Family Member Panel Discussion

The training participants were provided with an opportunity to interact with a panel consisting of 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.

The family members shared personal stories to highlight various aspects of the crisis experience. The panel consisted of three family members, with each member sharing different experiences related to various mental health diagnoses. Two members of the Behavioral Health Advisory Committee introduced each panel member and facilitated the discussion.

In-Class Learning Assessments

After panel members had the opportunity to present, students were invited to ask questions. The students were provided some sample questions that they could use, or they could ask their own questions. The primary purpose of this interaction was not as a learning assessment; however, the program coordinators are often able to see where learning is occurring from this session or previous sessions based on the discussions.

Student Survey Results

Table 8: ECIT Training: Family Member Panel <i>Shown as: Percentage of Total (Number of Respondents)</i> 2014: n=25 2015: n=26		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Family Member Panel] session was a good use of my training time.</i>								
2014		0%	0%	0%	4.0% (1)	36.0% (9)	60.0% (15)	0%
2015		7.4% (2)	11.1% (3)	18.5% (5)	18.5% (5)	25.9% (7)	14.8% (4)	3.7% (1)
<i>The [Family Member Panel] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2014		0%	4.0% (1)	0%	8.0% (2)	28.0% (7)	60.0% (15)	0%
2015		7.4% (2)	22.2% (6)	7.4% (2)	14.8% (4)	25.9% (7)	11.1% (3)	11.1% (3)
<i>This section of the training gave me a greater understanding of the challenges families have when a member has a mental illness.</i>								
2014	<i>*Note: 1 person (4.0%) responded slightly disagree/slightly agree.</i>	4.0% (1)	0%	0%	0%	32.0% (8)	60.0% (15)	0%
2015		3.7% (1)	18.5% (5)	7.4% (2)	29.6% (8)	25.9% (7)	11.1% (3)	3.7% (1)

Connected Learning Assessments

The students were also assessed for their ability to work with family members in the Crisis Communication Skill Builder Exercises on Day 3 and Patrol Tactics Scenarios on Day 4 of the training week. Two of the Patrol Tactics scenarios specifically focused on working with families while drawing upon the resource overview presentations by NAMI and EASA. These were, *Scenario 2 – Family Member Assistance* and *Scenario 4 – First Break*.

APPENDIX A (con't)

Trauma Informed Care

This course was added after the 2014 ECIT training as a result of feedback from the Behavioral Health Advisory Committee. The class highlighted that a high percentage of people involved in the criminal justice system have experienced serious trauma throughout their lifetime.

The effects of trauma can challenge a person's capacity for recovery and pose significant barriers to accessing services, often resulting in increased contact with law enforcement and creating a vicious cycle. Trauma-informed criminal justice responses can help avoid re-traumatizing individuals and increase the ability of officers to effectively communicate with a person in crisis. ECIT officers need to be familiar with the impact of trauma on people and understand that behaviors and emotions are not always directed at officers but are a result of past experiences.

A trauma-informed response is not excusing, permitting, or justifying unacceptable behavior but developing supportive accountability and responsibility. ECIT officers learned to develop ways to minimize potential re-traumatization, as well as self-reflect on personal reactions during crisis events. The class was instructed by a licensed professional counselor at Cascadia Behavioral Healthcare.

In-Class Learning Assessments

One in-class learning assessment was facilitated during this class, along with two self-assessment tools utilized to develop students' self-awareness and provide context for the class material.

The learning assessment was a group activity that required applying information from the class to situations officers might face on patrol. The students were divided into five work groups. Each group was provided a written vignette describing a situation they could encounter while on patrol. The students were asked to discuss the situation and provide two potential responses to handle the call. The first was providing non-trauma informed care; the second was a trauma informed response. Each group presented their responses to the whole class and then discussed as a group.

As a reflection on teaching, the instructors noted that the students were engaged in group discussion and provided responses in-line with the learning objectives. However, this being the first time the activity was presented in class, it was perhaps too simplified for the students. The instructors noticed a lack of energy and enthusiasm during the presentations compared to other activities throughout the training.

The officers selected for ECIT have been vetted and recommended by their sergeants based on their temperament and previous performance of treating people with respect and dignity. These behaviors are in accordance with trauma informed responses. The instructors noted that the learning assessment demonstrated that the students were familiar with responding appropriately.

At the end of the class, the students conducted two self-assessments. The first was the Adverse Childhood Experiences (ACE) Questionnaire¹², which contains ten questions about childhood experiences that are linked to risk factors for future mental and physical illness. By taking the survey, the students were able to determine their own ACE score and better understand the circumstances that may cause trauma. At the end of the class, they were also provided with a Resilience Questionnaire¹³.

¹² The ACE Study is ongoing collaborative research between the Centers for Disease Control and Prevention in Atlanta, GA, and Kaiser Permanente in San Diego, CA. The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery. More information can be found at <http://www.cdc.gov/violenceprevention/acestudy/>

¹³ The Resilience Questionnaire includes fourteen questions focused on the positive aspects of childhood development and was developed as an educational tool for discussion. The version used in this class was found on the Aces Too High website: "Got Your ACE Score?" Aces Too High. Ed. Jane Ellen Stevens. NP/ND, Web. 17 Nov. 2016. <<http://acestohigh.com/got-your-ace-score/>>.

APPENDIX A (con't)

Connected Learning Assessments

Further assessment on the concepts in this class was directly applied in the Crisis Communication Skills: Exercise 1- Suicidal veteran with access to weapons and Exercise 6 - Homeless person with limited English.

Student Survey Results

Table 9: ECIT Training: Trauma Informed Care <i>Shown as: Percentage of Total (Number of Respondents)</i> <i>n = 27</i>		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Trauma Informed Care] session was a good use of my training time.</i>								
2015		0%	11.1% (3)	0%	40.7% (11)	29.6% (8)	14.8% (4)	3.7% (1)
<i>The [Trauma Informed Care] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2015		0%	7.4% (2)	3.7% (1)	29.6% (8)	40.7% (11)	11.1% (3)	7.4% (2)

Criminal Justice System Mental Health Resources

At times, it is necessary to arrest people with mental illness who commit crimes. These individuals then enter the criminal justice system. This class was designed to provide ECIT officers with an understanding of the services available when they recognize that a person's criminality intersects with their mental illness, how to refer offenders who are mentally ill to these services, and what information should be communicated to staff within the Criminal Justice and Forensic Diversion systems. It was presented by a program supervisor for Multnomah County Sheriff's Office.

In-Class Learning Assessments

No learning assessments were conducted during this class session.

Student Survey Results

Table 10: ECIT Training: CJS Mental Health Resources <i>Shown as: Percentage of Total (Number of Respondents)</i> <i>n = 27</i>		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [CJS Mental Health Resources] session was a good use of my training time.</i>								
2015		0%	0%	0%	22.2% (6)	44.4% (12)	29.6% (8)	3.7% (1)
<i>The [CJS Mental Health Resources] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2015		0%	0%	3.7% (1)	25.9% (7)	48.1% (13)	14.8% (4)	7.4% (2)

APPENDIX A (con't)

Community Mental Health Resources

This session was instructed by a licensed professional counselor from Central City Concern. It focused on identifying community services for people with mental illness and their families. It also highlighted interaction with community providers in order to more effectively respond to people in mental health crisis, while ensuring they are connected to the appropriate services. This presentation included providing participants with community resource cards that 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.

In-Class Learning Assessments

No in-class learning assessments were conducted during this class session. However, application of the information presented in this class was assessed in the Crisis Communication Skills on Day 3: Exercises 2 - Disgruntled employee demanding police action and Exercise 4 - Person with delusions creating demand for police response. The connected Patrol Tactics scenario assessments (Day 4) included: Scenario 1- Crisis Communication and Scenario 2 – Family Member Assistance.

Student Survey Results

Table 11:								Missing
ECIT Training: Community Mental Health Resources		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	
<i>Shown as: Percentage of Total (Number of Respondents)</i>								
<i>n = 27</i>								
<i>The [Community Mental Health Resources] session was a good use of my training time.</i>								
	2015	0%	0%	3.7% (1)	29.6% (8)	37.0% (10)	25.9% (7)	3.7% (1)
<i>The [Community Mental Health Resources] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
	2015	0%	0%	3.7% (1)	29.6% (8)	40.7% (11)	18.5% (5)	7.4% (2)

APPENDIX A (con't)

DAY TWO OF ECIT TRAINING

Mental Health Risk Assessment

ECIT officers are dispatched to calls having a mental health component where a person is violent and/or has a weapon. ECIT officers serve as an on-scene resource and help determine the risk posed to the person and/or community.

Information presented in this class was designed to increase ECIT officers' skill level in assessing the factors that contribute to risk, and then formulate risk assessment concerns to determine appropriate on scene planning and follow up.

This class was instructed by the Training Division's non-sworn mental health specialist. Throughout this class, the instructor reminded students that, in general, people diagnosed with mental illnesses are not more violent than the general public, but that certain circumstances indicate the need for additional information gathering.

In-Class Learning Assessments

The students were asked to name examples of call characteristics and behaviors that would fit into each quadrant of a "risk assessment matrix," a tool with four quadrants (low to high mental illness on vertical axis and low to high risk on horizontal axis).

The purpose of the tool is to help sort through potential behavioral indicators that might require additional investigation to determine potential risk to other people. The students were reminded that people do not fit neatly into categories. Also, depending on the person's life circumstances, they may "move" around the quadrants, making it necessary to continually evaluate a person's behavior and the situation. The instructor provided a

couple of examples at the beginning of the exercise. Depending on the student responses, the instructor spent more or less time reviewing each quadrant until the group responses corresponded with the intended learning objectives.

The students were then placed in groups of five to apply risk assessment principles to a case study from a Behavioral Health Unit (BHU) encounter several years ago. This was a new addition to the curriculum, starting with this cohort, and was designed to increase engagement, interaction, and learning. Each group was provided with a packet of information and six discussion questions to work through. Each group then reported back to the whole class on their assessment of risk and the factors in the case that informed their thinking. The instructor observed the students were engaged. The instructor also noted different perspectives on what would raise or lower concern.

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While the instructor found the students did very well in identifying and characterizing more common and concrete characteristics in terms of risk, the students found some traits more difficult. These observations were primarily related to identifying how pervasive one's delusions are and the association between one's level of insight and risk. These are more nuanced

identifiers that require more experience in risk assessment.

Connected Learning Assessments

The students' ability to apply the material presented in this classroom section was also assessed in all of the Crisis Communication Skills Exercises on day three and the Patrol Tactics Scenarios on Day 4.

Student Survey Results

Table 12: ECIT Training: Mental Health Threat* Assessment <i>Shown as: Percentage of Total (Number of Respondents)</i> 2014: n=22 2015: n=27		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Mental Health Threat Assessment] session was a good use of my training time.</i>		*Note: In the 2015 version of the survey, the term "risk" was used in place of the word "threat" on these questions (e.g. mental health risk assessment).						
2014		0%	0%	0%	0%	45.5% (10)	54.5% (12)	0%
2015		0%	0%	0%	22.2% (6)	40.7% (11)	33.3 (9)	3.7% (1)
<i>The [Mental Health Threat Assessment] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2014		0%	0%	0%	13.6% (3)	40.9% (9)	45.5% (10)	0%
2015		0%	3.7% (1)	0%	29.6% (8)	40.7% (11)	18.5% (5)	7.4% (2)
<i>The case studies were helpful for practicing the practical application of the threat assessment matrix.</i>								
2014 *Note: 1 person (4.5%) responded slightly agree/agree.		0%	0%	0%	9.1% (2)	40.9% (9)	45.5% (10)	0%
2015 *Note: 1 person (3.7%) responded slightly agree/agree.		0%	0%	0%	18.5% (5)	44.4% (12)	11.1% (3)	22.2% (6)
<i>I feel confident that I will be able to apply the threat assessment matrix on the job.</i>								
2014		0%	0%	0%	13.6% (3)	45.5% (10)	40.9% (9)	0%
2015 *Note: 1 person (3.7%) responded slightly agree/agree.		0%	0%	0%	18.5% (5)	37.0% (10)	18.5% (5)	22.2% (6)

APPENDIX A (con't)

Psychosis and Communication

This class was presented by a psychiatric mental health nurse practitioner from Cascadia Behavioral Healthcare Services and the Training Division's non-sworn mental health professional. It was a new addition to the ECIT training, which reviews and builds upon the training officers received in the Advanced Academy.

It was designed to improve ECIT officers' abilities to communicate with people experiencing psychosis, as well as increase the officers' awareness of the daily functioning challenges faced by people experiencing psychosis. This class was developed as a result of instructor and program coordinator observations during the 2014 ECIT training evaluation process, which suggested students would likely benefit from additional training time on communicating with a person with a psychotic disorder.

Communication skills pertaining to psychotic disorders are more difficult to master, partially due to the overall infrequency of occurrence, which lessens opportunities for gaining experience.

In-Class Learning Assessment-Communication Skills Practical Exercise

This group activity was created in partnership with two mental health professionals from Cascadia Behavioral Healthcare and the Behavioral Health Unit Advisory Committee.

The purpose was to provide students with examples and practice strategies for communicating with a person experiencing psychosis (e.g. auditory hallucinations). The instructor provided an example of what a person might say, such as, "I can't see who keeps tazering my body at night but I want it to stop.

That's why I called you. Why can't you make it stop?"

The students were then asked to provide examples of potential "helpful" and "not helpful" responses based on the communication strategies. After the students offered their responses, the instructor shared prepared potential statements presented in class. They were divided into the two categories and projected on the screen using PowerPoint slides for the class to view and compare. The instructors were able to assess the students' level of understanding and application based on their responses. All of the desired responses were elicited through group discussion.

In-Class Learning Assessment - Hearing Voices Exercise

During the course of their duties, officers may come into contact with people experiencing auditory hallucinations, commonly referred to as "hearing voices". This activity, designed by people with lived experience from the National Empowerment Center, simulates the experience of hearing voices. Officers use an iPod shuffle and listen to a recording of multiple voices "talking" to the officer. The students are asked to carrying out other activities to experience the challenges of daily functioning for people experiencing auditory hallucinations.

One of the activities involved interacting with others; the other was a written quiz covering topics covered on Day 1 of the ECIT training. After the activities, there was a class discussion during which the ECIT officers

could share their experiences and articulate strategies for communicating with people experiencing auditory hallucinations. The student feedback and discussions, as well as the instructor's visual observations of student reactions during the exercise, suggested most students gained learning and understanding in-line with the learning objectives of the exercise.

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While the quiz was not graded (the purpose of the exercise was to help officers gain an understanding of the challenges of focusing on a specific cognitive task while hearing voices), it reinforced important information and key concepts covered in the previous day of class.

Connected Learning Assessments

Application of the material was also assessed in the Crisis Communication

Skills Exercises on Day 3: *Exercise 2 - Disgruntled employee demanding police action* and *Exercise 4 - Person with delusions creating demand for police response*. The connected Patrol Tactics scenario assessments (Day 4) include *Scenario 4 – First Break and Scenario 6 – Communicating with a Person Experiencing psychosis in suicidal situation*.

Student Survey Results

Table 13: ECIT Training: Psychosis and Communication <i>Shown as: Percentage of Total (Number of Respondents)</i> <i>n = 27</i>		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Psychosis and Communication] session was a good use of my training time.</i>								
	2015	0%	0%	0%	18.5% (5)	44.4% (12)	33.3% (9)	3.7% (1)
<i>The [Psychosis and Communication] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
	2015	0%	3.7% (1)	0%	18.5% (5)	48.1% (13)	22.2% (6)	7.4% (2)

APPENDIX A (con't)

Mental Status Observations

This class was presented by a psychiatric mental health nurse practitioner from Cascadia Behavioral Healthcare Services. The class focused on reviewing indicators that 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.

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, such as slurred speech, a possible side effect of medication.

This session included an informational lecture on mental status indicators, a related handout on various mental status indicators, and classroom practice applying knowledge to audio and video examples.

In-Class Learning Assessments

Two audio clips and a video clip were used to provide the students an opportunity to apply mental status indicator observations. The students were provided with a list of behaviors and observations that may potentially indicate a person has a mental illness (e.g. flat affect, incoherent speech). The instructor played real audio clips.

One was a phone message from a community member to the BHU. The other was a clip of a Portland Police Bureau detective's interview. The audio clips were stopped in order to have a group discussion regarding students' current observations and what the observations may indicate. Examples

of the instructor's prompting questions were:

- What did you notice about the person's ability to follow instructions?
- What did you notice about the person's speech?

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 call. It was important that students be able to recognize these indicators in order to take a person's mental status into account when determining the best course of action.

It was noted that the students performed exceptionally well at identifying nuances in the communication dynamics such as pauses, voice tone, and tenor. The students were even able to make important observations regarding individuals' speech beyond that for which the exercise had been prepared.

After the audio clip, the officers watched video selections demonstrating some of the behaviors from the provided list of mental status indicators they may encounter while on a call. This video was chosen because it focused primarily on a mental health incidents where the signs and symptoms of mental illness are clearly indicated. While this was not directly a learning assessment, the activity provided an opportunity for the students to practice and self-assess their observations.

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APPENDIX A (con't)

Connected Learning Assessments

On Day 3 and 4 of the ECIT training, officers practice applying their mental status indicator skills in all of the Crisis Communication Skills Exercises and Patrol Tactics Scenarios training.

Student Survey Results

Table 14: ECIT Training: Mental Status Observations* <i>Shown as: Percentage of Total (Number of Respondents)</i> 2015: n = 27 2014: n=22		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Mental Status Observations] session was a good use of my training time.</i>		*Note: The 2014 version of this survey used the term "indicators" in place of "observations" (e.g. mental status indicators).						
2014		0%	0%	0%	4.5% (1)	45.5% (10)	50.0% (11)	0%
2015		0%	0%	0%	14.8% (4)	44.4% (12)	33.3% (9)	7.4% (2)
<i>The [Mental Status Observations] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2014		0%	0%	0%	9.1% (2)	54.5% (12)	36.4% (8)	0%
2015		0%	3.7% (1)	0%	14.8% (4)	48.1% (13)	25.9% (7)	7.4% (2)

APPENDIX A (con't)

Suicide Intervention

ECIT officers assist on calls involving people in mental health crisis and threatening suicide. In this course, the Training Division's non-sworn mental health professional and a Qualified Mental Health Professional (QMHP) from Cascadia Behavioral Healthcare 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 that may help de-escalate people in crisis and help them access their ability to problem solve. Redirecting the person in crisis to the proper resources is also emphasized.

In-Class Learning Assessments

The students practiced communication skills through an activity similar to the one practiced in the Psychosis and Communication class. The activity was also created in partnership with two mental health professionals from

Cascadia Behavioral Healthcare and the Behavioral Health Unit Advisory Committee. The purpose was to provide students with examples and practice strategies for communicating with a suicidal person. One example statement was, "How can I keep living with so much pain?" The students were then asked to provide examples of potential "helpful" and "not helpful" responses based on the communication strategies presented in class.

Pre-prepared replies were written on two separate columns and projected on a screen in the front of the class so students could visually compare responses. The instructors were able to assess the students' level of understanding and application based on their responses. Overall, the instructors found the students were able to identify even more helpful and less helpful strategies than in the Psychosis and Communication class.

The instructors assumed this improved performance may be due to the fact that officers deal with a significant number of suicide calls within the scope of their normal duties. Additionally, suicide intervention communication strategies were covered in the basic crisis intervention training.

Connected Learning Assessments

Application of the material was also assessed in the Crisis Communication Skills Exercises on Day 3: *Exercise 1 - Suicidal veteran with access to weapons; Exercise 3 - Suicidal person in house with knife and pills; and Exercise 5 - Suicidal Person in Parked Vehicle.* The connected Patrol Tactics scenario assessments (Day 4) include: *Scenario 1 - Crisis Communication and Scenario 6 - Communicating with a Person Experiencing Psychosis in Suicidal Situation.*

Student Survey Results

Table 15: ECIT Training: Suicide Intervention <i>Shown as: Percentage of Total (Number of Respondents)</i> 2015: n = 27 2014: n=22		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Suicide Intervention] session was a good use of my training time.</i>								
	2014	0%	0%	0%	4.5% (1)	27.3% (6)	68.2% (15)	0%
	2015	0%	0%	3.7% (1)	14.8% (4)	44.4% (12)	33.3% (9)	3.7% (1)
<i>The [Suicide Intervention] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
	2014	0%	0%	0%	9.1% (2)	50.0% (11)	40.9% (9)	0%
	2015	0%	7.4% (2)	0%	14.8% (4)	48.1% (13)	22.2% (6)	7.4% (2)

APPENDIX A (con't)

Multnomah County Threat Advisory Team

This class was presented by the Behavioral Health Unit's Multnomah County Threat Advisory Team sergeant. It provided an introduction to the purpose and primary functions of the Threat Advisory Team.

Police will often be the first ones to receive information on potential indicators of targeted violence. ECIT officers need to know what resources are available for following-up on potential

cases of targeted violence in order to assist in disrupting the pathway to violence.

In-Class Learning Assessments

No learning assessments were conducted during this class session.

Student Survey Results

Table 16:							
ECIT Training: Multnomah County Threat Advisory Team Shown as: Percentage of Total (Number of Respondents) n = 27	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
The [Multnomah County Threat Advisory Team] session was a good use of my training time.							
2015	0%	0%	0%	7.4% (2)	40.7% (11)	37.0% (10)	14.8% (4)
The [Multnomah County Threat Advisory Team] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.							
2015	0%	3.7% (1)	0%	11.1% (3)	44.4% (12)	14.8% (4)	25.9% (7)

Mental Health Facility Site Visits

ECIT officers have an integral part in building relationships between the Portland Police Bureau and the mental health community. Site visits to mental health service facilities assist in breaking down communication barriers between police officers, providers, and members of the mental health community. In this class, ECIT officers learned about various mental health facilities and crisis service providers in order to better assist patrol officers when responding to persons in crisis.

After the classroom component, the students visited various mental

health facilities, as well as crisis service providers (e.g. the Multnomah County Call Center). The class was divided up into groups for the visits, which included a residential facility, a community-based crisis resource, or an advocacy/peer support site. This training session was facilitated by the Behavioral Health Unit's crisis intervention training coordinator.

In-Class Learning Assessments

Upon returning from the site visits, each student group briefed the class on the resource that they visited. They reported on the following topics:

- The type of facility
- The organization's mission and types of services provided
- Who can access these services
- How someone can 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

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- The staffing level of the facility
- How many clients a day, on average, they assist
- What are some challenges staff face serving their clients
- How the program is funded

The students' ability to provide a "teach back" presentation to the class on the facility they visited allowed the instructors to assess whether the students obtained the key objectives of the facility visit. When needed, the instructor added to the resource information. The presentations were given at the end of the day, upon returning from the facility visits. The instructors observed a lack of energy and rote quality to the presentations. As a result, the instructors questioned how much of the information the other students gained from the presentations. For future classes, the instructors will be considering ways to make the

presentations more interactive, such as creating slides with maps and pictures of the facilities to visually reinforce the information.

The groups and the location visited by each group were chosen based on precinct. Over time, the facilities visited have changed due to student feedback. The facilities utilized for this training were a Cascadia secure residential facility, NAMI's North Star Club House, the Golden West, Cascadia's Urgent Walk-In Clinic, the Multnomah County Call Center, and Project Respond. Several of the officers reported that North Star was a resource they did not know about.

Connected Learning Assessments

Application of the material was also assessed in Patrol Tactics on Day 4, *Scenario 5 - Mental Health Facility Response*.

Student Survey Results

Table 17:								Missing
ECIT Training: Site Visits		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	
<i>Shown as: Percentage of Total (Number of Respondents)</i>								
<i>n = 27</i>								
<i>The [Site Visit] sessions were a good use of my training time.</i>								
2015		0%	0%	3.7% (1)	11.1% (3)	37.0% (10)	37.0% (10)	11.1% (3)
<i>The [Site Visit] sessions expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2015		0%	3.7% (1)	3.7% (1)	7.4% (2)	40.7% (11)	29.6% (8)	14.8% (4)

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Mental Health Facility Response

ECIT officers are dispatched to crisis calls in designated residential mental health facilities. These calls frequently do not involve a criminal custody but rather involve a request by staff to restore order in the facility or transport based on a director's custody "hold". Police response to mental health facilities are multifaceted and sometimes involve competing interests. ECIT officers consider the requests of the mental health facility staff and balance this with officer safety concerns and PPB response directives.

This class was instructed by the Behavioral Health Unit's crisis intervention training coordinator and provided the students with information pertaining to responding to various mental health facilities. The students were encouraged to familiarize themselves with the various mental health facilities within their precincts.

In-Class Learning Assessments

No learning assessments were conducted during this class session.

Student Survey Results

No survey results for this section due to the survey being distributed prior to this class.

APPENDIX A (con't)

DAY THREE OF ECIT TRAINING

Crisis Response Resource

Day 3 of the ECIT class focused on crisis response considerations and developing communication skills. ECIT officers have volunteered to respond to high intensity calls involving people in a mental health crisis. Many of these calls can be more effectively de-escalated when multiple resources on-scene work together in a coordinated effort.

This class emphasized the role of the ECIT officer in coordinating these resources, as well as being able to fill any of the critical roles during an incident involving a person in crisis. The class provided a specific focus on crisis communication and ways to attempt to de-escalate people in crisis through an introduction to elements of the Crisis Negotiation Team (CNT) model of responding to crisis calls. It 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.

The class utilizes lecture, case studies, discussion, crisis communication skill building exercises, and video exercises to learn these new skills and how to apply these skills during ECIT calls. The Portland Police Bureau's full-time Crisis Negotiation Team sergeant instructed the classroom portion of this training session. Staff from the Portland-based national suicide hotline (Lines from Life) facilitated one of the afternoon classroom training sessions and various related skill building exercises.

In-Class Learning Assessments

Following the classroom portion, three hours of the afternoon were spent participating in communication skill-builder exercises. These learning assessments are a new addition to the ECIT program. They were added during the previous ECIT training evaluation process, to increase active learning time, increase time devoted to practicing the role of the "coach", and provide an opportunity for all students to practice their crisis communication skills since not everyone has the opportunity to take the lead during the Patrol Tactics Scenarios on Day 4. The students were divided into six teams consisting of four people. Each team rotated through six drills.

Each student rotated through the team roles of "Primary", "Coach", "Intel", and "Observer" within their group. These positions were highlighted in the lecture portion of the class and are defined roles within response teams. The teams were chosen based on similar precincts and shifts in order to create a more realistic training exercise.

Each of the six exercises was allotted a total of 20 minutes for roleplaying and debriefing. Overall, the students' focus was on communication skills and practicing the various positions in a potential response team. These short drills differ from scenarios because they are designed to be quick and focus on communication skills without involving tactics or the pressure to conclude the call.

Each skill builder exercise involved a role player in crisis and was viewed by an evaluator/facilitator. The role playing was conducted by mental health

professionals, trainers, and professional actors. The evaluator/facilitators were mental health and/or law enforcement professionals. During each exercise, the primary officers were observed for their ability to practice active listening techniques, or "staying in the muck", with the person in crisis, as well as their ability to work in partnership with the coach, facilitator, and intel person. Additional learning objectives for each exercise are written below with the skill builder descriptions.

During the debriefs, the students were asked to reflect on their own performance, and the "observer" provided feedback on their team's performance. Depending on the quality of the students' answers, they were also guided through a series of self-reflective assessment questions, such as:

- What did you have here?
- How would you describe the mindset of the role player?
- What mental health indicators did you notice?
- What was it like trying to "stay in the muck"?
- What worked to build rapport?
- What active listening skills do you remember using?
- Was anything a trigger for her/him?
- Is there anything else you want to add?

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Below is a short description of the each of the drills. The overall lessons learned through the assessments are compiled at the end.

Exercise 1. Suicidal Veteran with Access to Weapons

Students are dispatched to the home of a veteran. Lines for Life, a non-profit dedicated to preventing substance abuse and suicide, called 911 due to the caller's inability to make a safety plan. The subject was role-played by the Assistant Director of Lines for Life, and the exercise was facilitated by the Crisis Negotiation Team Sergeant. This scenario required the students to practice talking on the phone.

Balancing the ability to communicate and stay in the muck with the subject while relaying information to their response team was a new challenge. The exercise was specifically designed for the primary communicator to practice paraphrasing and to experience the challenge of communicating and building rapport without seeing the subject's body language. .

Exercise 2. Disgruntled Employee Demanding Police Action

Students were dispatched to a restaurant for a recently terminated employee who refused to leave the premises. The facilitator, a mental health professional from Cascadia Behavioral Healthcare, who is also assigned to one of the Behavioral Health Response Teams (BHRT), assessed the students for their ability to work with the demands of the subject and demonstrate active listening with a focus on emotional labeling.

Exercise 3. Suicidal Person in House with Knife and Pills

Students were dispatched to a welfare check following reported concerns of suicidal statements made to a friend. The suicidal person was played by a

staff member from Lines for Life. The facilitator assessed the students' ability to determine suicide risk, stay in the muck, and use active listening skills to build rapport with a suicidal individual.

Exercise 4. Person with Delusions Creating Demand for Police Response

An ECIT officer was dispatched to the lobby of Central Precinct on a call of a woman who refused to leave until her demands were met. The role player was a professional actress from Brody Theater hired for her ability to play a convincing and consistent role.

The Training Division's non-sworn mental health professional facilitated the exercise and assessed the officers' ability to communicate with someone experiencing psychosis. The officers were observed for their ability to communicate with someone experiencing paranoid and persecutory delusions. Because the call was not overtly ECIT related, it was stressed that there are multiple factors that influence when an ECIT officer is requested. Those applicable to this exercise include a person that generates frequent calls, and dispatching an ECIT officer anytime one is requested.

Exercise 5. Suicidal Person in Parked Vehicle

A student was dispatched to a traffic stop as an ECIT officer where it was reported that a suicidal man was sitting in a parked car with a gun to his head. The subject was played by a BHU officer and facilitated by a BHU Sergeant. The students were assessed for

their ability to "stay in the muck" with the subject and practice active listening techniques, specifically paraphrasing, due to being on the phone and needing to relay information to the team.

Exercise 6. Homeless Person with Limited English

Students were dispatched as ECIT officers to a call of a homeless person huddled in the doorway of a business, not willing to leave. The role player was a professional actress hired from Brody Theater for her ability to play a convincing and consistent role. It was facilitated by a mental health professional from Cascadia Behavioral Healthcare, who is also assigned to one of the BHRT. In this exercise, the students were assessed for their abilities in active listening, paraphrasing, rapport building, and effectively responding to language barriers.

Results

Two weeks after the training, staff and role-players met to discuss the effectiveness and function of the new Crisis Communication Skills Exercises. Overall it was viewed as successful and many of the role-players were impressed with ECIT officer use of resources. The facilitators observed that the officers were engaged in the drills.

However, in many cases several of the officers focused more on tactics than was originally intended as a learning objective. Also there was an observed trend that some officers jumped towards solving the problem, rather than 'staying in the muck' as long as was desired. This topic will receive additional focus in future classroom training.

Connected Learning Assessments

The concepts presented on Day 3 were applied in all of the scenarios on Day 4.

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Student Survey Results

Table 18: Crisis Response Resources <i>Shown as: Percentage of Total (Number of Respondents)</i> 2015: n=27 2014: n=25		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
The following Crisis Response Resource training sessions were a good use of my training time:								
<i>Crisis Response Considerations</i>	2015	0%	0%	0%	3.7% (1)	22.2% (6)	66.7% (18)	7.4% (2)
<i>Crisis Communication Skills</i>	2014	0%	0%	0%	4.0% (1)	24.0% (6)	72.0% (18)	0%
	2015	0%	0%	0%	3.7% (1)	22.2% (6)	66.7% (18)	7.4% (2)
<i>Line for Life Resource</i>	2015	0%	0%	0%	29.6% (8)	33.3% (9)	29.6% (8)	7.4% (2)
<i>Crisis Communication Skills Exercises</i>	2015	0%	0%	0%	11.1% (3)	25.9% (7)	59.3% (16)	3.7% (1)
<i>Tools & Techniques for Crisis Calls</i>	2015	3.7% (1)	0%	0%	11.1% (3)	29.6% (8)	48.1% (13)	7.4% (2)
The Crisis Response Resource training day enhanced my:								
<i>De-escalation skills</i>	2014	0%	0%	0%	4.0% (1)	40.0% (10)	56.0% (14)	0%
	2015	0%	0%	0%	14.8% (4)	40.7% (11)	40.7% (11)	3.7% (1)
<i>Understanding the need for intelligence gathering</i>	2015	0%	0%	0%	3.7% (1)	40.7% (11)	51.9% (14)	3.7% (1)
<i>Confidence de-escalating people who are in a behavioral health crisis</i>	2014	0%	0%	4.0% (1)	12.0% (3)	32.0% (8)	52.0% (13)	0%
	2015	0%	0%	0%	22.2% (6)	37.0% (10)	37.0% (10)	3.7% (1)
<i>Confidence effectively assessing situations involving people in a behavioral health crisis</i>	2015	0%	0%	0%	14.8% (4)	40.7% (11)	40.7% (11)	3.7% (1)
<i>Confidence in talking with someone with a mental illness about their mental health symptoms</i>	2015	0%	3.7% (1)	0%	11.1% (3)	33.3% (9)	48.1% (13)	3.7% (1)
<i>Confidence in effectively communicating with someone with a mental illness</i>	2015	0%	3.7% (1)	0%	14.8% (4)	37.0% (10)	40.7% (11)	3.7% (1)
<i>Understanding of how I can assist on calls as an ECIT officer</i>	2014	0%	0%	0%	12.0% (3)	24.0% (6)	64.0% (16)	0%
	2015	0%	0%	0%	7.4% (2)	44.4% (12)	44.4% (12)	3.7% (1)
Crisis Response Resource Class (cont.)								
<i>I have a better understanding of how to create a face-saving resolution during a behavioral health crisis situation.</i>	2015	0%	0%	0%	18.5% (5)	51.9% (14)	25.9% (7)	3.7% (1)
<i>Assisting the on scene police officers while maintaining a broad view of a situation is a role I can envision doing.</i>	2014	0%	0%	0%	8.0% (2)	44.0% (11)	48.0% (12)	0%
	2015	0%	0%	0%	14.8% (4)	37.0% (10)	44.4% (12)	3.7% (1)
<i>I have a clear understanding of how to set up a communication team* that includes a communicator, coach, and intelligence gatherer.</i> <small>*In 2014 surveys, the term "negotiation cell" was used in place of the term "communication team."</small>	2014	0%	0%	0%	0%	36.0% (9)	64.0% (16)	0%
	2015	0%	0%	0%	3.7% (1)	37.0% (10)	55.6% (15)	3.7% (1)
<i>I can envision assisting in the role of a coach during a behavioral health crisis call.</i>	2014	0%	0%	0%	4.0% (1)	40.0% (10)	56.0% (14)	0%
	2015	0%	0%	0%	3.7% (1)	29.6% (8)	63.0% (17)	3.7% (1)

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DAY FOUR OF ECIT TRAINING

ECIT Patrol Tactics

Day 4 of the ECIT training provided students with a full day of ECIT Patrol Tactics training. The day began with a classroom lecture led by a Patrol Tactics lead instructor.

The class provided officers training on how tactics used in routine patrol calls and higher intensity critical incidents can help lead to de-escalation of people in a mental health crisis. The class also reinforced decision-making processes regarding individuals in mental health crisis who have been involved in some form of criminal activity.

The main tactics discussed were: 1) disengagement or a delay of custody; 2) area containment; 3) utilizing surveillance to aide in determining risk and gain intel; 4) using time when advantageous; 5) utilizing reinforcements and specialized units; and 6) identifying and fulfilling a person's need when possible (e.g. hunger, thirst).

This training day includes 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 class, students applied and demonstrated skills using the tactics discussed in the class. These scenarios provided opportunities for students to practice applying their skills in a safe training environment and discussing their decision-making process.

In-Class Learning Assessments

The students were assessed on their ability to apply the information presented during the week through a table top exercise and six scenarios.

These are briefly described below. Two of the scenarios were altered from 2014 to more closely resemble the current ECIT calls.

Table Top Exercise: Lukus Glenn Case Study

At the beginning of the week, the class was provided with a copy of an actual 9th Circuit Court¹⁴ case ruling from an incident involving deadly force and a person in mental health crisis. The students were broken up into small groups and given discussion questions. The questions were 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 lead instructors and the Training Division's non-sworn mental health specialist observed the students for their understanding of how the various

tactical options discussed in class can be applied to calls involving people in mental health crisis, analysis of priorities when dealing with both criminal activity and mental health crisis, and legal considerations. The students applied the class material to the case, as evidenced by a lengthy and robust discussion in the small groups.

The full class then reconvened and shared their findings with everyone through a teach-back assessment. All of the groups' findings were written on the board for comparison and discussion.

Scenarios

The scenarios served as skill application learning assessments for many of the classes presented in the first three days of the training. The following provides a brief description of each of the scenarios. It is important to note that each student did not perform in each scenario.

A group of two to six students performed in the scenario while the remainder of the group observed. The instructors did, however, incorporate all of the students in the debriefs by asking questions of the observers.

In one case, the instructors required those not directly participating in the scenario to write their thoughts on note cards (see Scenario 1). Each student participated in at least one scenario as part of a response team. The teams were chosen based on precinct and shift, providing students an opportunity to practice with the co-workers they are most likely to interact with when responding to calls.

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¹⁴ Glenn v. Washington County. United States Court of Appeals, Ninth Circuit. 27 Dec. 2011.

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Scenario 1 – Crisis Communication

In the first scenario, ECIT officers were dispatched to a call where a suicidal person is contemplating jumping off an eight story parking structure. The lead instructors and the Training Division's non-sworn mental health professional 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) where there is a primary communicator and a "coach". The students accurately assessed the seriousness of the suicidal threat and, in the debrief, could articulate the risk factors that contributed to the person's suicidal mindset. The students asked pertinent questions to gather intelligence on the suicidal person's history via police databases, medical providers, places of residence, friends and associates.

The officers demonstrated rapport building techniques such as relaxed body language, speaking with a calm tone and volume, validating feelings, and asking for permission to ask questions. During the debrief, the students were guided to review at what points the person became agitated and when she appeared to de-escalate, what factors may have contributed to her behavior, and how officers might adapt their communication strategies to the individual's behavioral cues. The officers were able to identify the suicidal person's "hooks," as evidenced by the discussion cards.

In an effort to engage the whole class and assist the lead officer during this time, the audience was given cards and

asked to write down communication tips. The officers submitted over 50 cards which were then given to the communication team and relayed to the primary. The lead officer and coach commented that the cards were helpful, however, also noted the challenge in maintaining a conversation with the suicidal person, while also communicating with the response team.

Scenario 2 – Family Member Assistance

In this scenario, an ECIT officer responded to a call from a father who is seeking help for his 23 year old son with a mental illness. The lead instructors and the Training Division's non-sworn mental health professional assessed the students' abilities to use active listening skills to de-escalate the family member while determining if the son meets criteria for Police Officer Custody.

The students were also assessed for providing mental health resource information to the family member and together making a follow-up plan. The officers asked reasonable questions for assessing the persons level of threat to himself or others, were able to assess the person's level of insight, and effectively utilized de-escalation skills.

This scenario was updated from the previous year to reflect current issues ECIT officers may encounter on calls. The overall learning objectives were the same, with a greater focus on providing additional resources to the family members as was presented on day one of the training week.

Scenario 3 – Force Options

ECIT officers were dispatched to a homeless shelter where a psychotic man is becoming increasingly angry and

refusing to leave. The lead instructors and the Training Division's non-sworn mental health professional 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 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 Policy 1010.00, the ECW Policy 1051.00, and de-escalation tactics. In terms of communication, using time as a tactic, and recognizing that the person may be experiencing a mental health crisis, the students made reasonable attempts. However, they did not recognize their attempts to de-escalate were failing in a timely manner. This resulted in the students risking their own safety and not recognizing the appropriate time to use reasonable force.

Scenario 4 – First Break

ECIT officers were dispatched to a home where the parents called because their daughter unexpectedly returned home from college and was reporting an unknown man had been following her. The lead instructors and the Training Division's non-sworn mental health professional assessed the students' abilities to accurately assess risk and mental health indicators, utilize crisis communication skills to build rapport, and develop a plan. The students did an exceptional job at meeting the learning objectives for this scenario. It was noted

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that this scenario may not have been challenging enough for the students. However, it was utilized to reinforce working with family members and supporting family members.

Scenario 5 – Mental Health Facility Response

In this scenario, the ECIT officers were dispatched to a call of a known residential mental health facility. The lead instructors and the Training Division's non-sworn mental health professional assessed the students'

abilities to communicate with staff to determine their desired outcome and gather safety information, develop and implement a crisis plan using staff input, and utilize crisis communication skills to evaluate for a hold. This scenario was originally designed to focus on guardianship based on feedback and trends in calls.

During the debrief, the instructors focused on the students' articulation of the civil hold criteria and working with facility staff to develop a plan. The

students performed well on the main learning objectives and it was noted that training needs pertaining to facilities may need to be updated.

Scenario 6 – Communicating with a Person Experiencing psychosis in suicidal situation

In the final scenario, ECIT officers were called out to a medical school where a student, who has been conducting research with animals, has a covered herself in gas, has a lighter, and is hearing command voices telling her to light herself on fire. In this scenario, the lead instructors and the Training

Division's non-sworn mental health professional assessed the students' abilities to manage scene safety, build rapport, communicate with someone in a psychotic state, and safely take the student into custody.

The officers did a good job of managing scene safety, utilizing appropriate resources, building rapport, and identifying a focal topic to move more of the person's focus from their command hallucinations and towards a more productive conversation.

Student Survey Results

Table 19: ECIT In-service: Patrol Tactics <i>Shown as: Percentage of Total (Number of Respondents)</i> 2015: n=27 2014: n=25		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
The following Patrol Tactics training sessions were a good use of my training time:								
<i>Classroom on Behavioral Crisis Calls Tactical Options</i>	2014	0%	0%	0%	0%	48.0% (12)	52.0% (13)	0%
	2015	0%	0%	0%	18.5% (5)	33.3% (9)	37.0% (10)	7.4% (2)
<i>*Note: 1 individual (3.7%) responded Slightly Agree/Agree</i>								
<i>Lukus Glenn Table Top Exercise</i>	2014	0%	0%	0%	12.0% (3)	28.0% (7)	60.0% (15)	0%
	2015	3.7% (1)	0%	3.7% (1)	22.2% (6)	22.2% (6)	40.7% (11)	7.4% (2)
<i>Scenario Training</i>	2014	0%	0%	0%	0%	20.0% (5)	80.0% (20)	0%
	2015	0%	0%	0%	11.1% (3)	29.6% (8)	51.9% (14)	7.4% (2)
The following Patrol Tactics training sessions expanded upon my previous knowledge base:								
<i>Classroom on Behavioral Crisis Calls Tactical Options</i>	2014	0%	0%	0%	12.0% (3)	56.0% (14)	32.0% (8)	0%
	2015	0%	3.7% (1)	3.7% (1)	22.2% (6)	37.0% (10)	25.9% (7)	7.4% (2)
<i>Lukus Glenn Table Top Exercise</i>	2014	0%	0%	0%	12.0% (3)	52.0% (13)	36.0% (9)	0%
	2015	7.4% (2)	3.7% (1)	3.7% (1)	22.2% (6)	25.9% (7)	29.6% (8)	7.4% (2)
<i>Scenario Training</i>	2014	0%	0%	0%	4.0% (1)	28.0% (7)	68.0% (17)	0%
	2015	0%	0%	3.7% (1)	14.8% (4)	18.5% (5)	48.1% (13)	14.8% (4)

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Table 20: ECIT: Patrol Tactics <i>Shown as: Percentage of Total (Number of Respondents)</i> 2015: n=27 2014: n=25		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
The Patrol Tactics training day enhanced my:								
<i>De-escalation Skills</i>								
	2014	0%	0%	0%	12.0% (3)	32.0% (8)	56.0% (14)	0%
	2015	0%	0%	7.4% (2)	33.3% (9)	22.2% (6)	29.6% (8)	7.4% (2)
<i>Understanding the need for intelligence gathering</i>								
	2015	0%	0%	11.1% (3)	18.5% (5)	29.6% (8)	33.3% (9)	7.4% (2)
<i>Confidence in de-escalating people who are in a behavioral health crisis</i>								
	2015	0%	3.7% (1)	7.4% (2)	22.2% (6)	25.9% (7)	33.3% (9)	7.4% (2)
<i>Confidence in effectively assessing situations involving people in a behavioral health crisis</i>								
	2015	0%	0%	7.4% (2)	22.2% (6)	33.3% (9)	29.6% (8)	7.4% (2)
<i>Confidence talking with someone with a serious mental illness about their mental health symptoms</i>								
	2015	0%	3.7% (1)	0%	25.9% (7)	33.3% (9)	29.6% (8)	7.4% (2)
<i>Confidence in assisting in the role of a coach during a behavioral health crisis call</i>								
	2015	0%	3.7% (1)	3.7% (1)	22.2% (6)	22.2% (6)	40.7% (11)	7.4% (2)
<i>Understanding of how I can assist on calls as an ECIT officers</i>								
	2015	0%	0%	0%	22.2% (6)	33.3% (9)	37.0% (10)	7.4% (2)
<i>The facts of the scenarios were plausible.</i>								
	2014	0%	0%	0%	4.0% (1)	36.0% (9)	60.0% (15)	0%
	2015	0%	0%	0%	11.1% (3)	25.9% (7)	55.6% (15)	7.4% (2)
<i>I found the scenarios appropriately challenging.</i>								
	2014	0%	0%	0%	8.0% (2)	28.0% (7)	64.0% (16)	0%
	2015	0%	0%	3.7% (1)	11.1% (3)	33.3% (9)	40.7% (11)	11.1% (3)
<i>I learned a lot from watching others go through the scenarios and debriefs.</i>								
	2014	0%	0%	0%	8.0% (2)	32.0% (8)	60.0% (15)	0%
	2015	0%	0%	11.1% (3)	11.1% (3)	25.9% (7)	44.4% (12)	7.4% (2)
<i>A critical scenario was missed and should be included in future trainings.</i>								
	2014	20.0% (5)	44.0% (11)	8.0% (2)	4.0% (1)	8.0% (2)	16.0% (4)	0%
	2015	14.8% (4)	25.9% (7)	14.8% (4)	3.7% (1)	7.4% (2)	25.9% (7)	7.4% (2)

APPENDIX B: 2015 ECIT PRE- AND POST-TEST

The officers were given a pre- and post-test to determine changes in learning and attitude as a result of the ECIT training. The test was designed by the Training Division's non-sworn mental health professional in partnership with the lead instructors.

Each of the lead instructors was asked to develop questions specific to the content covered in their sections of the training. It consisted of a total of twenty one questions. One question provided contextual data collection, seventeen of the questions measured knowledge, and three questions measured attitude. This was the first time a pre- and post-test was given to the officers attending the ECIT program.

The results showed that this testing instrument will need additional refinement to produce reliable and valid results. Due to this being a pilot test, the officers were asked to develop a personal code to mark their tests so the pre- and post-tests could be compared. This allowed each officer to remain anonymous. The Portland Police Bureau would like to continue to run pilot tests in order to refine the instrument.

Data Collection Question

On the pre-test, each officer was asked to self-determine the number of calls they are dispatched to each month with a mental health component. The question was asked to inform the instructors of the general experience level of each officer and provide context for the knowledge question responses. The multiple choice question listed potential answers in intervals of five. Two officers responded 0-5 contacts. Four officers responded with 6-10 contacts. Six officers responded with

11-15 contacts. Four officers responded with 16-20 contacts. Nine officers responded with more than 20 contacts per month containing a mental health component.

Knowledge Questions

Many of the knowledge questions were designed by the lead instructors, others were adopted from Dr. Michael Compton's body of work¹⁵. The instructors, experts in their field of study, designed the questions based on the learning objectives of the course. Each multiple choice question was worth one point.

The average score for the questions on the pre-knowledge test was 11.92 out of 17 (70%). This indicated that the pre-test may not have been challenging enough. However, it should be noted that in this particular cohort of students consisted of several officers who have extensive ECIT-related training. They attended the training to become qualified to respond to ECIT calls, even though they may have already received much of the information as a result of training for other duties. These officers are not representative of the average officer attending the ECIT training and were not taken into account when the test was designed.

The post-test average score was 14.6 out of 17 (86%). The post-test showed a 22% increase. There were three questions where two answers were marked. In each case, one of the two answers was correct; however, the question was considered incorrect and the student was awarded no point.

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¹⁵ These knowledge questions were obtained through Dr. Amy Watson

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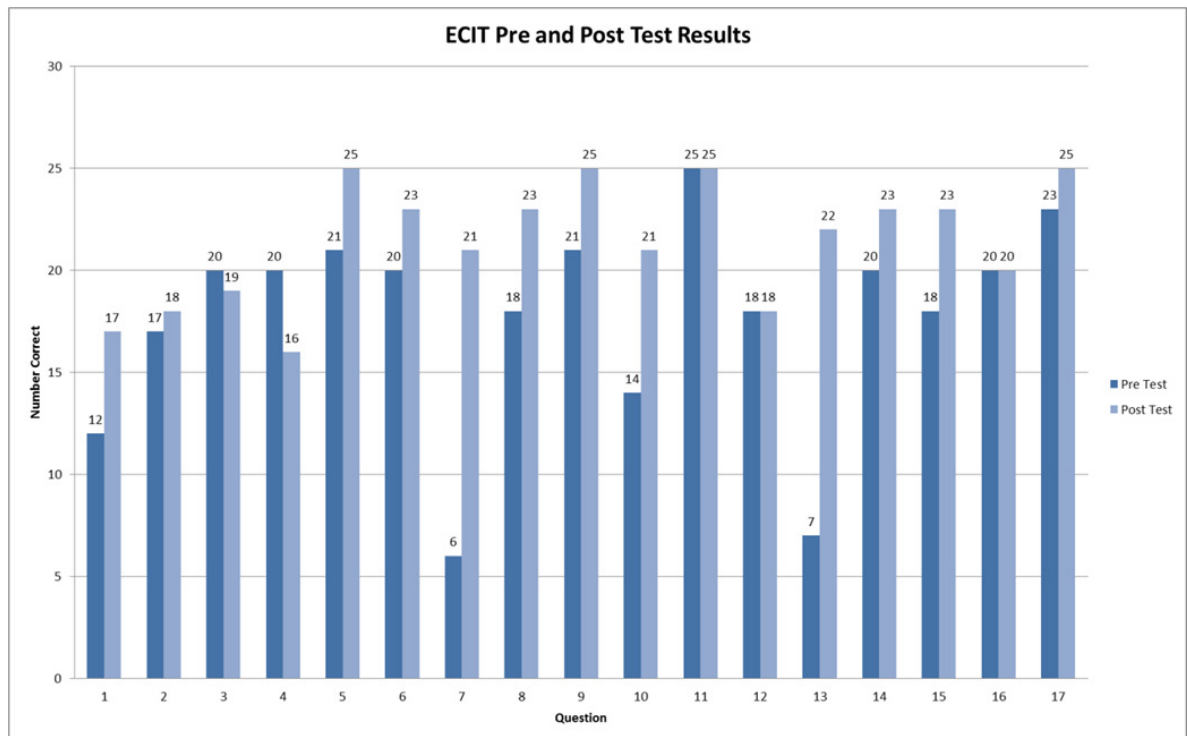
The following are the results from the knowledge questions:

- Four of the questions (1, 7, 10, and 13) showed a 30% or greater increase from the pre- to post-tests.
- Three of the questions (11, 12, and 16) showed no change. Number 10 was answered correctly by everyone on both the pre-and post-test.
- One question (4) decreased from 20 correct answers on the pre-test to 16 on the post-test.
- Nine of the questions (2, 3, 5, 6, 8, 9, 12, 15 and 17) increased, but not significantly.

The chart above depicts the number of students that answered each question correctly.

This learning assessment was designed to provide information on the effectiveness of instruction. Item analysis of each individual question provided richer information about the curriculum and instruction, as opposed to measuring the overall group average change in score. Below are a few examples worth examining further:

- Question Number 4 decreased from 20 correct answers on the pre-test to 16 on the post-test. The question addressed the content presented in the Trauma Informed Care class. The correct answer the instructors were seeking was designed around a communication



learning objective.

The post-test results showed that four students incorrectly changed their answer to address learning about the individual's history, which was also covered in the class. From this one test question, it is not clear if the instruction confused the students, or if the question was poorly constructed. It should be noted that this was the first time a trauma-informed care class was taught, as well as the first time this particular community-based instructor taught for the ECIT class.

- One of the largest changes in the number correct, from seven to twenty-two, was question 13. It directly addressed active listening skills. The result of this knowledge test question indicates that by the end of the training,

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¹⁶ Kobau, R, Dilorio C, Chapman D, Delvecchio P. (2009) SAMHSA/CDC Mental Illness Stigma Panel Members. Attitudes about mental illness and its treatment: Validation of a generic scale for public health surveillance of mental illness associated stigma. *Community Mental Health Journal*, DOI 10.1007/s10597-009-9191-x.

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the officers received the desired learning objective. This is supported by the officers' performance in the Day 4 scenarios where they applied listening skills. However, the instructors took note of this because during the Day 3 skill builder exercises, many of the officers jumped into problem solving instead of "staying in the muck" as long as desired.

- Results from question 7 also showed significant improvement, as well as an opportunity for refining the test question. It focused on assisting family members with community resources.

This question went from six correct answers on the pre-test to twenty-one correct on the post-test. The answer the instructors were looking for was "the National Alliance on Mental Illness". In the pre-test, there were answers from all five of the multiple choice options.

However, the few incorrect answers on the post-test were predominantly "Project Respond", which, while not the optimum answer, is not completely incorrect. For the purposes of this learning assessment, those answers did not receive points but would be considered an adequate resource while working on patrol.

Attitude Test Questions

Three attitudinal questions were asked. These questions were taken from a survey instrument developed to gain information about the public's attitude about mental illness¹⁵.

The questions were deliberately chosen and intended to be utilized individually, outside of the validated scale. Future considerations will include assessing whether the needs pertaining to the pre and post-test will be best met by individual items or a scaled measurement. The three questions asked the respondents to mark their level of agreement on a 6-point scale (strongly disagree = 1 to strongly agree= 6). The questions are listed below, followed by the results:

Circle the number that corresponds with your level of agreement with the following statements.

1. I believe a person with mental illness is unpredictable.
2. I believe a person with mental illness can be as successful at work as others.
3. I believe a person with mental illness can eventually recover.

Attitude Test Results

Attitude Question 1 decreased 9.82% from an average of 4.48 to 4.04.

Attitude Question 2 resulted in an 8.4% increase from an average of 4.76 to 5.16. Attitude Question 3 resulted in an 8.74% increase from an average of 4.12 to 4.48.

Future Considerations for Testing

This pilot test served as a starting point for formal summative assessment of Portland Police Bureau officers. The objective and language of the test questions will need to be refined to increase the reliability and validity of the results. In the refinement process, the test questions will be examined for their relationship to the learning objectives.

Both test development and formal testing of officers in ECIT is a new endeavor for the Training Division as we build capacity and gain experience in these areas.

APPENDIX C: POST-TRAINING ECIT OFFICER SURVEY QUESTIONS

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 information will be used to make the ECIT program

more efficient and to make the best use of your training time.

Important to note: This is a voluntary, anonymous survey. Please feel free to skip any questions you do not want to answer. Because the evaluation survey is anonymous, when the data is released outside of the Bureau, no one should be able to connect your responses to

your name or have any other way of identifying you. For the purposes of this survey, "behavioral health" refers to mental health, substance abuse, or co-occurring diagnoses.

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

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

What aspects of this training have you found to be the most useful as you returned to patrol? (Choose all that apply)

1. Communications /de-escalation training
2. Group discussions with consumers
3. Risk assessment training (e.g. analyze dispatch calls, key questions and continuous assessment)
4. Site visits
5. Systems information (e.g. information about mental health systems such as resources, crisis system map, mental health court, etc.)
6. Tactical training (e.g. disengagement, developing a plan, determine safe time, place and location)
7. All of the above (roughly equal in value)
8. Other _____

In hindsight, I have found that the site visits were productive.

1. Yes
2. No

APPENDIX C (con't)

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.

	Attended this site visit	Brought someone to site	Referred someone to site	Helpful to learn about
Cascadia Urgent Walk In Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arbor Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golden West	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lines for Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multnomah County Crisis Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Star (NAMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree	N/A
My supervisor(s) are very supportive of the ECIT program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor(s) allow me the needed time and resources to respond to ECIT calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor(s) allow me the needed time and resources for training pertaining to ECIT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My peers are very supportive of the ECIT program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most officers understand the role of the ECIT officers and what services they provide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most sergeants understand how to utilize ECIT officers as the "primary communicator" on calls involving a behavioral health crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most sergeants understand how to utilize ECIT officers in a "coach role" on calls involving a behavioral health crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C (con't)

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

	More than twice per day	Daily	At least 5 times a week	At least twice per week	Once a week	A couple times a month	Rarely
Dispatched as an ECIT officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another officer requested an ECIT officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-initiated response as an ECIT officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

1. Strongly Disagree
2. Disagree
3. Slightly Disagree
4. Neither Agree nor Disagree
5. Slightly Agree
6. Agree
7. Strongly Agree
8. N/A

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

1. Strongly Disagree
2. Disagree
3. Slightly Disagree
4. Neither Agree nor Disagree
5. Slightly Agree
6. Agree
7. Strongly Agree
8. N/A

I am reluctant to respond to these calls 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.

I have responded to calls related to suicide since I attended the ECIT training.

1. Yes
2. No

APPENDIX C (con't)

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

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
I found the information presented during the suicide intervention class helpful in responding to at least one of these calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The suicide scenario provided during the training was a helpful exercise for responding to at least one of these calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 behavioral health crises more efficient:

How often do you think ECIT officers should be offered follow-up trainings? 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: BHU DATA CHECK

BOEC sent a dataset to the BHU analyst that included all calls with the keyword “ECIT” in the Remarks section.

There were 2,156 records (including duplicates) in this dataset. For a more in-depth analysis of what was occurring during these calls, the dataset that BOEC sent the BHU analyst needed to be connected with more call related data. This was done with the hopes of getting a better picture of calls that potentially could have involved an ECIT officer. After the data was merged together, all comments in the Remark Field were read and recoded to see if the call could have been coded as ECIT.

Through this process of coding, recoding, and merging of data, PPB determined there were 1,452 potential ECIT type-coded calls. Furthermore, there were 592 ECIT dispatched calls in 2015, approximately the same amount as in 2014.

However, 2014 only included seven months’ worth of data. PPB used the following described method to further explore the number of potential ECIT calls:

- BOEC sent a dataset to the BHU analyst that included all calls with the keyword “ECIT” in the Remarks section.
- There were 2,156 records (including duplicates) in this dataset. For a more in-depth analysis of what was occurring during these calls, the dataset that BOEC sent the BHU analyst needed to be connected with more call related data.
- This was done to gain a better picture of calls that potentially could have involved an ECIT officer.
- After the data was merged together, all comments in the Remark Field were read and recoded to see if the call could have been coded as ECIT.
- Through this process of coding, recoding, and merging of data, PPB determined there were 1,452 potential ECIT type-coded calls.
- Furthermore, there were 592 ECIT dispatched calls in 2015, approximately the same amount as in 2014. However, 2014 only included seven months’ worth of data. PPB used the following described method to further explore the number of potential ECIT calls:
- From the data noted above there are various caveated ways to capture the number of ECIT calls.

APPENDIX E: 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	
*vCad Number	
*Associated Case Number (if Any):	
*Role on Call	<input type="checkbox"/> Primary <input type="checkbox"/> Assist/Consult <input type="checkbox"/> Other: _____
*Supervisor On-Scene	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Mental Health Professional Respond to Incident	<input type="checkbox"/> Yes: Which _____ <input type="checkbox"/> No
*Mental Health Professional Contacted Subject as a Result of the Incident	<input type="checkbox"/> Yes: Which _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
*Disposition of Call	<input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> G <input type="checkbox"/> Z <input type="checkbox"/> X <input type="checkbox"/> A <input type="checkbox"/> B
*U.S Military Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
*Mental Health Crisis Response per Directive 850.20	<input type="checkbox"/> Custody/Arrest <input type="checkbox"/> Non-Engagement <input type="checkbox"/> Disengagement <input type="checkbox"/> Delaying Custody <input type="checkbox"/> De-Escalate <input type="checkbox"/> Elope <input type="checkbox"/> N/A
*Use of Force Incident	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subject's Name (Last, First, Middle)	
Subject's Last Known Address	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Race	<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other
Complainant's Name (Last, First, Middle)	
Complainant's Last Known Address	
Precinct of Incident	<input type="checkbox"/> Central <input type="checkbox"/> East <input type="checkbox"/> North <input type="checkbox"/> Other
Location/Address of Incident	
Was Subject Armed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Weapon	<input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other: _____
Injury to Officer, Subject, or Others During Incident (If Yes, and No G.O. is completed, please include pertinent information in Narrative Section)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Narrative of the Incident If Not Referred In Associated G.O Report (Print)	<div style="height: 150px;"></div> <div style="text-align: right; font-size: small;">(Use back of sheet if more room is needed)</div>
*Reporting Officer (Print) and DPSST: _____	<input type="checkbox"/> CE <input type="checkbox"/> EA <input type="checkbox"/> NO <input type="checkbox"/> Other
*Supervisor Signature and DPSST: _____	

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TRAINING DIVISION

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