



# EVALUATION REPORT

## 2021 Enhanced Crisis Intervention Training

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

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## Introduction:

The Portland Police Bureau (PPB) developed its Enhanced Crisis Intervention Team (ECIT) training in 2013, in response to the ever-changing landscape of law enforcement and the increased number of interactions with individuals who are in behavioral health crises. The training – which includes elements such as crisis communication skills, mental illness indicators, interactions with consumers and family members, and scenario exercises – builds upon the skills taught in officers' basic police academy courses through the Department of Public Safety Standards and Training (DPSST), but with increased emphasis on the assessment of an event involving an individual in a behavioral health crisis and connections to community resources meant to divert such individuals from jail to the appropriate care.

ECIT officers are trained to perform many tasks, including identifying risk factors and providing strategy considerations to the members on scene, providing specific resource information to link community and family members to the mental health system, and making referrals to the Behavioral Health Unit (BHU), which coordinates the PPB response to individuals in behavioral health crises.

The training was developed in conjunction with the goals specific to the ECIT program, within the context of the broader organizational mission:

- 1) To have police and community member interactions that result in the safest possible outcomes for the police and community members (specifically community members experiencing a behavioral health crisis) and,
- 2) To be a partner with the mental health system in public safety issues related to behavioral health crises.

To accomplish these goals, the PPB Training Division relies upon feedback from multiple sources, including mental health partners and the Behavioral Health Advisory Committee (BHUAC), as well as the PPB's mental health specialist, to build training that equips officers with the skills necessary to navigate incidents involving community members in crisis, and bring those incidents to the safest possible resolutions.

While designing this program, the Training Division began an evaluation of the training to track attainment of the stated goals. The evaluation tracks how students respond to the initial training event, learning that occurs as a result of the training, application of the skills on the job, and how well the organization is meeting its ECIT training goals. The evaluation assesses all four levels of the Kirkpatrick model.<sup>1</sup> This report provides an examination of the data and feedback collected pertaining to the 2019 ECIT training and provides an update on program outcome results.<sup>2</sup>

## Overview:

To begin, it is helpful to provide an overview of the ECIT program in Portland and the core concepts integral to the success of the program. Since 2013, PPB has trained 205 officers in enhanced crisis intervention techniques, with 139 actively situated in patrol positions in 2022. A total of 3,243 ECIT calls-for-service were dispatched in 2021.

### ECIT Dispatch Criteria:

The Bureau of Emergency Communications (BOEC) dispatches ECIT officers to a call-for-service with a mental health nexus under seven circumstances:

- 1) Upon the request of a citizen,
- 2) Upon the request of the responding member,
- 3) The subject is violent,

participants from the initial training event and a subsequent follow-up survey. Additional feedback was obtained from program coordinators and instructors, the Behavioral Health Unit, the Bureau of Emergency Communications, the Enhanced Crisis Intervention Team Advisory Council, and the Behavioral Health Unit Advisory Committee Recommendations.

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<sup>1</sup> 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/>.

<sup>2</sup> Data and feedback was collected throughout the ECIT training process, including survey data of the training

- 4) The subject has a weapon,
- 5) The subject is threatening or attempting suicide,
- 6) The crisis call is at a designated residential mental health facility, or
- 7) The call involves a subject in a mental health crisis whose behavior appears to be escalating the risk of harm to self or others.

The 7<sup>th</sup> criterion was expanded on April 1, 2018. In addition, BOEC trained its staff to more accurately differentiate between ECIT and non-ECIT calls. Furthermore, PPB instituted a procedure to assist BOEC dispatchers in capturing and recording more ECIT calls..

## ECIT Training Key Components

### De-escalation:

De-escalation techniques can be a successful intervention tool in situations involving community members in a behavioral health crisis. Techniques such as using verbal communication designed to calm an agitated subject, decreasing exposure to a potential threat using distance, cover, or concealment, and avoiding physical confrontation unless immediately necessary help reduce the volatility of a scene. De-escalation techniques are numerous in nature and include strategies such as communicating from a safe distance, using active listening to build rapport, avoiding physical confrontation by placing barriers between the person and the officers, and using time and patience whenever possible. Members are trained to take proactive steps which establish control of the scene in an attempt to minimize the need for the use of force.

### ECIT Roles:

While ECIT officers are not expected to provide a mental health diagnosis, they are trained to recognize signs and symptoms of mental illness. Additionally, these officers are trained to evaluate various situational risk factors, and to utilize resources and techniques to resolve the call in the safest way possible. Officers are trained to use the acronym “AAA” – Assess, Advise, Apply – to observe

the scene and prioritize certain actions when arriving to a call as an ECIT officer. In the “Apply” phase of this process, officers may choose to fill one of three specific roles (depending on the severity of the call and the number of officers on scene). These roles can be summarized as follows:

#### *Primary Communicator*

The individual responsible for a majority of the communication with the person in crisis can be described as the Primary Communicator. This individual is in charge of communicating with the person in crisis using “time as a tactic” to de-escalate, create opportunities to ameliorate the crisis, and to engage in problem solving.

#### *Communication Coach*

The Communication Coach supports the Primary Communicator by providing suggestions to the Primary Communicator on topics that may help de-escalate the situation, or actions the Primary Communicator can take that may help resolve the event as safely as possible. The Coach also assists the on-scene sergeant in determining the best methods to utilize based on the circumstances of the incident. The Coach often receives the information relayed from the Intelligence Gatherer (see below), and helps pass along pertinent information to other members of the team throughout the incident.

#### *Intelligence Gatherer*

During an incident, there may be specific knowledge about the person in crisis or the situation that can be gleaned through various methods (e.g. contacting family members, completing a records search, etc.). If possible, the Intelligence Gatherer can be specifically focused on collecting this information and relaying pertinent factors to the Coach in order to be used by the Primary Communicator.

Taken together, this “Communication Team” may effectively coordinate available resources to bring the incident to a safe resolution. Not all of these roles will be filled on every ECIT call, as there may be a limited number of officers on scene, the incident may not necessitate all of the roles be filled,



or one officer may fill more than one role as required. Nevertheless, ECIT officers receive training on this Communication Team concept in order to accommodate the specific needs of persons in crisis, family member(s), and care provider(s).

## Training Event and Student Learning:

Due to staffing and COVID related issues, there was no annual ECIT training in 2020. Thus, the 2021 training had a larger than normal class size and consequently required conducting additional scenarios to accommodate the eleven additional students. These additional scenarios increased the 2021 ECIT training from a 40-hour 4-day training to a 50-hour 5-day training. Of note, this extended 50-hour format was an exception and the program plans to return to the 40-hour format moving forward. The 50-hour ECIT training event consisted of five 10-hour days of training comprised of in-class lectures, site visit presentations, and role-playing scenarios.<sup>3</sup> Students completed an evaluation survey at the end of each day and a learning assessment on the final day of classes, to gauge student reactions to the training sessions, as well as their retention of critical information. Overall, feedback from the evaluations was largely positive, with students finding a majority of the classes to be a worthwhile use of training time. Students were asked to assess the value of each course across each day of the training, via a 6-point Likert scale ranging from “Strongly Disagree” to “Strongly Agree.” Students were additionally asked the level to which each course expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

Additional survey items were included to assess the level of student retention and confidence in performing various crisis response tasks. These items assist in evaluating student comprehension of the key ECIT learning objectives, as well as gauge their confidence in performing those critical behaviors on the job.

Each survey contained additional qualitative survey items such as, “If any of the sessions were not a good use of your training time, please provide us further information as to why so we can make program improvements,” and “Please feel free to provide any additional comments for improving this training here.” These questions allowed students to provide feedback outside of the structured quantitative survey items and provide an opportunity to evaluate training components that could be improved in the future.

## Quantitative Assessment

All of the classes were rated well overall. For nearly all of the classes, survey respondents expressed some level of agreement that the class was a good use of their training time. For all of the classes, 80 to 100 percent of the respondents agreed or strongly agreed that the class was a good use of their training time. Several of the classes were exceptionally well received. For example, students responded most favorably to the *Communication Team Kit (COMTEK)* class. Twenty of twenty three respondents (87 percent) strongly agreed that the course was a good use of training time. High levels of agreement were also seen on the *Crisis Response for ECIT session* (25/29 strongly agreed, 86 percent), the *Site Visit Presentations session* (22/26 strongly agreed, 85 percent), *Crisis Communication Skills Exercises* (18/22 strongly agreed, 82 percent), *Multnomah County Threat Assessment Team* (21/26 strongly agreed, 81 percent), and the *Suicidal Person on a Ledge scenario* (17/21 strongly agreed, 81 percent).

## Qualitative Assessment

Many students provided comments regarding their training experience in the qualitative sections of the surveys. Over the five training days, the majority of the comments were positive. On Day 1, one officer expressed appreciation for a great day of training and three others specifically mentioned that the consumer panel discussion was a great use of time. One individual commented that although valuable,

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<sup>3</sup> Referred to as the “40-hour ECIT training” throughout this report, to differentiate it from the Crisis Intervention

training officers completed in Basic and Advanced Academies.

the lecture sections felt lengthy, and suggested they be supplemented with additional learning opportunities such as breakout activities, group discussions and other engagement activities to help break up the lecture time. When asked about the *Consumer Panel Discussion* specifically, students commented that they appreciated listening to different perspectives and learning about the peer support program. Several students suggested that more time be dedicated to this session

The qualitative responses the following four days were similarly positive, with one individual stating that the ECIT training was one of the best trainings they have attended at the Bureau and mentioned that the instructors were engaged and knowledgeable.

Multiple officers expressed appreciation for the site visit presentations or overall training held the second day. When asked about the Family Member Panel Discussion, students commented that they appreciated listening to families' perspectives about past police interactions and learning about NAMI services. However, two officers suggested the NAMI Overview session could have been condensed.

Many of the qualitative responses provided in the surveys for day 3 and 4 were also positive. Multiple officers expressed appreciation for the Crisis Communication Skills Exercises class, reporting the sessions provided opportunities to improve communication skills. However, one officer indicated it would have been helpful to have additional time allotted for this class.

In regards to the scenarios that ran on day 4 and day 5, there were numerous responses providing complimentary feedback as well as several suggestions for improvement. On day 4, five individuals provided suggestions for improvement to the bus scenario, with one person mentioning that it would be a great scenario with some modifications. The BHU program managers took note of the comments and have decided to not use this scenario moving forward or else make adjustments based on the feedback before introducing it back into the program. On day 5, two responses provided praise for the training content and the two days of scenarios. One of these

respondents complimented the valuable feedback and the opportunity to see how other officers resolve situations in the scenarios. When asked if anything would have enhanced the training experience, three officers suggested it would be helpful to have a smaller class size. Other recommendations included breaking up the first two days of classroom to enable better retention of information, as well as adding a resource handout with information and contact information for the variety of resources. While the ECIT program managers take this information into account, much of the scheduling is dependent on the schedules of the outside instructors, thus limiting the ability to rearrange classes as requested by the students.

## **Main Findings**

### *Crisis Response for ECIT*

The material provided in the *ECIT Overview* and *Crisis Response for ECIT* sections is key to officers' understanding of their role during incidents involving a behavioral health crisis. Officers are provided with material on responding to crisis calls in both their basic crisis intervention courses (taken during their basic and advanced academies), as well as the 40-hour ECIT course. In prior-years, some students alluded to the material in this section being repetitive to that which they learned during CIT courses in basic academies. However, at the 2021 training, students were asked if they found any of the Crisis Response section to be too basic for their training needs and 90 percent of students responded with the answer, no. This indicates the emphasis and attempt to build on the concepts in a more nuanced way has resonated well with students. This year's cohort were asked questions during class and also participated in communication exercises that provided immediate feedback.

### *Consumer Panel Discussion*

The ECIT program coordinators included Consumer Panel Discussions due to positive feedback from previous training sessions. During the Consumer Panel Discussion, officers heard the stories of individuals living with mental illness and learned how the actions of officers can impact them during



the course of an event. This session received largely positive feedback from students, with several comments related to the value of peer support. In the 2018 ECIT training, several students commented the panel could benefit from a more organized structure. Changes were made in 2019 using a different facilitator and a more structured format, and there were no comments of this nature in the 2019 nor 2021 qualitative surveys.

#### *The Brain, Mental Illness, and Treatment / Mental Health Risk Assessment*

These courses presented topics that were previously present in the Overview of Mental Health Diagnoses, Mental Status Indicators, and Mental Illness / Risk Assessment/System Coordination courses which occurred in prior ECIT 40-hour courses. While these classes received less positive reviews from students in 2019, students in 2021 provided more positive feedback with 100 percent of respondents agreeing or slightly agreeing that the class was a good use of their training time. This improvement could be due to a new instructor teaching these courses in 2021.

#### *Family Member Panel*

Similar to the Consumer Panel Discussion, this course had a positive impact emphasizing the lived experiences of people with mental illness. Several students appreciated the different viewpoints of parents and the importance of including family. In 2019, a more purposeful introduction was added to bring focus to the learning objectives and the intended purpose of the course, which was utilized again in 2021.

#### *Mental Health Facilities Response*

The students indicated high levels of agreement that the course was a good use of time and expanded upon their previous knowledge base. Cohorts from previous years indicated lower levels of agreement. No qualitative comments regarding this session were provided by participants.

#### *Site Visits*

The 2021 ECIT training modified the site visits in which students no longer leave to visit the facilities, but rather representatives from each facility visit so that students are able to learn about all of the facilities and services firsthand. This new format met overwhelming support with multiple officers expressing appreciation for the new format. In response to the survey item asking for any additional comments for improving the training, eight of the nine responses expressed appreciation for the site visit presentations.

Post-training officer feedback also showed that the officers have continued to refer and transport individuals to mental health facilities since the ECIT training.<sup>4</sup>

#### *ECIT Scenarios*

The scenarios received mostly positive feedback from students and instructors as well as numerous suggestions for how the scenarios could be improved. Several students mentioned that the conditions in the scenarios did not seem realistic or did not run as they typically do on patrol. ECIT training coordinators are aware of the comments and are making modifications based upon feedback in their preparation for future ECIT 40-hour training sessions.

### **On-the-Job Application: Post-Training Officer Feedback**

The 2021 ECIT Training cohort was given a follow-up survey five months post-training to assess the level to which aspects of the training were the most useful to them on the job, challenges they faced applying ECIT skills on the job, and confidence regarding their ability to engage with individuals during behavioral crisis incidents.<sup>5</sup> The survey consisted of 22 close-ended (quantitative) survey items, and three open-ended (qualitative) questions.

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<sup>4</sup> See page 11 for more information.

<sup>5</sup> Historically, this survey has been administered 3-4 months after the ECIT Certification training. However, the survey was delayed this year due to limited staffing.

The survey was delivered in an online format, via email. Ultimately, the survey was delivered to 29 officers who attended the November 2021 training, with 4 officers responding. The Training Division usually achieves much higher survey response rates. At least a portion of the lower response rate is likely due to survey fatigue, as well as high workloads and busy schedules related to COVID-19 and staffing shortages. 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. Moving

forward, we plan for BHU management to administer the follow-up survey as well as follow-up reminder to hopefully increase participation rates again.

The survey was nearly identical to the follow-up surveys delivered to previous training cohorts, to allow for cross-comparison of results between the cohorts<sup>6</sup> (survey items were only altered to reflect the updated classes/visits that occurred in the 2021 training, e.g. site visit format change).

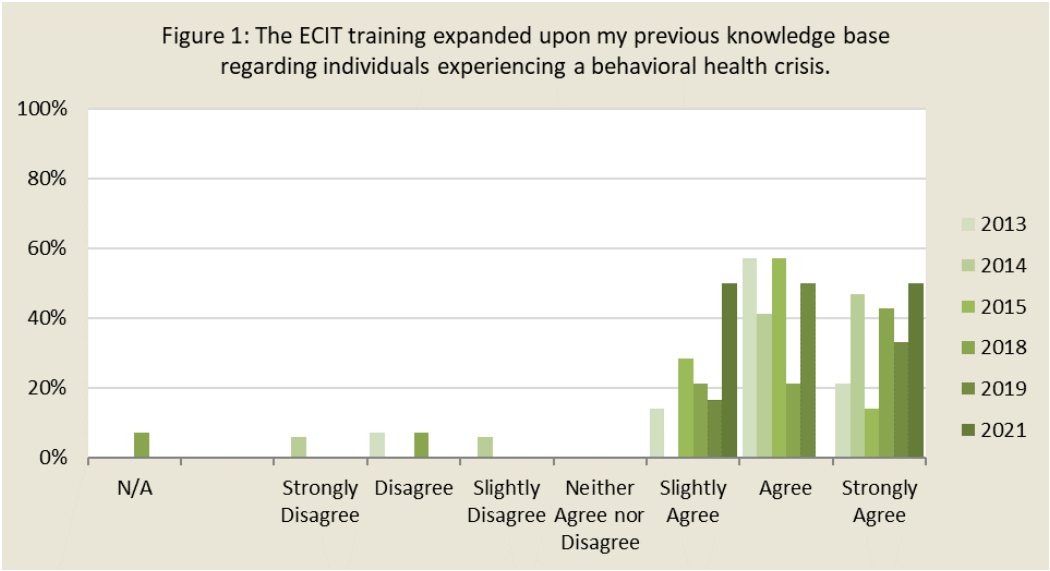
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<sup>6</sup> Questions 8, 9, 12, and 13 were only presented to students in 2015, 2018, 2019 and 2021. All other questions

were included on surveys in 2013, 2014, 2015, 2018, 2019, and 2021.

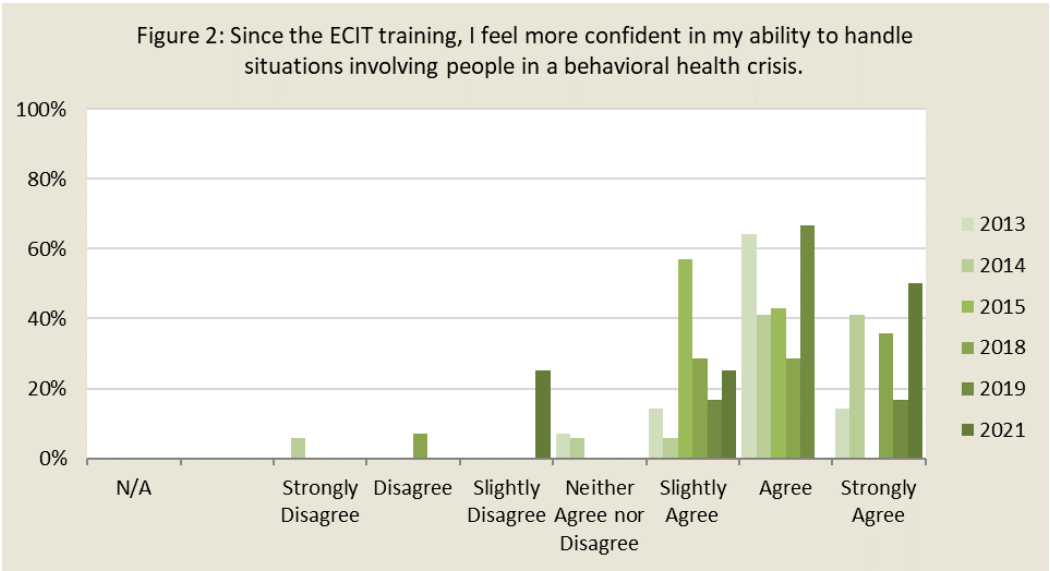
Section One: Usefulness of the Enhanced Crisis Intervention Team Training

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



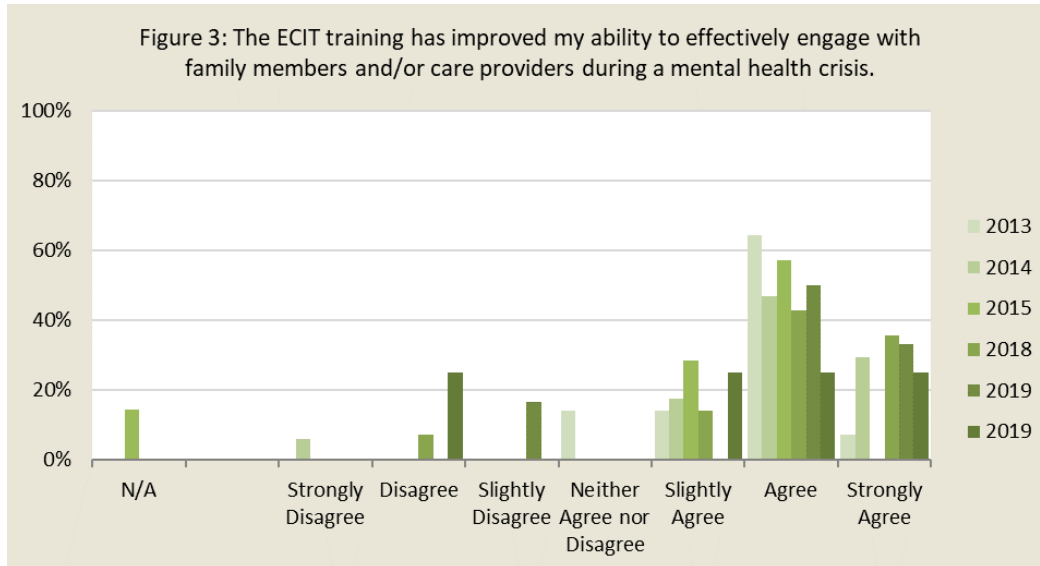
- Among the 2021 cohort that responded, 50 percent agreed or strongly agreed that the training expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis.
  - Out of four respondents, two strongly agreed and two slightly agreed.

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



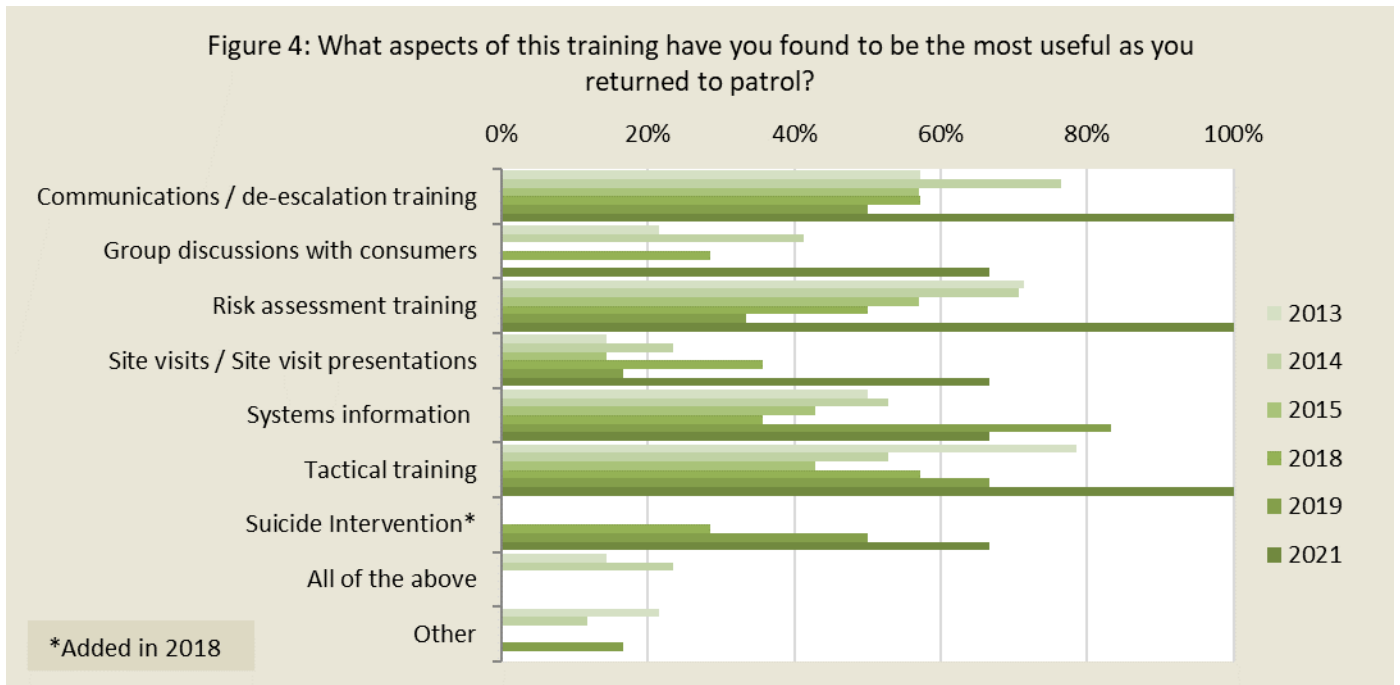
- Among the 2021 cohort that responded, 50 percent agreed or strongly agreed that they feel more confident in their ability to handle situations involving people in a behavioral health crisis.
  - Out of four respondents, two strongly agreed, one slightly agreed, and one slightly disagreed.

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



- Among the 2021 cohort that responded, 50 percent agreed or strongly agreed that the ECIT training improved their ability to effectively engage with family members or care providers during a mental health crisis.
  - Out of four respondents, one strongly agreed, one agreed, one slightly agreed, and one disagreed.

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

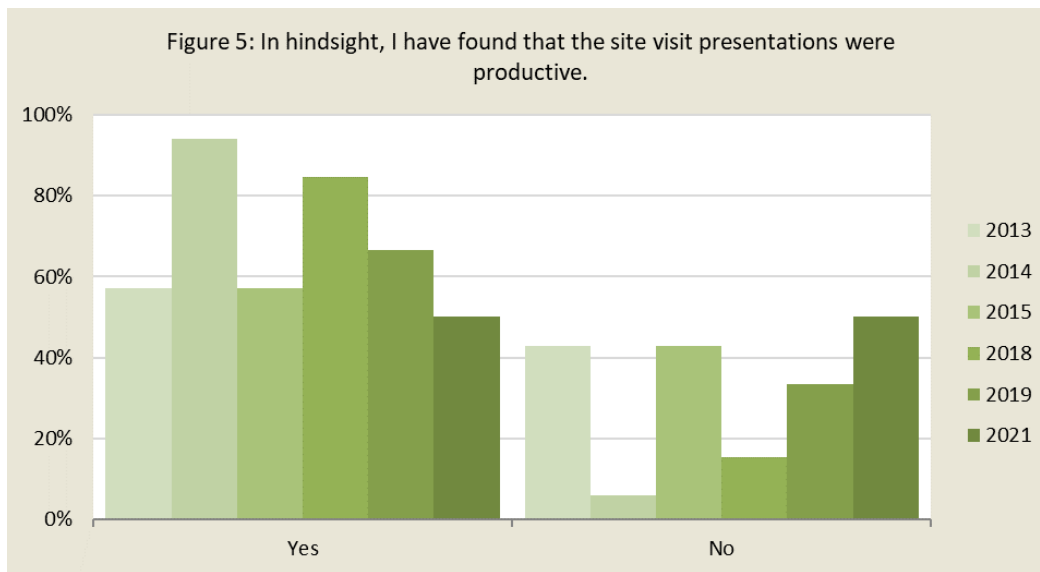


Officers were able to choose from a list of training aspects for this item, selecting an unlimited number and/or entering their own responses in a free-write field. The categories listed were: communications/de-escalation

training, group discussions with consumers, risk assessment training, site visit presentations, systems information, tactical training, suicide intervention, and other.

- Among the 2021 cohort, three respondents (100 percent) favored communications/de-escalation training, risk assessment training, and tactical training as useful aspects. Group discussions with consumers, site visit presentations, systems information, and suicide intervention training were indicated as useful by two respondents (66.7%). One of the survey takers did not respond to this question. None of the respondents provided a write-in response.

5. *In hindsight, I have found that the site visit presentations were productive.*



- Among the 2021 cohort, two individuals (50 percent) responded that they found the site visit presentations productive. Two individuals (50 percent) indicated they did not find the presentations productive.

6. *Please mark which sites 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.*

Figure 6:	Brought someone to site	Referred someone to site	Helpful to learn about
Unity Center	4	2	1
Cascadia Urgent Walk-In Clinic	0	3	2
Golden West	0	2	1
North Star (NAMI)	0	1	3

Students were asked which of the sites they had utilized via drop-off or referral since the training, and which sites they found helpful to learn about. Students were able to mark any selections via check mark, making their selections not mutually exclusive.

The responses to the site visit presentation item were as follows:

- Since the 2021 training, four officers brought at least one person to the Unity Center, two referred someone to the site, and one found it helpful to learn about.
  - While no officers responded that they had brought someone to any of the other three sites since the training, three officers had referred someone to Cascadia Urgent Walk-In Clinic, two referred someone to Golden West, and one referred someone to North Star (NAMI).
  - Three individuals marked it was helpful to learn about North Star (NAMI), two indicated it was helpful to learn about Cascadia Urgent Walk-In Clinic, and one indicated it was helpful to learn about Golden West.
  - All four individuals responded to this section of the survey.
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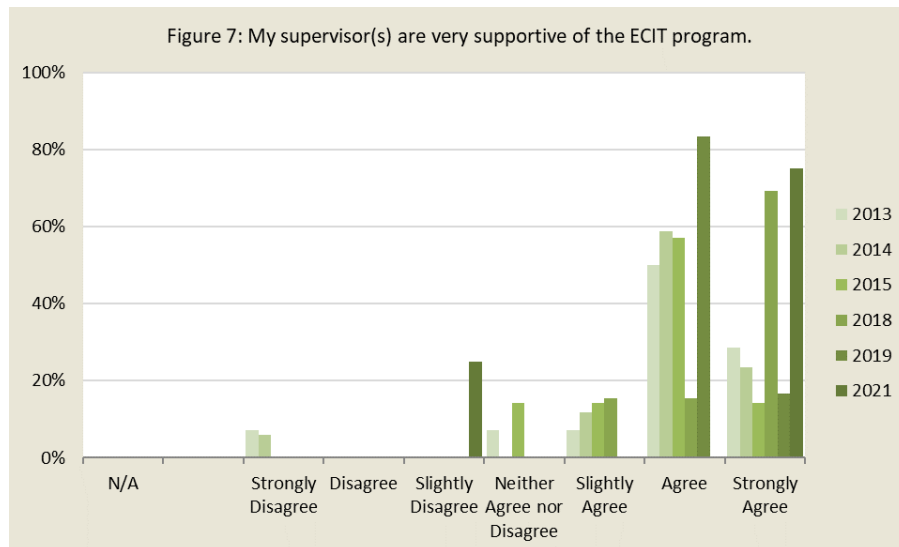


## Section Two: Supervisor and Peer Support

The following set of questions are utilized to help assess important components for successful on-the-job applications of the ECIT program over time. They are a core part of the ECIT evaluation process and are included in the follow-up initial ECIT certification survey as well as in the ECIT In-service surveys to best monitor changes over time. The scales used for the 2021 ECIT follow-up survey and 2020 ECIT In-service survey had a slightly different scale (it did not include the “neither agree nor disagree” option), therefore the comparisons over time findings are interpreted with some caution, particularly for the mid-range of the scale (slightly disagree to slightly agree). This section provides the current results for both groups.

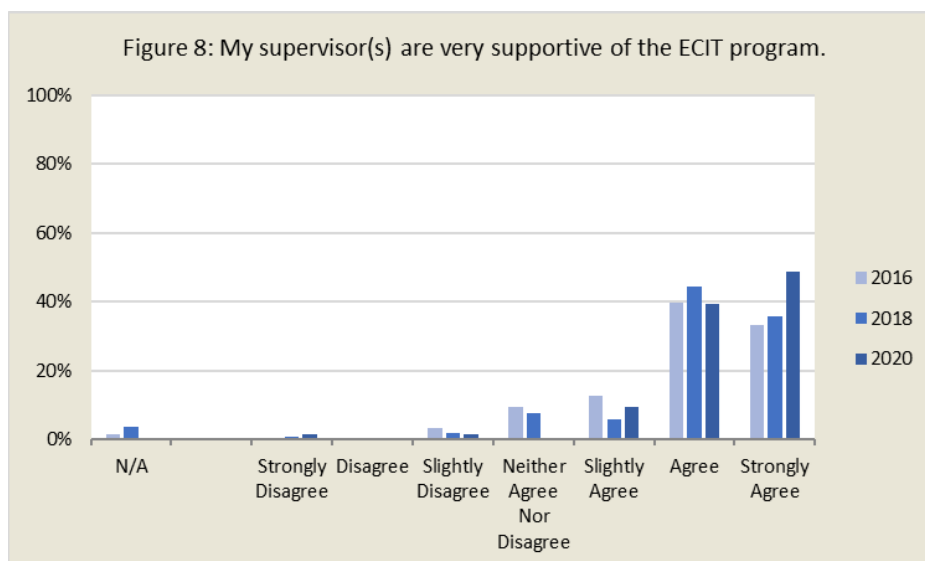
### 7. *My supervisor(s) are very supportive of the ECIT program.*

#### ECIT Certification Trainee Results



- Among the 2021 cohort that responded, 75 percent agreed or strongly agreed that their supervisors are very supportive of the ECIT program.
  - Three of the officers strongly agreed and one slightly disagreed.

#### ECIT In-Service Results

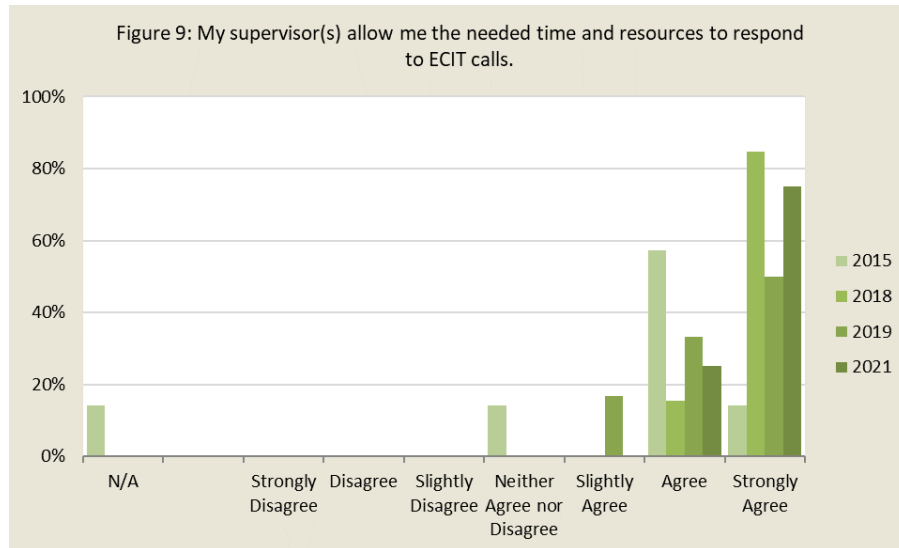


- Overall, there is substantial agreement that ECIT officers' supervisors are very supportive of the ECIT program and ECIT officers are reporting greater amounts of agreement regarding this over time.
  - In 2020, approximately 88 percent of ECIT officers agreed or strongly agreed compared to 73 percent in 2016.

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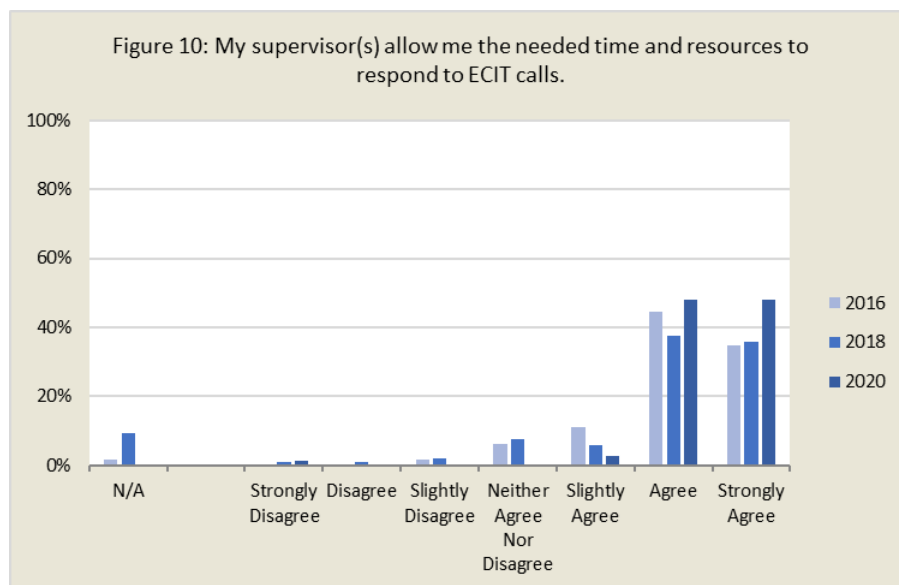
8. *My supervisor(s) allow me the needed time and resources to respond to ECIT calls.*

#### ECIT Certification Trainee Results



- Among the 2021 cohort that responded, 100 percent agreed or strongly agreed that their supervisor(s) allow them the needed time and resources to respond to ECIT calls.
  - Three of the officers strongly agreed, and one agreed.

#### ECIT In-Service Results

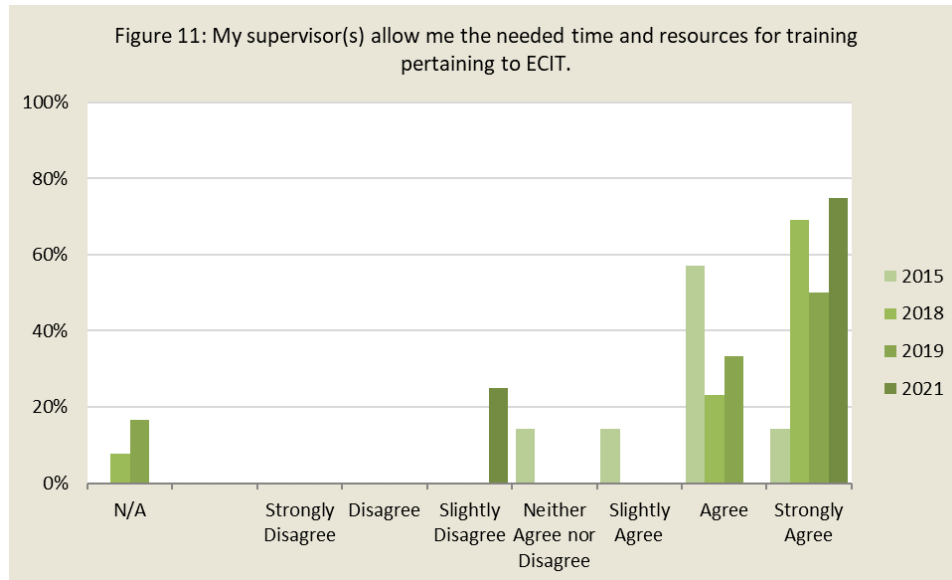


- Overall, there is substantial agreement that ECIT officers' supervisors allow them the needed time and resources to respond to ECIT calls and ECIT officers are reporting greater amounts of agreement regarding this over time.

- In 2020, approximately 96 percent of ECIT officers agreed or strongly agreed compared to 79 percent in 2016.

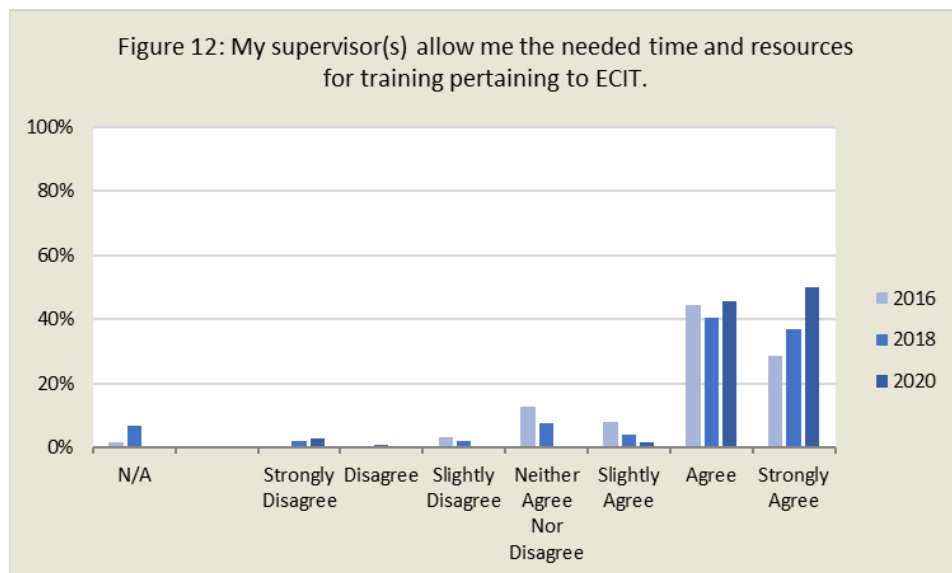
9. *My supervisor(s) allow me the needed time and resources for training pertaining to ECIT.*

ECIT Certification Trainee Results



- Among the 2021 cohort that responded, 75 percent agreed or strongly agreed that their supervisor(s) allow them the needed time and resources for training pertaining to ECIT.
  - Three of the officers strongly agreed and one slightly disagreed.

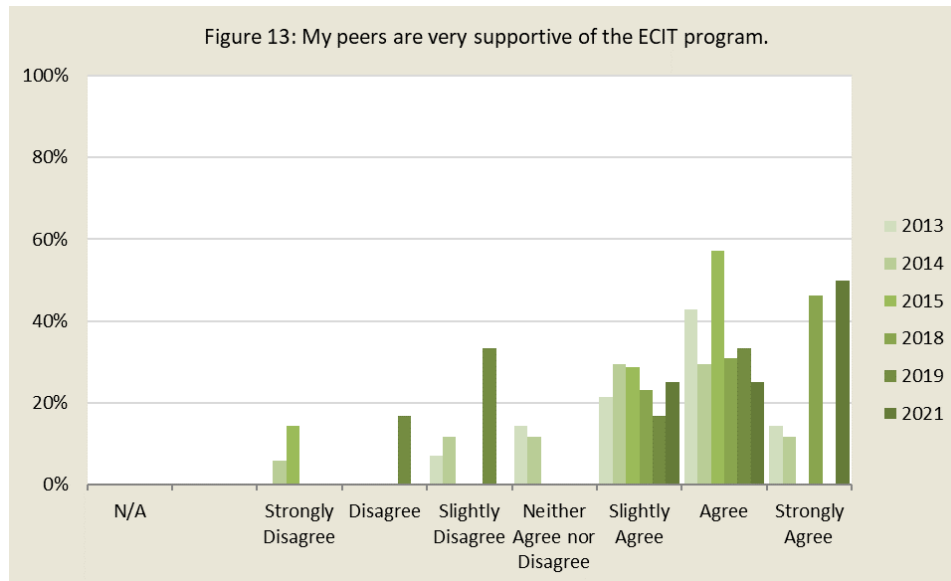
ECIT In-Service Results



- Overall, there is substantial agreement that supervisors of ECIT officers allow them the needed time and resources for training pertaining to ECIT. ECIT officers are reporting greater amounts of agreement regarding this over time.
  - In 2020, approximately 96 percent of ECIT officers agreed or strongly agreed compared to 73 percent in 2016.

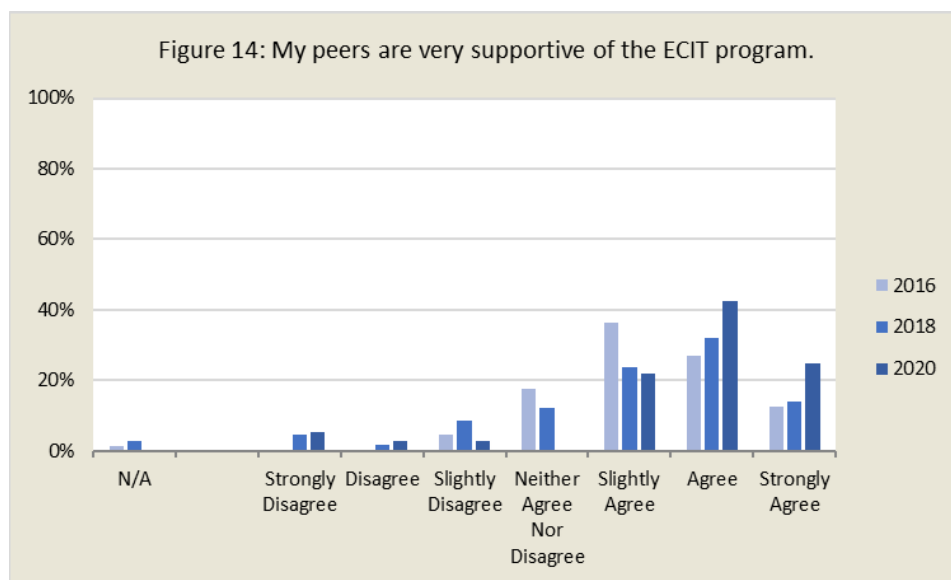
10. *My peers are very supportive of the ECIT program.*

ECIT Certification Trainee Results



- Among the 2021 cohort that responded, 75 percent agreed or strongly agreed that their peers are very supportive of the ECIT program.
  - Two of the officers strongly agreed, one agreed, and one slightly agreed.

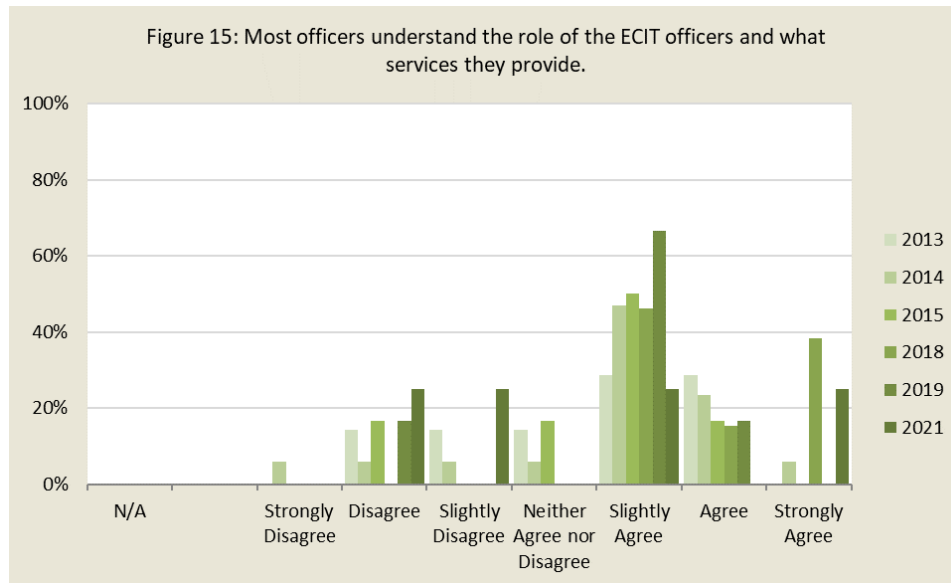
ECIT In-Service Results



- ECIT officers are reporting greater amounts of agreement that their peers are very supportive of the ECIT program. Most respondents are reporting that their peers are supportive of the ECIT program and the amount of agreement is increasing over time, however, the results are more mixed.
  - In 2020, approximately 67 percent of ECIT officers agreed or strongly agreed compared to 40 percent in 2016.

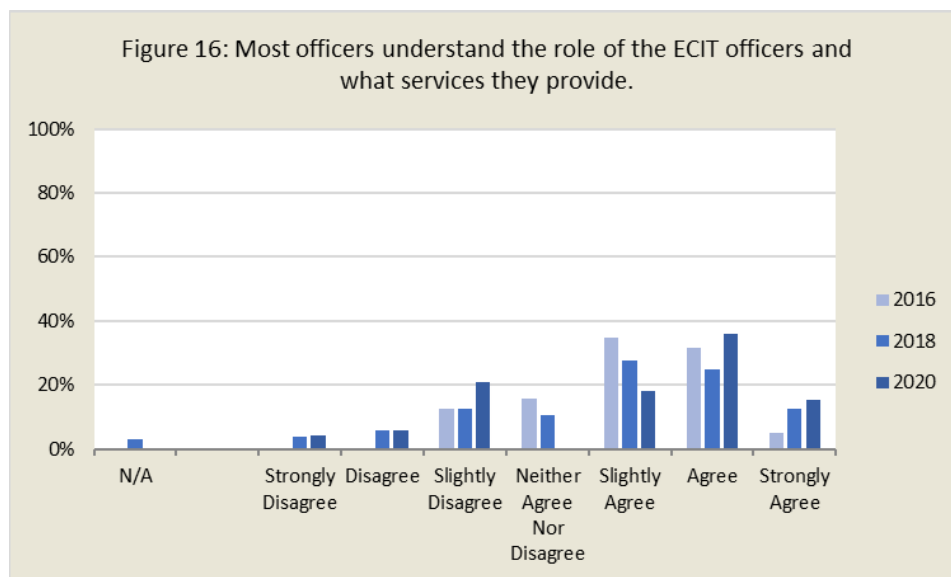
11. Most officers understand the role of the ECIT officers and what services they provide.

### ECIT Certification Trainee Results



- Among the 2021 cohort that responded, 25 percent agreed or strongly agreed that most officers understand the role of the ECIT officers and what services they provide.
  - One of the officers strongly agreed, one slightly agreed, one slightly disagreed and one disagreed.

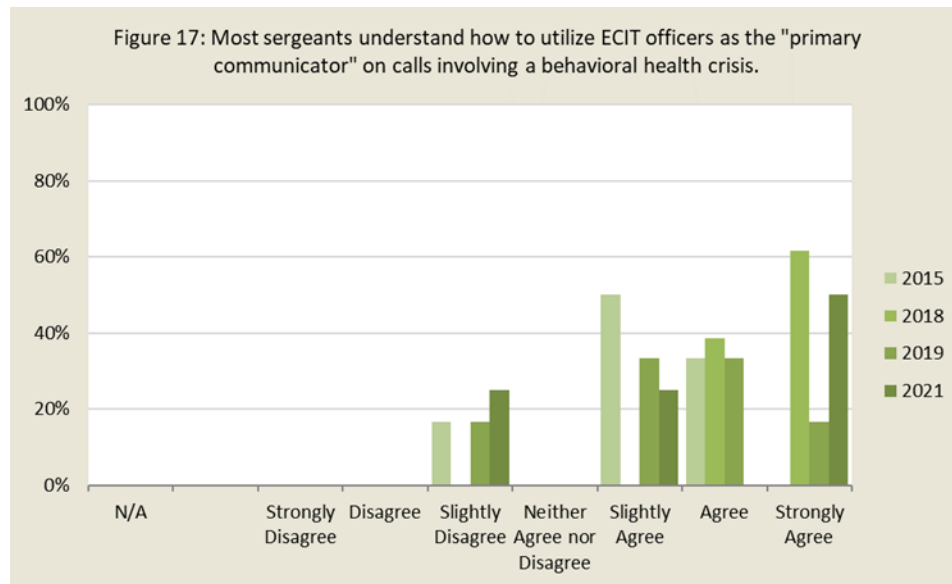
### ECIT In-Service Results



- ECIT officers are reporting greater amounts of agreement that most officers understand the role of the ECIT officers and what services they provide. Most respondents are reporting that officers understand their role, however, the results are more mixed.
  - In 2020, approximately 51 percent of ECIT officers agreed or strongly agreed compared to 37 percent in 2016.

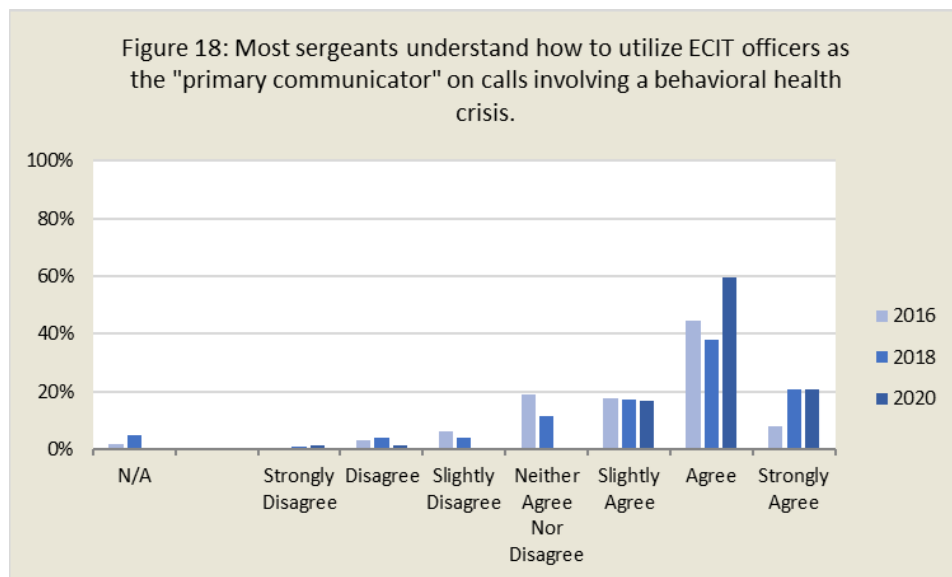
12. *Most sergeants understand how to utilize ECIT officers as the “primary communicator” on calls involving a behavioral health crisis.*

#### ECIT Certification Trainee Results



- Among the 2021 cohort that responded, 50 percent agreed or strongly agreed that most sergeants understand how to utilize ECIT officers as the “primary communicator” on calls involving a behavioral health crisis.
  - Two of the officers strongly agreed, one slightly agreed, and one slightly disagreed.

#### ECIT In-Service Results

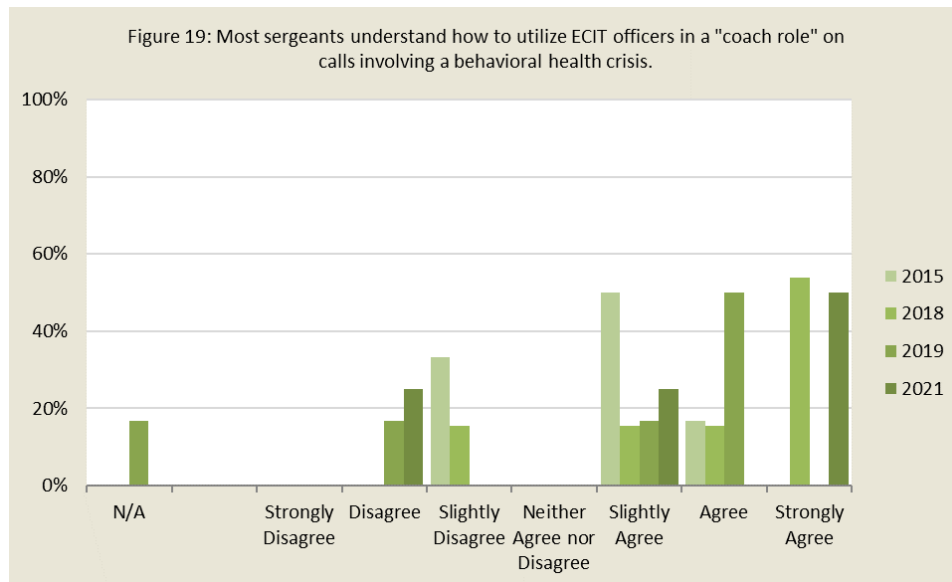


- Overall, there is strong agreement that most sergeants understand how to utilize ECIT officers as the “primary communicator” on calls involving a behavioral health crisis. The agreement regarding this has substantially increased over time. The results indicate the potential to further increase this understanding if needed.
  - In 2020, approximately 81 percent of ECIT officers agreed or strongly agreed compared to 52 percent in 2016.



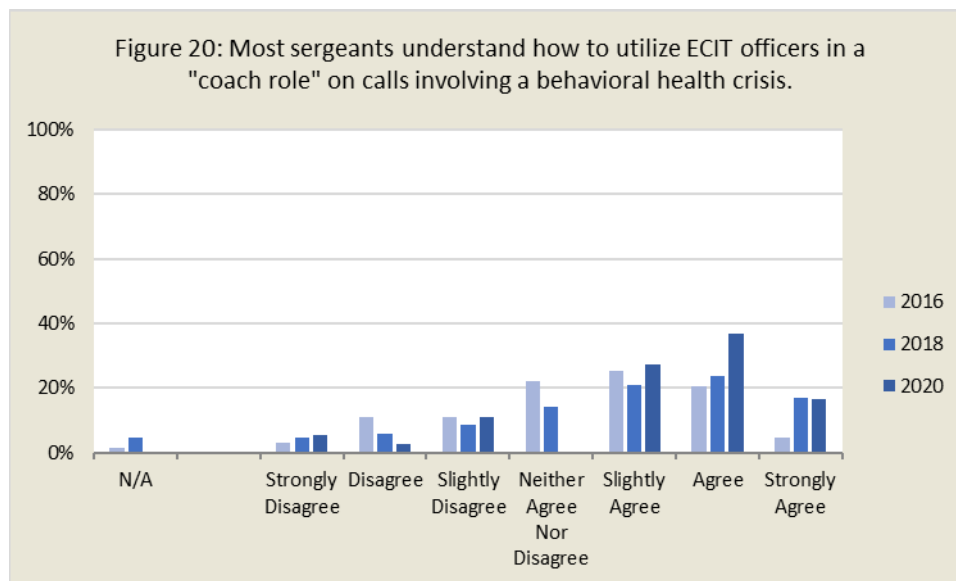
13. *Most sergeants understand how to utilize ECIT officers in a “coach role” on calls involving a behavioral health crisis.*

#### ECIT Certification Trainee Results



- Among the 2021 cohort that responded, 50 percent agreed or strongly agreed that most sergeants understand how to utilize ECIT officers in a “coach role” on calls involving a behavioral health crisis.
  - Two of the officers strongly agreed, one slightly agreed, and one disagreed.

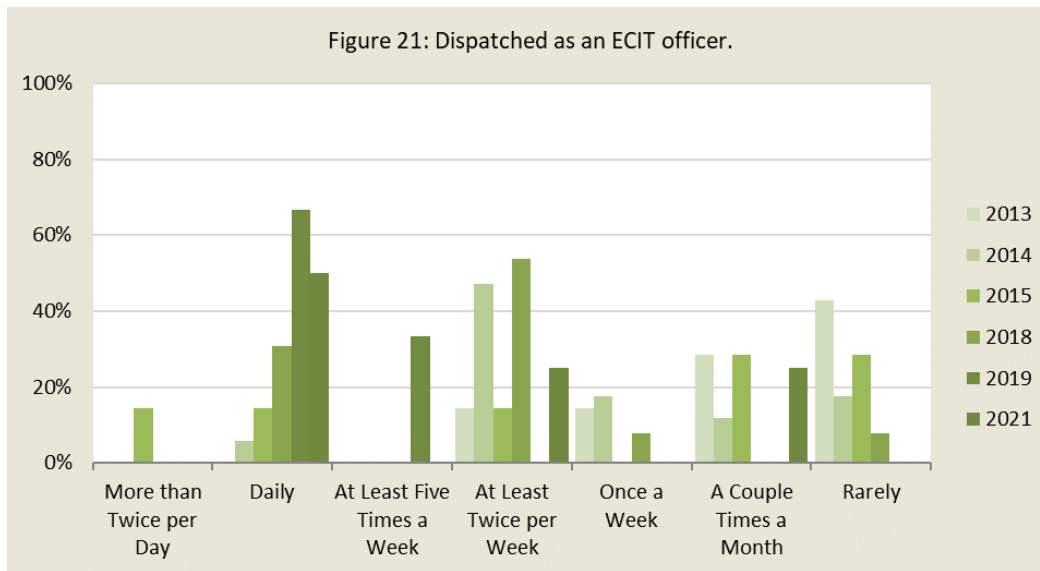
#### ECIT In-Service Results



- Overall, there is strong agreement that most sergeants understand how to utilize ECIT officers in a “coach role” on calls involving a behavioral health crisis. The agreement regarding this has substantially increased over time. The results indicate the potential to further increase this understanding if needed.
  - In 2020, approximately 53 percent of ECIT officers agreed or strongly agreed compared to 25 percent in 2016.

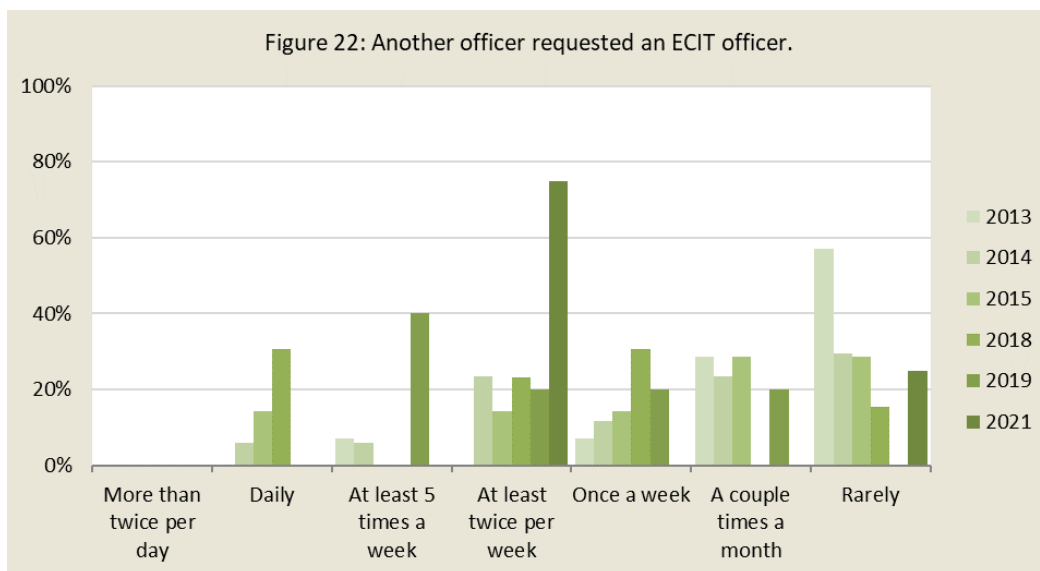
14. Approximately how often are you responding to calls as an ECIT officer under the following circumstances?

a. Dispatched as an ECIT officer



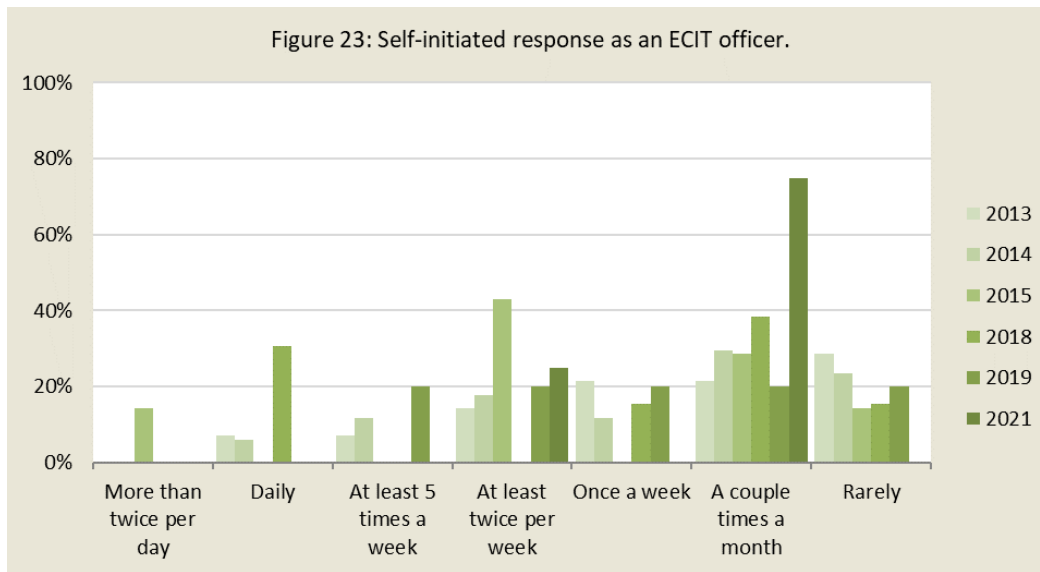
- Among the 2021 cohort that responded, 75 percent reported being dispatched as an ECIT officer at least twice per week.
  - Two officers reported being dispatched daily, one officer indicated they were dispatched at least twice per week, and one officer reported being dispatched a couple times a month.

b. Another officer requested an ECIT officer



- Among the 2021 cohort that responded, 75 percent reported being requested as an ECIT officer by another officer at least twice per week.
  - Three officers reported being requested at least twice per week and one officer reported they were rarely requested by another officer.

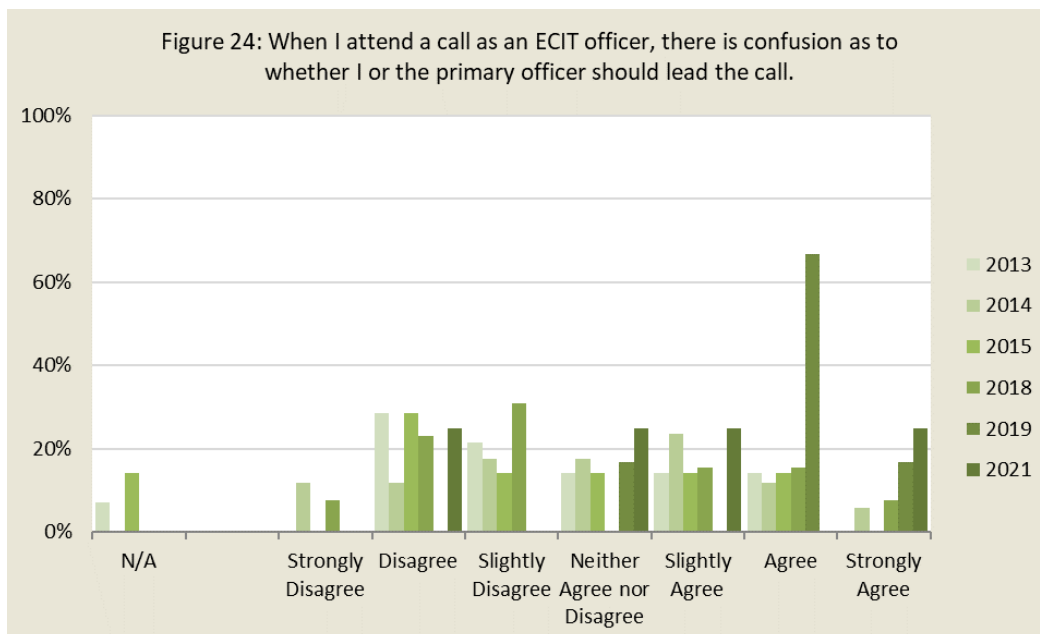
c. *Self-initiated response as an ECIT officer*



- Among the 2021 cohort that participated in the survey, 25 percent of officers indicated their response as an ECIT officer was self-initiated at least twice per week.
  - One officer reported responding in this manner at least twice per week, and three officers reported having a self-initiated response a couple times a month.

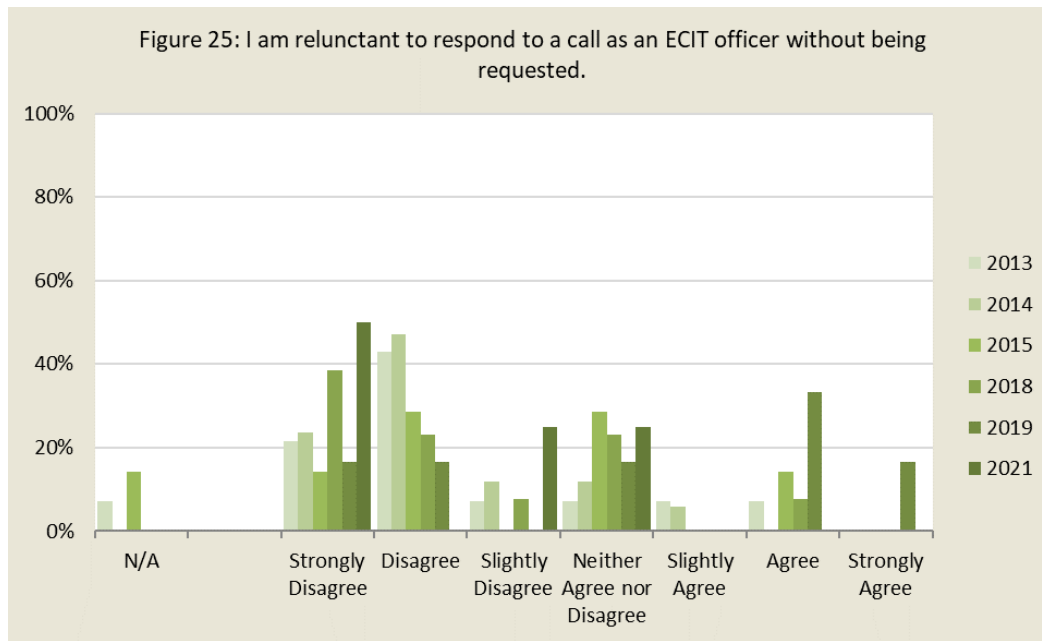
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15. *When I attend a call as an ECIT officer, there is confusion as to whether I or the primary officer should lead the call.*



- Among the 2021 cohort that responded, 50 percent reported that there is confusion regarding who should lead a call when responding as an ECIT officer.
  - One officer strongly agreed, one slightly agreed, one neither agreed nor disagreed, and one disagreed.

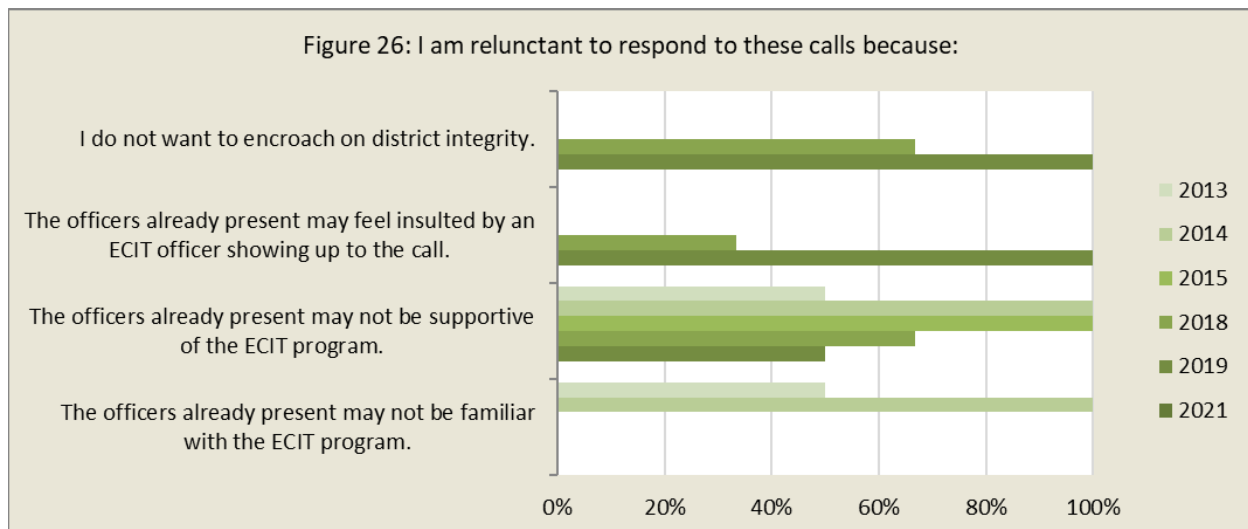
16. I am reluctant to respond to a call as an ECIT officer without being requested.



- Among the 2021 cohort that responded, none of the officers reported that they are reluctant to respond to a call as an ECIT officer without being requested.
  - One officer neither agreed nor disagreed, one slightly disagreed, and two strongly disagreed.

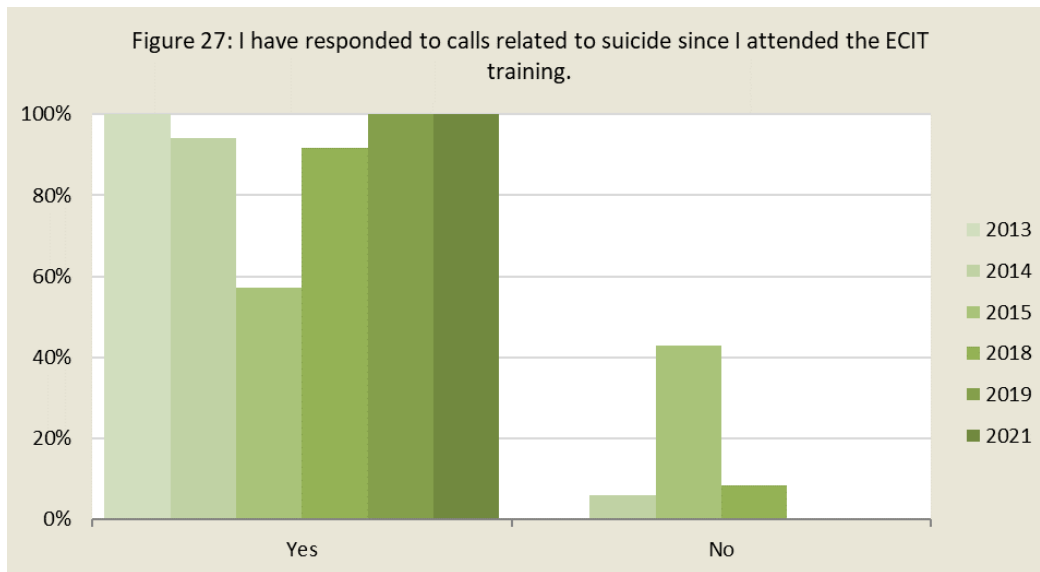
For those who responded in agreement to the above question, the following additional question was provided:

17. I am reluctant to respond to these calls because (Select all that apply):



- Among the 2021 cohort that participated in the survey, since none of the officers indicated they were reluctant to respond without being requested in the previous question, none of the officers provided a response to this question.

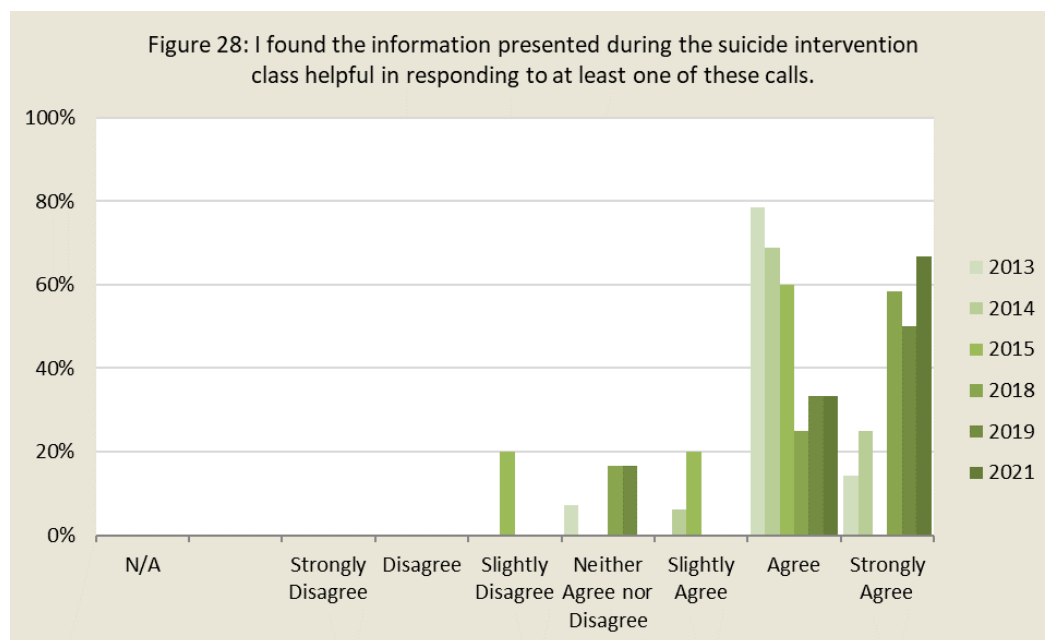
18. I have responded to calls related to suicide since I attended the ECIT training.



- Among the 2021 cohort that provided a response to this question of the survey, 100 percent (3) reported they had responded to calls related to suicide since attending the ECIT training.

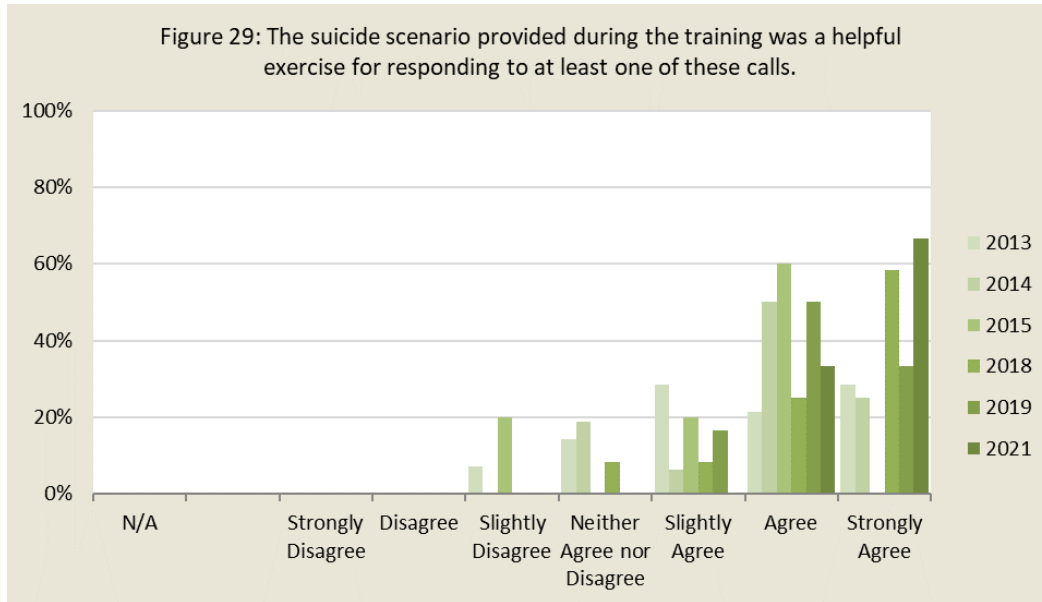
For those who indicated that they had responded to suicide calls since the ECIT training, the following two additional questions were provided:

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



- Among the 2021 cohort that provided a response, 100 percent (3) agreed or strongly agreed that they found the information presented during the suicide intervention class helpful in responding to at least one of these calls.
  - Two officers strongly agreed and one officer agreed.

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



- Among the 2021 cohort that provided a response to this question of the survey, 100 percent (3) agreed or strongly agreed that the suicide scenario was a helpful exercise for responding to at least one suicide call.
  - Two officers strongly agreed and one agreed.

---

21. *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.*

Among the 2021 cohort that participated in the survey, none of the four officers wrote responses to this item.



## Summary and Discussion

### *Usefulness of the Enhanced Crisis Intervention Training*

A majority of the respondents indicated that the 2021 ECIT training expanded upon their previous knowledge regarding behavioral health crises, and increased their confidence in handling situations involving a behavioral health crisis.

All of the main categories of the training were reported as being useful for officers on patrol. In particular, communications/de-escalation training, risk assessment training, and tactical training were favored with 100 percent of respondents choosing these categories. The trainings on communications/de-escalation and risk assessments received higher levels of agreement over previous years. Group discussions with consumers, site visit presentations, systems information, and suicide intervention were also well received with 67 percent of respondents finding these categories useful. These levels of agreement are consistent with prior training years.

Some additional questions were asked to obtain more specific feedback regarding the utilization of site visit presentations and suicide components of the training. While only 50 percent of the respondents reported finding the site visit presentations productive, all respondents indicated that they had utilized at least one of the facilities since the training (either by referral or bringing someone to the facility). Officers also found it helpful to learn about the facilities, and especially North Star (NAMI) with 75 percent of respondents indicating that the information provided during training was helpful.

All of the officers reported having responded to calls related to suicide since the training. High levels of agreement pertaining to the helpfulness of the classroom session can be seen among the 2021 students. The high levels of agreement continued with all students indicating they found the suicide intervention scenario session helpful. Prior to 2018, the levels for the scenario session were lower, suggesting the small changes made by instructors continue to be well received by students.

### *Supervisor and Peer Support*

Overall, there is substantial agreement that ECIT officers' supervisors are very supportive of the ECIT program, and are providing ECIT officers sufficient support for responding to calls and attending ECIT trainings. ECIT officers as a whole are reporting greater amounts of agreement regarding these factors over time. Among the 2021 ECIT certification training cohort, the majority of responding officers strongly agreed that their supervisors were supportive of the ECIT program. A large majority of students also reported receiving sufficient support from their supervisors when responding to calls as ECIT, as well as the allowance of time to train for ECIT. One hundred percent of respondents strongly agreed that they are supported by their supervisors when responding to ECIT calls. Levels of agreement were slightly lower regarding supervisors allowing for the needed time for ECIT training, however this is due to one respondent expressing slight disagreement. The 2020 ECIT In-Service results mirror the high levels of agreement, indicating that efforts to increase supervisor support for the program are still having a positive impact.

All tenured ECIT officers are reporting some level of agreement that their peers are supportive of the ECIT program. However, lower levels of agreement were seen regarding officers and understanding the role of ECIT officers and the services they provide. Additionally, many of the new ECIT officers indicated there is confusion as to whether the ECIT officer or other officer should lead the call. Taken together, these results indicate a potential need for clarification on ECIT officers' purpose for non-ECIT officers.

The levels of agreement are higher for sergeants understanding the role than for officers. There is substantial agreement from ECIT officers as a whole that most sergeants understand how to utilize ECIT officers as the "primary communicator" and in a "coach role" on calls involving a behavioral health crisis. The agreement regarding this has substantially increased over time, and the efforts to improve this have been beneficial. The results indicate the potential to further increase this

understanding if other evaluation findings indicate this is needed.

#### *Call Load and BOEC*

Regarding the frequency of officers being dispatched as an ECIT office, the majority of officers indicated they are dispatched either daily or twice per week. In contrast, the 2019 cohort indicated officers being dispatched at a higher frequency than any previous year with most officers reporting to be dispatched daily or at least five times per week. When requested by another officer, a majority of officers reported attending a call at least twice a week, slightly more frequent than reported in 2019. The reporting frequency for self-initiated responses was also lower than in previous years. This decreased frequency coincides with the overall decrease in ECIT calls in 2021. This reduced frequency might also be due to the staffing crisis following budget cuts in 2020, allowing for officers to only respond to the highest priority calls. These results, taken together with the likelihood that more ECIT officers may be promoting to sergeant, detective or criminalist ranks in coming years, indicate the need for additional officers to be trained as ECIT officers to ensure an adequate number in patrol positions.

#### **On-the-Job Application: BHU Feedback**

PPB utilizes multiple strategies to positively impact interactions with people in mental health crises. The BHU's mission includes partnering with representatives of the mental health system to coordinate care to resources when available and appropriate. Tracking these approaches, including how ECIT resources are utilized, is key to ensuring the program is meeting its intended goals.

Some progress measurements can be obtained by reviewing data collected throughout the contact-process, including call data, the utilization of health facilities and community based mental health services (such as Project Respond), the use of techniques such as de-escalation and disengagement with a plan, and monitoring the usage of the BHU's Electronic Referral System.

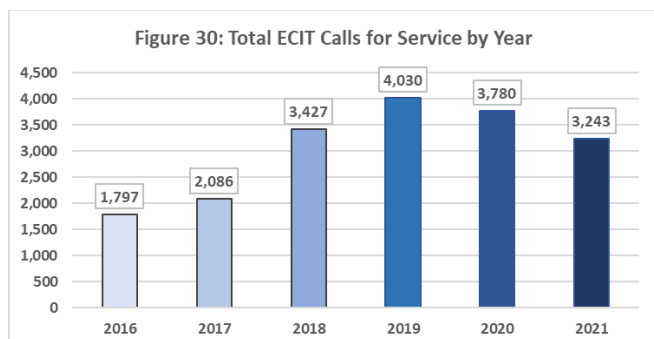
#### **Mental Health Template**

PPB introduced a new method to collect data regarding mental health calls on April 25, 2017, in an effort to improve data accuracy and capture additional information on the specific aspects of calls involving mental health crises. The new mental health template records the following information: whether an ECIT officer was on scene, whether a mental health professional was on scene, any weapons present, any injuries sustained, and transportation outcomes for the person in crisis. Taken together, this data helps inform the PPB on its strategies in mental health crisis response, and is useful for training and program development as well as resource allocation.

Data from the mental health templates was analyzed to assess how officers are addressing behavioral health crises on ECIT calls, and to inform the Training Division on how the fundamentals of ECIT training are being applied in such incidents.

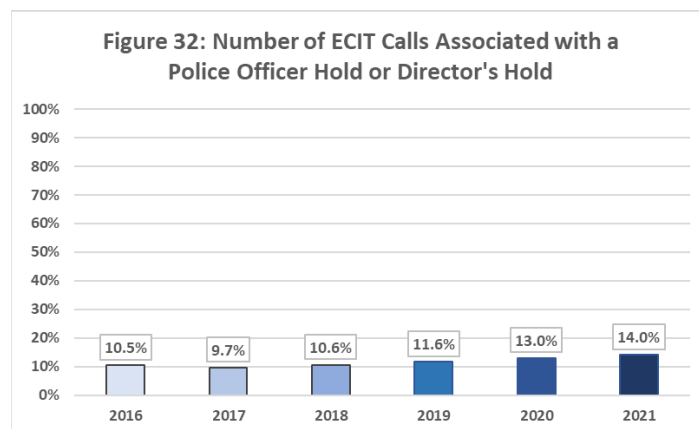
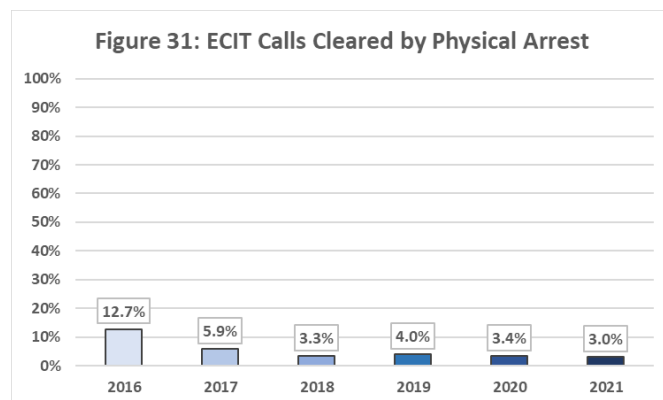
#### **Dispatch Data**

On April 1<sup>st</sup>, 2018, the Bureau of Emergency Communications (BOEC) trained its staff to appropriately identify ECIT calls, and expanded ECIT dispatch criteria to include calls with a person in a mental health crisis whose behavior is escalating to the point of risking harm to self or others. Despite the expanded dispatch criteria, there was an overall decrease in total ECIT calls-for-service in 2021 (see Figure 30).



Officers aim to resolve calls involving behavioral health crises in the manner safest for the person in crisis, the officers, and the community. This requires evaluating the totality of the circumstances at the scene, including the behavior of the person and the governmental interests at stake. Whenever possible and appropriate, this may mean transporting the individual to a hospital or mental health facility equipped to provide the person with necessary resources. In some situations, physical arrest is necessary, due to the nature of crimes committed or the existence of a warrant. Officers are trained, and guided by directives<sup>7</sup>, to evaluate the need for assistance and manage a scene in the manner that will lead to the safest possible result for all parties.

In 2021, 98 of the 3243 ECIT calls (3.0 percent) were cleared by the physical arrest of a subject. 451 calls (13.9 percent) were associated with a police officer hold or director's hold. The rates for arrest have declined over time while police officer and director's holds have slightly increased (see Figures 31 and 32).



### Utilization of Mental Health Resources:

Approximately 60 percent (647) of ECIT calls-for-service associated with a Mental Health Template resulted in a transport to Unity or the hospital for mental health reasons<sup>8</sup> in 2021<sup>9</sup>. Additionally, 9 percent of ECIT calls-for-service in 2021 included contacting a mental health professional and 10.4 percent included having a mental health professional on scene<sup>10</sup> (see Figure 33).

<sup>7</sup> See Directive 850.20 – Police Response to Mental Health Crisis for additional information.

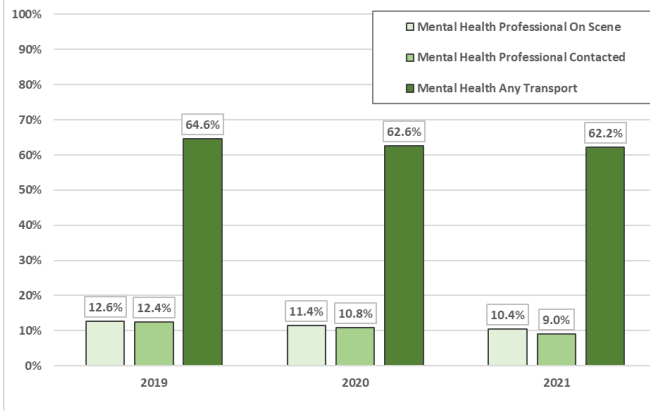
<sup>8</sup> A transport for mental health includes a transport to the hospital for mental health reason as identified on a mental health template (MHT), a transport to Unity Center as identified on a MHT, or the presence of a POH/Directors Hold (513A/513B).

<sup>9</sup> This was calculated utilizing ECIT calls with a MHT indicating the subject was transported to the hospital for a mental health reason or to Unity Center and calls with an associated POH or Directors Hold (513A/513B), which indicates the subject was transported for mental health reasons. The method for calculating the amount of transports pertaining to ECIT calls was changed from the

2018 ECIT report to better estimate the amount of transports specifically for the use of mental health resources. The updated method excludes transports to other facilities, which may or may not be for the use of mental health resources.

<sup>10</sup> The use of mental health professionals on scene and mental health professionals contacted was calculated from mental health templates associated with ECIT calls. Previously reported percentages included an ECIT member on scene. This methodology was updated in 2019 to include any sworn member on scene. It is possible to have templates submitted for multiple persons on one call-for-service.

Figure 33: Percentage of ECIT Calls with a Mental Health Template Associated with a Police Officer Hold or Director's Hold



For the most part, PPB finds that officers are correctly utilizing mental health resources, including Project Respond and the Unity Center. Officers continue to face challenges with resources being understaffed and capacity issues at facilities during both crisis and non-crisis situations. Co-morbidity issues also continue to present challenges, with crisis symptoms sometimes co-occurring with individuals being under the influence of drugs or alcohol.

### De-escalation and Disengagement:

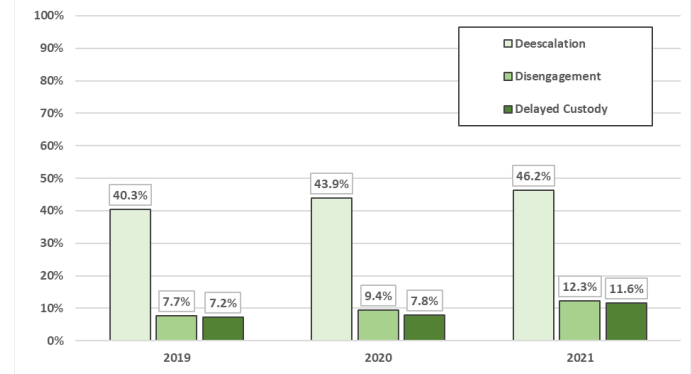
A central component of the ECIT program also includes the use of de-escalation techniques and the consideration to “disengage with a plan” if the risk to the person or the officers outweighs the need to engage. The effectiveness of these techniques varies due to individual factors, situational factors, and the interplay between them. One of the goals of the ECIT program is to resolve calls involving a behavioral health crisis with as little reliance on force as practicable. Providing officers additional training in communication and other skills that

may promote de-escalation in crisis situations supports this goal.

The effective utilization of “disengagement with a plan” techniques, which allow officers to engage other resources or give the person time to de-escalate, varies greatly among individuals and circumstances. Therefore, the BHU utilizes multiple methods to capture how often ECIT officers employ these techniques.

Information on the use of de-escalation and disengagement was collected from mental health templates completed by officers on ECIT calls.<sup>11</sup> This is a more reliable method of data collection over previous years, streamlining the more manual process utilized in previous years.

Figure 34: Techniques Used in ECIT Calls with a Mental Health Template



Overall, PPB officers utilize de-escalation tactics effectively (now defined more specifically in Directive 1010.00) and have increased usage of all three techniques over the past 3 years (see Figure 34).<sup>12</sup> This topic has been a focus of several trainings, including in the 2021 In-Service and the 2020 PPB Sergeant’s Academy. These trainings have emphasized the role of sergeants and the process for correctly documenting a

<sup>11</sup> It is possible to have templates submitted for multiple persons on one call. More than one technique may be utilized on a call. Previously reported percentages included an ECIT member on scene. This methodology has been updated to include any sworn member on scene, and the 2018 and 2019 numbers in this report reflect this change.

<sup>12</sup> Directive 1010.1.1.1 states “De-escalation techniques include, but are not limited to: 1) using verbal techniques to calm an agitated subject and promote rational decision

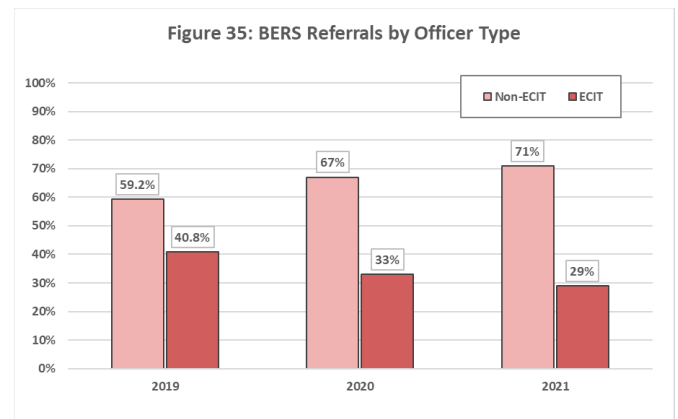
making; 2) allowing the subject appropriate time to respond to direction; 3) communicating with the subject from a safe position using verbal persuasion, advisements, or warnings; 4) decreasing exposure to a potential threat by using distance, cover, or concealment; 5) placing barriers between an uncooperative subject and an officer; 6) ensuring there are an appropriate number of members on scene; 7) containing a threat; 8) moving to a safer position; and 9) avoiding physical confrontation, unless immediately necessary.”

“disengagement with a plan.” Generally, the BHU has seen an improvement in the implementation of this procedure and has observed notes regarding this notification process in many reports.

### Utilization of 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 collected from police officers, community members, and care providers. These referrals are prioritized and followed up on by the Behavioral Health Response Teams (BHRTs). Although the proper use of 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. BERS underwent an update in May of 2017, leading to improved data collection and allowing the BHU to better utilize the information. It is in its seventh year of operation, receiving approximately 1,000 referrals per year.

The BHU has implemented feedback loops wherein a BHU sergeant provides an explanation to officers who make referrals on whether their cases receive follow-up by a BHRT. The BHU analyst has created processes to examine referrals to ensure they include relevant cases, and that individuals are being properly referred to appropriate resources. The number of referrals made by ECIT officers versus non-ECIT officers has declined since 2019 with 40.8 percent (469 of 1,150) of 2019 referrals coming from ECIT officers to 29 percent (269 of 936) of 2021 referrals coming from ECIT officers (see Figure 35). This decrease may in part correlate with the overall lower number of ECIT calls in 2020 and 2021. Also, due to budget cuts, retirements, COVID-19, and social unrest during 2020, the staffing levels for officers were depleted, forcing officers to only respond to the highest priority calls-for-service. The lower level calls often were never addressed, possibly reducing the likelihood of making referrals to BHU.



### Reinforcers

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 mental health facilities and community based mental health services, techniques related to “disengagement with a plan”, de-escalation, and BERS.

When assigning a BERS referral for follow-up, BHU sergeants reply to the referring patrol officer via email, thereby creating a feedback loop between BHU and patrol. The BHU emphasizes “data-driven decision-making” as a tool for reinforcing program goals, and meeting the needs of both officers and community members.

The BHU continues to release their quarterly newsletter, highlighting cases of de-escalation, disengagement, and suicide intervention. The newsletters feature success stories from clients who participated in BHU and ECIT programs, as well as incidents where officers utilized their skills to resolve calls without the use of force.

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 roll call meetings as needed and quarterly internal ECIT Advisory Committee meetings.



## Organizational Level Outcomes

This section of the evaluation process examines whether organizational goals are being met and reviews the alignment between Enhanced Crisis Intervention Team (ECIT) outcomes and program and organizational goals.

Within the context of the broader organizational mission, the goals specific to the ECIT program are:

- 1) To have police and community member interactions involving a behavioral health crisis result in the safest possible outcome for the police and community members.
- 2) To be a partner with the mental health system in public safety issues related to behavioral health crises.

### Use of Force

To assess the first goal, the Portland Police Bureau examines all uses of force and injuries occurring during ECIT calls. Of the 7023 ECIT calls that occurred in 2020 and 2021 (3780 calls in 2020, 3243 calls in 2021), force was used in 109 cases (1.6 percent). Of those 109 cases, 58 (53.2 percent) were Category IV cases, indicating that the lowest levels of force were used and no injuries occurred to the officer(s) or person(s) in crisis.

On August 19<sup>th</sup>, 2017, PPB updated Directive 1010.00, Use of Force, expanding the types of actions that require officers to complete a use of force template. These expanded types of force – including Control Against Resistance, Resisted handcuffing, and Controlled Takedowns – were previously documented in officers’ reports, but were not included in data collected on the use of force by PPB officers.

Collecting data on these additional force types naturally resulted in an increase, making it difficult to compare counts of force prior to August 2017 with counts which came after. With the new force types came a new method of force categorization, whereby force types are categorized based on the likelihood of resulting in injury.<sup>13</sup> Under this

method, cases where lower level force types are utilized and no injury results to the officer or subject are investigated as Category IV.<sup>14</sup>

Force Categorization: Force types under the new 1010.00 policy	
*New force types shown in red	
Category 2-3	Category 4
(Control) Holds with Injury	Baton (Nonstrike)
Takedown	Controlled Takedown
Strikes/kicks	Resisted Handcuffing
Impact Weapons	Pointing of a Firearm
Less Lethal	Hobble Restraint
Aerosol Restraint	Firearm discharge to end the suffering of a wounded animal
CEW	Box-in
K9 Bite	Control Against Resistance
P.I.T.	
Firearm discharge to stop an aggressive animal	
Vehicle Ram	

Force categories can be influenced by a host of other factors, including the discretion of the investigating supervisor, however, cases investigated at Category IV inherently involve lower levels of force, and no resulting injury (cases with injuries would automatically be investigated at Category 3 or above). For the purposes of ECIT evaluation, the prevalence of Category IV cases indicates that, in incidents where circumstances require a member to use force, officers are utilizing the lowest methods available, and are doing so in a manner that does not injure the person in crisis or themselves. This is in alignment with the first goal listed above (“...interactions involving a behavioral health crisis result in the safest possible outcome for the police and community members”).

<sup>13</sup> Injury as defined in ORS 161.015 – “Physical injury” means impairment of physical condition or substantial pain.”

<sup>14</sup> See Force Categorization Table for all force types and their respective categories.



## Partnerships:

Assessing the second goal (to be a partner with the mental health system in public safety issues related to behavioral health crises) is more complex and is therefore being conducted in stages. In early 2018, the Behavioral Health Unit and Training Division, in partnership with Portland State University, completed a study assessing the interaction between law enforcement and mental health professionals working in various types of community-based mental health service facilities.<sup>15</sup> Initially, an environmental scan of the topic area was conducted through literature research and interviews with those working in the mental health field and/or law enforcement, with the rest of the study focused on the partnerships between the Portland Police Bureau and the local mental health facilities.

Overall, the study found many positive indications of substantial effort being made among both law enforcement and professionals working in the mental health field to develop more effective partnerships. The study also found many opportunities for strengthening these partnerships, such as having better alignment between law enforcement and mental health facility policy and procedures, more education regarding Portland Police Bureau's BHU and ECIT services, more safety planning and resources for some mental health facilities, and more available and cohesive mental health resources.

A brief overview of the findings pertaining to enhancing these partnerships are provided below. Given the siloed nature of the local mental health system, these findings are not generalizable to all facilities. Many differences were found between facilities, however, there were some common themes as well. In addition, numerous findings pertaining to either the partnerships between law enforcement and the mental health workers or the interaction between law enforcement and those in crisis were collected during the study. The findings

below and those in the full report focus on those identified as most critical to successful interactions during calls for service at facilities.

## *Policy and Procedures*

The study found that there are some discrepancies between the current guidelines for law enforcement and many mental health facilities. For instance, some mental health workers are instructed to contact the police, per their policy, while police may have a conflicting policy regarding their response procedures. These situations tend to pertain to lower level safety or disturbance calls-for-service, and lead to frustration among both law enforcement and mental health workers. The mental health facility employees are sometimes left in situations where there is not an alternative resource to assist them in managing the situation and law enforcement officers are in an awkward situation of having to explain current PPB policy and/or procedures. Working out these discrepancies during a crisis causes strain for both the mental health and law enforcement workers. In some cases, these circumstances also lead to an increase in problematic behavior from the client when they notice that law enforcement will disengage from the situation.

## *Information on Current Law Enforcement Procedure for Mental Health Direct Care Workers*

The study found good familiarity with the BHU and ECIT at the program manager and above levels, but not at the direct care worker levels in the mental health field. In the survey, approximately 49 percent of the mental health workers reported they were "not at all familiar" or only "a little familiar" with the Portland Police Bureau's ECIT program. Approximately 21 percent reported being "very familiar" with the ECIT program. Those who were unaware and had the opportunity to learn more about these services during the study expressed much gratitude for the information, as well as the importance of it for their work.

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<sup>15</sup> The 2017 Mental Health Facility Outcome Study is available in the 2018 ECIT Evaluation Report.

## *Safety Resources and Planning Needed for Many Mental Health Facilities*

Many facilities appeared to have limited resources, planning, and training pertaining to managing safety situations. Most facilities, even secured ones, do not have security personnel on staff and many do not have an alternative resource to call when managing lower level behavioral issues. Many of the mental health direct care workers in the study expressed an interest in having more resources as well as learning about the procedures other facilities provide. It was brought up during the study that law enforcement could be a valuable partner in facility safety planning and procedures.

### *Availability of Mental Health Resources*

Many challenges regarding the availability and allocation of mental health resources arose during the study from both mental health and law enforcement participants. Some of the main themes related to facilities not being set up to effectively manage higher risk clientele, limited mental health resources during the late afternoon, and night shifts, and the limited amount of outreach, transitional, and follow-up services.

### *Information on the Mental Health System's Limitations*

Throughout the study it was clear that the local mental health system is siloed, varied, and complex in many aspects. Although this has some benefits, it creates challenges for both law enforcement and mental health workers. One aspect are the challenges for officers to know what to expect when assisting at facilities given the vast array of facility policy and procedures in the area. Another aspect is for officers to understand the challenges for the mental health workers during interactions. Officers having a better understanding of these challenges was brought up as something that would be helpful for enhancing collaboration and response to facility calls.

## **Conclusion**

The Portland Police Bureau has developed a well-rounded Enhanced Crisis Intervention Training program that thoughtfully incorporates curriculum

and scenarios relevant to the work ECIT officers perform patrol operations.

The 2021 ECIT 50-hour training remained largely consistent with the training delivered in previous years, with only small alterations to the schedule and presenters. The ECIT program coordinators and mental health professional were pleased with the 2021 training, with only a small number of practical changes in mind for future years. These revolve largely around priming and scheduling, with the intent to provide officers with the most well-rounded and focused training possible.

The ECIT evaluation results indicate that the 2021 training improved officers' abilities to interact with individuals experiencing behavioral health crises, with officers appreciating the communication and de-escalation training provided. Additionally, officers appreciated the tactical skills and risk assessment portions of the training, with the instructors of these sessions receiving positive remarks.

Areas where the training may benefit from small alterations include modifications to several scenarios including the bus scenario.

Additionally, a few officers suggested it would be helpful to have more learning assessment sessions during the week to break up the longer lecture sections. Another officer indicated that having additional time allotted to the Crisis Communication Skills Exercises would have been helpful. ECIT coordinators understand the value of skill-building, practice and repetition, and will discuss the feasibility of increasing practical exercise time within the training schedule.

Lastly, survey results indicated a need for non-ECIT officers to receive further clarification of ECIT officers' roles and the services they provide. The Behavioral Health Unit and Training Division developed an online training that was delivered to all sworn officers in the fall of 2020 outlining the different ECIT roles. However the lower survey scores suggest that further training might be needed.

The evaluation findings largely indicate that the ECIT program is accomplishing its intended

objectives. The results of the 50-hour training support the value of the program, and signify that officers are gaining knowledge and skills from the training experience that are beneficial to them on

the job, and assist when they are responding to calls-for-service involving individuals in behavioral health crises.

## Appendix A: 2021 ECIT Training Student Survey and Learning Assessment Results

The following are the class sessions provided to students during the 2021 ECIT training, as well as the corresponding student survey results. The 2021 ECIT training had a class size of 29 students.

Some of the percentages from the 2014-2018 ECIT trainings are represented slightly differently in the 2019 and 2021 reports compared to previous reports. This is due to some of the percentages being calculated with the inclusion of the missing data for some years and not for other years. In order to create these comparison charts, all of the percentages represented are calculated without the inclusion of the missing data. However, the amount of missing data (when applicable) is still provided within the charts for reviewers. All of these differences made were minor and none of them resulted in any meaningful changes.

### 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

No learning assessments pertaining specifically to this session were conducted during this class. However, the scenarios on days four and five of this training week provided an opportunity for students to apply knowledge pertaining to this class.

#### Student Survey Results

<b>Table 1:</b> <b>ECIT Training: ECIT Overview</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=30 2019: n=20 2018: n=17 2016: n=22 2015: n=26		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>The [ECIT Overview] session was a good use of my training time.</i>								
2021		0%	0%	0%	0%	37.9% (11)	62.1% (18)	1
2019		0%	0%	0%	15.0% (3)	40.0% (8)	45.0% (9)	0
2018		0%	0%	0%	5.9% (1)	47.1% (8)	47.1% (8)	0
2016		0%	0%	0%	9.1% (2)	63.6% (14)	27.3% (6)	0
2015		0%	0%	0%	3.8% (1)	57.7% (15)	38.5% (10)	0

#### Crisis Response for ECIT

This class emphasizes the role of ECIT officers in coordinating available resources during calls involving people in mental health crises, as well as being able to fill any of the critical roles necessary during such an incident. Specific emphasis was placed on crisis communication and de-escalation techniques. Students are instructed on the Scaled Crisis Response Model, which illustrates how each incident requires unique resources in order to be

resolved effectively. Concepts include the communication team pyramid, the “Golden Bridge Technique” for negotiation, and the “Assess, Advise, Apply” (AAA) acronym.

### *In-Class Learning Assessments*

No learning assessments pertaining specifically to this session were conducted during this class. However, the scenarios on days four and five of this training week provided an opportunity for students to apply knowledge pertaining to this class.

### *Student Survey Results*

<b>Table 2:</b> <b>ECIT Training: Crisis Response for ECIT</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=30   2019: n=20   2018: n=17   2016: n=22 2015: n=26   2014: n=25							
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Crisis Response for ECIT] session was a good use of my training time.</i>							
2021	0%	0%	0%	0%	13.8% (4)	86.2% (25)	1
2019	0%	0%	0%	0%	30.0% (6)	70.0% (14)	0
2018	0%	0%	0%	5.9% (1)	17.7% (3)	76.5% (13)	0
<i>The [Crisis Response for ECIT] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>							
2021	0%	0%	0%	17.2% (5)	10.3% (3)	72.4% (21)	1
2019	0%	0%	0%	0%	20.0% (4)	80.0% (16)	0
2018	0%	0%	0%	11.8% (2)	35.3% (6)	52.9% (9)	0
<i>The Crisis Response sections expanded upon my previous knowledge base regarding responding to calls involving a behavioral health crisis.</i>							
2021	0%	0%	0%	6.7% (2)	33.3% (10)	60.0% (18)	0
<i>I have a better understanding of how to create a face-saving resolution during a behavioral health crisis situation.</i>							
2021	0%	0%	0%	13.3% (4)	36.7% (11)	50.0% (15)	0
2019	0%	0%	0%	5.0% (1)	20.0% (4)	75.0% (15)	0
2018	0%	0%	0%	11.8% (2)	35.3% (6)	52.9% (9)	0
2016	0%	0%	0%	4.5% (1)	40.9% (9)	54.5% (12)	0
2015	0%	0%	0%	19.2% (5)	53.8% (14)	26.9% (7)	1

<b>Table 2 (Cont):</b> <b>ECIT Training: Crisis Response for ECIT</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=30 2019: n=20 2018: n=17 2016: n=22 2015: n=26 2014: n=25							
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>Assisting the on scene police officers with maintaining a broad view of a situation is a role I can envision doing.</i>							
2021	0%	0%	0%	3.3% (1)	36.7% (11)	60.0% (18)	0
2019	0%	0%	0%	0%	25.0% (5)	75.0% (15)	0
2018	0%	0%	0%	0%	29.4% (5)	70.6% (12)	0
2016	0%	0%	0%	0%	36.4% (8)	63.6% (14)	0
2015	0%	0%	0%	15.4% (4)	38.5% (10)	46.2% (12)	1
2014	0%	0%	0%	8.0% (2)	44.0% (11)	48.0% (12)	0
<i>I found the training helpful for framing my role as an ECIT officer.</i>							
2021	0%	0%	0%	0%	36.7% (11)	63.3% (19)	0
2019	0%	0%	0%	0%	25.0% (5)	75.0% (15)	0
2018	0%	0%	0%	0%	41.2% (7)	58.8% (10)	0
2016	0%	0%	0%	0%	36.4% (8)	63.6% (14)	0
2015	0%	0%	0%	7.7% (2)	38.5% (10)	53.8% (14)	1
<i>I can envision assisting in the role of a coach during a behavioral health crisis call.</i>							
2021	0%	0%	0%	0%	23.3% (7)	76.7% (23)	0
2019	0%	0%	0%	0%	30.0% (6)	70.0% (14)	0
2018	0%	0%	0%	0%	35.3% (6)	64.7% (11)	0
2016	0%	0%	0%	0%	31.8% (7)	68.2% (15)	0
2015	0%	0%	0%	3.8% (1)	30.8% (8)	65.4% (17)	1
2014	0%	0%	0%	4.0% (1)	40.0% (10)	56.0% (14)	0

<b>Table 3:</b> <b>ECIT Training: Crisis Response for ECIT</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=30 2020: n=20			
	No	Yes	Missing
<i>Did you find any of the Crisis Response section too basic for your training needs?</i>			
2021	90.0% (27)	10.0% (3)	0
2019	100.0% (20)	0.0% (0)	0

## Peer Recovery Movement

In this session, a certified 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.

### Student Survey Results

<b>Table 4:</b> <b>ECIT Training: Peer Recovery Movement</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=30 2019: n=20 2018: n=17 2016: n=22 2015: n=26 2014: n=25							
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
The [Peer Recovery Movement] session was a good use of my training time.							
2021	0%	0%	0%	6.9% (2)	20.7% (6)	72.4% (21)	1
2019	0%	0%	5.0% (1)	5.0% (1)	60.0% (12)	30.0% (6)	0
2018	5.9% (1)	0%	0%	11.8% (2)	23.5% (4)	58.8% (10)	0
2016	0%	4.5% (1)	4.5% (1)	36.4% (8)	40.9% (9)	13.6% (3)	0
2015	0%	0%	11.5% (3)	26.9% (7)	42.3% (11)	19.2% (5)	0
2014	0%	0%	0%	0%	66.7% (16)	33.3% (8)	1
The [Peer Recovery Movement] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.							
2021	0%	0%	0%	10.3% (3)	34.5% (10)	55.2% (16)	1
2019	0%	0%	0%	30.0% (6)	35.0% (7)	35.0% (7)	0
2018	0%	11.8% (2)	5.9% (1)	5.9% (1)	41.2% (7)	35.3% (6)	0
2016	0%	0%	4.5% (1)	50.0% (11)	31.8% (7)	13.6% (3)	0
2015	0%	4.0% (1)	8.0% (2)	28.0% (7)	44.0% (11)	16.0% (4)	1
2014	0%	0%	0%	12.0% (3)	48.0% (12)	40.0% (10)	0

## 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. Each member of the panel shared 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 scenarios on Day 4 and 5.

### Student Survey Results

<b>Table 5:</b> <b>ECIT Training: Consumer Panel Discussion</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=30 2019: n=20 2018: n=17 2016: n=22 2015: n=26 2014: n=25							
	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>							
2021	0%	0%	0%	10.3% (3)	17.2% (5)	72.4% (21)	1
2019	0%	0%	0%	10.0% (2)	60.0% (12)	30.0% (6)	0
2018	5.9% (1)	0%	0%	35.3% (6)	17.6% (3)	41.2% (7)	0
2016	0%	0%	4.5% (1)	27.3% (6)	50.0% (11)	18.2% (4)	0
2015	0%	3.8% (1)	11.5% (3)	3.8% (1)	50.0% (13)	30.8% (8)	0
2014	0%	0%	0%	8.0% (2)	40.0% (10)	52.0% (13)	0



<b>Table 5 (Cont.):</b> <b>ECIT Training: Consumer Panel Discussion</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=30 2019: n=20 2018: n=17 2016: n=22 2015: n=26 2014: n=25							
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<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>							
2021	0%	0%	3.4% (1)	3.4% (1)	31.0% (9)	62.1% (18)	1
2019	0%	0%	0%	25.0% (5)	40.0% (8)	35.0% (7)	0
2018	5.9% (1)	0%	5.9% (1)	47.1% (8)	17.6% (3)	23.5% (4)	0
2016	0%	0%	4.5% (1)	31.8% (7)	50.0% (11)	13.6% (3)	0
2015	0%	4.0% (1)	0%	24.0% (6)	52.0% (13)	20.0% (5)	1
2014	0%	0%	4.0% (1)	4.0% (1)	40.0% (10)	52.0% (13)	0
<i>The [Consumer Panel Discussion] session gave me a greater understanding of how mental health issues can be overcome.</i>							
2021	0%	0%	0%	13.8% (4)	24.1% (7)	62.1% (18)	1
2019	0%	5.0% (1)	10.0% (2)	10.0% (2)	45.0% (9)	30.0% (6)	0
2018	5.9% (1)	0%	5.9% (1)	41.2% (7)	17.6% (3)	29.4% (5)	0
2016	0%	0%	4.5% (1)	40.9% (9)	45.5% (10)	9.1% (2)	0
2015	0%	7.7% (2)	0%	23.1% (6)	38.5% (10)	30.8% (8)	0
2014	0%	8.0% (2)	0%	16.0% (4)	36.0% (9)	40.0% (10)	0

## Psychosis and Communication

This class was presented by a licensed clinical social worker from the Early Assessment and Support Alliance (EASA) Program. This class 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 the 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.

This class also 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.

## In-Class Learning Assessment

No learning assessments were conducted during this class session.

## Connected Learning Assessments

Application of the material was assessed in the Crisis Communication Skill Builder Exercises on Day 3 and 4: Exercise 2 – Person with psychosis locked in a Starbucks bathroom, and Exercise 4 – Welfare check on a homeless person in a tent under a bridge who is diagnosed with a psychotic disorder. The connected scenario assessments (Day 4 & 5) include Scenario 4 – First Break and Scenario 5 – The woman in an alcove with a knife.

## Student Survey Results

Table 6:								
ECIT Training: Psychosis and Communication		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
Shown as: Percentage of Total (Number of Respondents)								
2021: n=30   2019: n=20   2018: n=17   2016: n=22   2015: n=26								
The [Psychosis and Communication] session was a good use of my training time.								
2021	0%	0%	0%	10.3% (3)	55.2% (16)	34.5% (10)	1	
2019	0%	0%	0%	30.0% (6)	35.0% (7)	35.0% (7)	0	
2018	0%	0%	0%	5.9% (1)	17.6% (3)	76.5% (13)	0	
2016	0%	0%	0%	9.5% (2)	47.6% (10)	42.9% (9)	0	
2015	0%	0%	0%	19.2% (5)	46.2% (12)	34.6% (9)	0	
The [Psychosis and Communication] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.								
2021	0%	0%	0%	20.7% (6)	37.9% (11)	41.4% (12)	1	
2019	0%	0%	0%	40.0% (8)	25.0% (5)	35.0% (7)	0	
2018	0%	0%	5.9% (1)	5.9% (1)	11.8% (2)	76.5% (13)	0	
2016	0%	0%	0%	19.0% (4)	38.1% (8)	42.9% (9)	0	
2015	0%	4.0% (1)	0%	20.0% (5)	52.0% (13)	24.0% (6)	1	

## DAY TWO OF ECIT TRAINING

### *ECIT Call for Service Data Discussion*

This class was presented by the Behavioral Health Unit's analyst. Students were instructed on the importance of data collection related to the ECIT program, calls, and outcomes. The session included a discussion regarding workload and ECIT dispatch trends and patterns.

### *In-Class Learning Assessments*

No learning assessments were conducted during this session.

### *Student Survey Results*

<b>Table 7:</b> <b>ECIT Training: Data Discussion</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> <i>2021: n=26 2019: n=20</i>		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>The [Data Discussion] session was a good use of my training time.</i>								
2021		0%	0%	3.8% (1)	3.8% (1)	23.1% (6)	69.2% (18)	0
2019		0%	0%	0%	5.0% (1)	35.0% (7)	60.0% (12)	0
<i>The [Data Discussion] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2021		0%	3.8% (1)	0%	0%	19.2% (5)	76.9% (20)	0
2019		0%	0%	5.0% (1)	5.0% (1)	30.0% (6)	60.0% (12)	0

### *Multnomah County Threat Assessment Team*

This class was presented by the Behavioral Health Unit's analyst and the Training Division's non-sworn mental health professional. It provided an introduction to the purpose and primary functions of the Threat Assessment 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*

The class was presented with a case study in which a fact pattern was presented and students were asked to identify behaviors associated with a conceptual model called "the pathway to violence." A second case study was provided in which students were asked to identify warning behaviors, terms and phrases.

## Student Survey Results

<b>Table 8:</b> <b>ECIT Training: Multnomah County Threat Assessment Team</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=26   2019: n=20   2018: n=17   2015: n=26							
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Multnomah County Threat Assessment Team] session was a good use of my training time.</i>							
2021	0%	0%	0%	0%	19.2% (5)	80.8% (21)	0
2019	0%	0%	5.0% (1)	0%	15.0% (3)	80.0% (16)	0
2018	0%	5.9% (1)	0%	5.9% (1)	35.3% (6)	52.9% (9)	0
2015	0%	0%	0%	8.7% (2)	47.8% (11)	43.5% (10)	3
<i>The [Multnomah County Threat Assessment Team] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>							
2021	0%	0%	0%	0%	19.2% (5)	80.8% (21)	0
2019	0%	0%	0%	5.0% (1)	35.0% (7)	60.0% (12)	0
2018	5.9% (1)	0%	0%	11.8% (2)	41.2% (7)	41.2% (7)	0
2015	0%	5.0% (1)	0%	15.0% (3)	60.0% (12)	20.0% (4)	6

## 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.

## In-Class Learning Assessments

At the end of the class, the students conducted two self-assessments utilized to develop students' self-awareness and provide context for the class material. The first was the Adverse Childhood Experiences (ACE) Questionnaire, 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 Questionnaire.

### Connected Learning Assessments

Further assessment on the concepts in this class was directly applied in the Crisis Communication Skill Builder Exercises on Day 3 and 4: Exercise 1- Suicidal veteran with access to weapons and Exercise 4 – Homeless person in a tent under a bridge. More generally, all of the scenarios incorporated the concept of trauma informed care in that officers entered each scenario unaware of whether or not the individuals they would be working with have trauma informed history.

### Student Survey Results

Table 9:	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
ECIT Training: Trauma Informed Care							
Shown as: Percentage of Total (Number of Respondents)							
2021: n=26 2019: n=20 2018: n=17 2016: n=22 2015: n=26							
The [Trauma Informed Care] session was a good use of my training time.							
2021	0%	0%	3.8% (1)	11.5% (3)	34.6% (9)	50.0% (13)	0
2019	0%	0%	0%	0%	30.0% (6)	70.0% (14)	0
2018	0%	5.9% (1)	0%	11.8% (2)	47.1% (8)	35.3% (6)	0
2016	0%	0%	0%	20.0% (4)	35.0% (7)	45.0% (9)	0
2015	0%	11.5% (3)	0%	42.3% (11)	30.8% (8)	15.4% (4)	0
The [Trauma Informed Care] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.							
2021	0%	3.8% (1)	0%	23.1% (6)	38.5% (10)	34.6% (9)	0
2019	0%	0%	0%	0%	45.0% (9)	55.0% (11)	0
2018	5.9% (1)	5.9% (1)	0%	17.6% (3)	41.2% (7)	29.4% (5)	0
2016	0%	0%	0%	25.0% (5)	35.0% (7)	40.0% (8)	0
2015	0%	8.0% (2)	4.0% (1)	32.0% (8)	44.0% (11)	12.0% (3)	1

### NAMI Overview

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

<b>Table 10:</b>		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<b>ECIT Training: NAMI Overview</b>								
<i>Shown as: Percentage of Total (Number of Respondents)</i>								
<i>2021: n=26 2019: n=20 2018: n=17 2015: n=26 2014: n=25</i>								
<i>The [NAMI Overview] session was a good use of my training time.</i>								
2021		3.8% (1)	0%	3.8% (1)	7.7% (2)	26.9% (7)	57.7% (15)	0
2019		0%	0%	0%	25.0% (5)	30.0% (6)	45.0% (9)	0
2018		0%	5.9% (1)	5.9% (1)	11.8% (2)	47.1% (8)	29.4% (5)	0
2015		0%	3.8% (1)	11.5% (3)	34.6% (9)	38.5% (10)	11.5% (3)	0
2014	<i>(1 person, 4.0%, marked both agree and strongly agree)</i>	0%	0%	0%	16.0% (4)	48.0% (12)	32.0% (8)	0
<i>The [NAMI Overview] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2021		0%	3.8% (1)	0%	15.4% (4)	30.8% (8)	50.0% (13)	0
2019		0%	0%	0%	15.0% (3)	45.0% (9)	40.0% (8)	0
2018		5.9% (1)	0%	5.9% (1)	17.6% (3)	41.2% (7)	29.4% (5)	0
2015		0%	12.5% (3)	0%	20.8% (5)	50.0% (12)	16.7% (4)	2
2014		0%	0%	4.0% (1)	12.0% (3)	40.0% (10)	44.0% (11)	0

### 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. A NAMI representative 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.

## 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 4, and Scenarios on Day 4 and 5 of the training week. Two of the scenarios specifically focused on working with families while drawing upon the resource overview presentations by NAMI and EASA. These were, Scenario 2 – First Break and Scenario 4 – Family Member Assistance.

### Student Survey Results

<b>Table 11:</b> <b>ECIT Training: Family Member Panel Discussion</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=26 2019: n=20 2018: n=17 2015: n=26 2014: n=25							
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Family Member Panel Discussion] session was a good use of my training time.</i>							
2021	0%	0%	3.8% (1)	11.5% (3)	23.1% (6)	61.5% (16)	0
2019	0%	0%	0%	20.0% (4)	25.0% (5)	55.0% (11)	0
2018	0%	11.8% (2)	0%	17.6% (3)	41.2% (7)	29.4% (5)	0
2015	7.7% (2)	11.5% (3)	19.2% (5)	19.2% (5)	26.9% (7)	15.4% (4)	0
2014	0%	0%	0%	4.0% (1)	36.0% (9)	60.0% (15)	0
<i>The [Family Member Panel Discussion] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>							
2021	0%	3.8% (1)	0%	7.7% (2)	38.5% (10)	50.0% (13)	0
2019	0%	0%	5.3% (1)	26.3% (5)	26.3% (5)	42.1% (8)	1
2018	5.9% (1)	11.8% (2)	5.9% (1)	17.6% (3)	23.5% (4)	35.3% (6)	0
2015	8.3% (2)	25.0% (6)	8.3% (2)	16.7% (4)	29.2% (7)	12.5% (3)	2
2014	0%	4.0% (1)	0%	8.0% (2)	28.0% (7)	60.0% (15)	0
<i>The [Family Member Panel Discussion] session gave me a greater understanding of how mental health issues can be overcome.</i>							
2021	0%	0%	0%	15.4% (4)	30.8% (8)	53.8% (14)	0
2019	0%	0%	0%	20.0% (4)	30.0% (6)	50.0% (10)	0
2018	5.9% (1)	5.9% (1)	5.9% (1)	23.5% (4)	17.6% (3)	41.2% (7)	0

## Mental Health Facilities 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.

### Connected Learning Assessments

Application of the material was assessed in Day 5, Scenario 8 – Mental Health Facility Response.

### Student Survey Results

<b>Table 12:</b> <b>ECIT Training: Mental Health Facilities Response</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=26 2019: n=20 2018: n=17 2016: n=21							
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Mental Health Facilities Response] session was a good use of my training time.</i>							
2021	0%	0%	0%	0%	30.8% (8)	69.2% (18)	0
2019	0%	0%	0%	0%	45.0% (9)	55.0% (11)	0
2018	0%	0%	0%	11.8% (2)	29.4% (5)	58.8% (10)	0
2016	0%	0%	0%	8.3% (1)	33.3% (4)	58.3% (7)	9
<i>The [Mental Health Facilities Response] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>							
2021	0%	0%	0%	7.7% (2)	23.1% (6)	69.2% (18)	0
2019	0%	0%	0%	5.0% (1)	40.0% (8)	55.0% (11)	0
2018	5.9% (1)	0%	0%	23.5% (4)	58.8% (10)	11.8% (2)	0
2016	0%	0%	0%	8.3% (1)	33.3% (4)	58.3% (7)	9



## ***Site Visit Presentation, Discussion and Debrief***

ECIT officers play 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.

In prior years, following the classroom component, the students visited various mental health facilities as well as crisis service providers. However, in 2021, due to COVID-19 concerns, they opted against visiting the facilities and instead, invited representatives from each facility to visit the Training Division. The format of this portion of the course operated much like a job fair. Students were split into small groups and they rotated around, providing them with the opportunity to speak with representatives from each facility. This training session was facilitated by the Behavioral Health Unit's crisis intervention training coordinator.

### ***In-Class Learning Assessments***

In the past, students only were able to visit one facility for this class and 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
- 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

In 2021, students had the opportunity to learn about all of the facilities firsthand by talking directly with the representatives. This new format was praised by the majority of students and program managers have indicated this will remain the format for this class moving forward.

Over time, the facilities represented have changed due to student feedback. The facilities utilized for this training were the Unity Center, NAMI's North Star Club House, the Golden West, and Cascadia's Urgent Walk-In Clinic.

### ***Connected Learning Assessments***

Application of the material was assessed in Day 5, Scenario 8 – Mental Health Facility Response.

## Student Survey Results

<b>Table 13:</b> <b>ECIT Training: Site Visit Presentation, Discussion and Debrief</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=26 2019: n=20 2015: n=26		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Site Visit Presentation, Discussion and Debrief] session was a good use of my training time.</i>								
2021		0%	0%	0%	0%	15.4% (4)	84.6% (22)	0
Site Visits and Debrief	2019	0%	0%	5.0% (1)	5.0% (1)	30.0% (6)	60.0% (12)	0
Site Visits and Debrief	2015	0%	0%	4.2% (1)	12.5% (3)	41.7% (10)	41.7% (10)	2
<i>The [Site Visit Presentation, Discussion and Debrief] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2021		0%	0%	0%	0%	23.1% (6)	76.9% (20)	0
Site Visits and Debrief	2019	0%	0%	0%	5.0% (1)	35.0% (7)	60.0% (12)	0
Site Visits and Debrief	2015	0%	4.3% (1)	4.3% (1)	8.7% (2)	47.8% (11)	34.8% (8)	3

## DAY THREE OF ECIT TRAINING

### *The Brain, Mental Illness, and Treatment*

This class was instructed by a psychiatrist from outside of the Bureau, who presented on categories of mental health diagnoses and the complex systems of care involved in involuntary commitments and the Psychiatric Security Review Board. The diagnoses presented focused on those most likely to generate police calls, such as psychotic and bipolar disorders.

#### *In-Class Learning Assessments*

No learning assessments were conducted during this session.

#### *Connected Learning Assessments*

The students' ability to apply the material presented in this classroom section was assessed in all of the Crisis Communication Skill Builder Exercises on Day 3 and 4, and the Scenarios on Day 4 and 5.

#### *Student Survey Results*

<b>Table 14:</b> <b>ECIT Training:</b> Brain, Mental Illness, and Treatment <i>Shown as: Percentage of Total (Number of Respondents)</i> <i>2021: n=24 2019: n=20</i>		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>The [Brain, Mental Illness, and Treatment] session was a good use of my training time.</i>								
2021		0%	0%	0%	4.2% (1)	29.2% (7)	66.7% (16)	0
2019		0%	0%	5.0% (1)	10.0% (2)	25.0% (5)	60.0% (12)	0
<i>The [Brain, Mental Illness, and Treatment] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2021		0%	0%	0%	8.3% (2)	20.8% (5)	70.8% (17)	0
2019		0%	0%	0%	30.0% (6)	35.0% (7)	35.0% (7)	0

### *Mental Health Risk Assessment*

This class was instructed by the same psychiatrist and was designed as a continuation of the Brain, Mental Illness, and Treatment session. The instructor presented considerations for risk assessments when determining behavior that presents a danger to the self or others. Emphasis was placed on communication tactics to use with individuals in various states of psychoses, and ways to determine if an individual is in or out of touch with reality.

#### *In-Class Learning Assessments*

No learning assessments were conducted during this session.

## Connected Learning Assessments

The students' ability to apply the material presented in this classroom section was also assessed in all of the Crisis Communication Skill Builder Exercises on Day 3 and 4, and the Scenarios on Day 4 and 5.

### Student Survey Results

<b>Table 15:</b> <b>ECIT Training: Mental Health Risk Assessment</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: 2=24 2019: n=20							
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>The [Mental Health Risk Assessment] session was a good use of my training time.</i>							
2021	0%	0%	0%	4.3% (1)	30.4% (7)	65.2% (15)	1
2019	0%	0%	0%	25.0% (5)	25.0% (5)	50.0% (10)	0
<i>The [Mental Health Risk Assessment] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>							
2021	0%	0%	0%	4.2% (1)	25.0% (6)	70.8% (17)	0
2019	0%	0%	0%	25.0% (5)	35.0% (7)	40.0% (8)	0

### Communication Team Kit (COMTEK)

In an effort to more effectively resolve critical incidents through the use of communication and coordination, the PPB Crisis Negotiation Team (CNT) designed a pocket-sized piece of equipment intended to mitigate the risk of communication errors during critical incidents in which the mode of communication is a telephone. The kit consists of a small set of amplified speakers, a 10 foot speaker extension cord, a digital voice recorder, an ear bud pickup microphone, and a set of earbuds or headphones. The equipment allows multiple officers to listen to real-time telephone conversations during negotiations. The kits were designed in 2015 and were first issued to ECIT members in July of 2017.

### In-Class Learning Assessments

No learning assessments were conducted during this class session. However, application of the information presented in this class was assessed in the Crisis Communication Skill Builder Exercises on Day 3 and 4: Exercise 5. The students were required to assemble the COMTEK in context of a scenario.

## Student Survey Results

<b>Table 16:</b> <b>ECIT Training: Communication Team Kit (COMTEK)</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=24 2019: n=20 2018: n=17							
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>The [COMTEK] session was a good use of my training time.</i>							
2021	0%	0%	0%	0%	13.0% (3)	87.0% (20)	1
2019	0%	0%	0%	0%	30.0% (6)	70.0% (14)	0
2018	0%	0%	0%	0%	29.4% (5)	70.6% (12)	0
<i>The [COMTEK] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>							
2021	0%	0%	0%	0%	16.7% (4)	83.3% (20)	0

### Community Resource Forum

In 2021, this class was modified in which a panel forum was present, made up of representatives from the MCDC Detention Center, the Multnomah Involuntary Commitment Program and Telecare. Each representative described the community services that they provide for people with mental illness and their families. 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 Skill Builder Exercises on Day 3 and 4: Exercise 2 - Locked in a Starbucks bathroom. The connected scenario assessments (Day 4 and 5) included: Scenario 1 – Suicide person on a ledge and Scenario 4 – Family Member Assistance.

## Student Survey Results

<b>Table 17:</b> <b>ECIT Training: Community Resource Forum</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=24 2019: n=20 2018: n=17 2015: n=26							
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>The [Community Resource Forum] session was a good use of my training time.</i>							
2021	0%	0%	0%	13.0% (3)	26.1% (6)	60.9% (14)	1
2019	0%	0%	0%	20.0% (4)	25.0% (5)	55.0% (11)	0
2018	0%	0%	5.9% (1)	11.8% (2)	58.8% (10)	23.5% (4)	0
2015	0%	0%	3.8% (1)	30.8% (8)	38.5% (10)	26.9% (7)	0
<i>The [Community Resource Forum] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>							
2021	0%	0%	0%	4.2% (1)	33.3% (8)	62.5% (15)	0
2019	0%	0%	0%	10.0% (2)	25.0% (5)	65.0% (13)	0
2018	0%	0%	5.9% (1)	11.8% (2)	47.1% (8)	35.3% (6)	0
2015	0%	0%	4.0% (1)	32.0% (8)	44.0% (11)	20.0% (5)	1

## Suicide Intervention

ECIT officers assist on calls involving people in mental health crises and threatening suicide. In this course, the Training Division's non-sworn mental health professional 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 proper resources is also emphasized.

## In-Class Learning Assessments

The students practiced communication skills through a "back to back" communication activity with a suicidal individual (role player). The object of the exercise was to encourage strategic communication and allow students to get more into the complexities of beneficial communication methods. Students were not expected to resolve the crisis during the 5-10 minute interaction. Instead, facilitators interjected during the exercise to reinforce communication techniques, essentially "rewinding" the exercise to have the student practice the most beneficial strategies for building rapport. Overall, the new activity was much more engaging and required officers to practice communicating in real time with a role player.

## Connected Learning Assessments

Application of the material was also assessed in the Crisis Communication Skill Builder Exercises on Day 3 and 4: Exercise 1 - Suicidal veteran with access to weapons, and Exercise 3 - Suicidal Person in Parked Vehicle. The

connected scenario assessments (Day 4 and 5) include: Scenario 1 – Suicidal person on a ledge scenario, Scenario 3 – Wanted person on a bus, and Scenario 6 – Person in crisis on a bridge with fire on-scene.

### Student Survey Results

<b>Table 18:</b> <b>ECIT Training: Suicide Intervention</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=24 2019: n=20 2018: n=17 2016: n=21 2015: n=26 2014: n=22							
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>The [Suicide Intervention] session was a good use of my training time.</i>							
2021	0%	0%	0%	4.3% (1)	21.7% (5)	73.9% (17)	1
2019	0%	0%	0%	0%	25.0% (5)	75.0% (15)	0
2018	0%	0%	0%	11.8% (2)	35.3% (6)	52.9% (9)	0
2016	0%	0%	0%	4.8% (1)	28.6% (6)	66.7% (14)	0
2015	0%	0%	3.8% (1)	15.4% (4)	46.2% (12)	34.6% (9)	0
2014	0%	0%	0%	4.5% (1)	27.3% (6)	68.2% (15)	0
<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>							
2019	0%	0%	4.2% (1)	0%	37.5% (9)	58.3% (14)	0
2018	0%	0%	0%	11.8% (2)	47.1% (8)	41.2% (7)	0
2016	0%	0%	0%	10.0% (2)	30.0% (6)	60.0% (12)	1
2015	0%	8.0% (2)	0%	16.0% (4)	52.0% (13)	24.0% (6)	1
2014	0%	0%	0%	9.1% (2)	50.0% (11)	40.9% (9)	0

## ECIT TRAININGS CONDUCTED ON DAYS THREE AND FOUR

### Crisis Communication Skills Exercises

This class is designed for officers to review techniques and practice their communication skills. Emphasis was placed on the use of communication teams, the overall role of ECIT officers to assess, advise, and assist, and specific tools to consider such as transitioning communication from BOEC call-takers to officers on scene. One hour of instruction is reinforced by five practical exercises which incorporate pieces of the presentation as well as previous instruction from the ECIT course.

Exercise 1 – Suicidal veteran with access to weapons; Exercise 2 – Person with delusions locked in Starbucks bathroom; Exercise 3 – Suicidal person in parked vehicle; Exercise 4 – Homeless person with psychotic disorder in tent under bridge; Exercise 5 – COMTEK Exercise.

### In-Class Learning Assessments

No in-class learning assessments were conducted during this class session.

### Student Survey Results

Table 19:		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
ECIT Training: Crisis Communication Skills Exercises								
Shown as: Percentage of Total (Number of Respondents)								
2021: n=22   2019: n=20   2018: n=17   2016: n=20   2015: n=27								
The [Crisis Communication Skills Exercises] session was a good use of my training time.								
2021	0%	0%	0%	4.5% (1)	13.6% (3)	81.8% (18)	0	
2019	0%	0%	0%	5.0% (1)	15.0% (3)	80.0% (16)	0	
2018	0%	0%	0%	0%	23.5% (4)	76.5% (13)	0	
2016	0%	0%	0%	0%	26.3% (5)	73.7% (14)	1	
2015	0%	0%	0%	11.5% (3)	26.9% (7)	61.5% (16)	1	
The [Crisis Communication Skills Exercises] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.								
2021	0%	0%	4.5% (1)	0%	27.3% (6)	68.2% (15)	0	
2019	0%	0%	0%	0%	15.0% (3)	85.0% (17)	0	
2018	0%	0%	0%	5.9% (1)	23.5% (4)	70.6% (12)	0	
2016	0%	0%	0%	0%	40.0% (8)	60.0% (12)	0	

### Patrol Response Considerations: Suicide by Cop as an Example

In the course of their duties, officers respond to many calls involving persons suffering from mental illness or in mental health crisis. When responding to these calls some response considerations can be made to help



attempts at de-escalation and help in working toward the most positive outcome possible. On a regular basis officers respond to incidents involving suicidal individuals. Occasionally, the suicidal person threatens to have a weapon, or presents the responding officers with an operative or seemingly operative lethal weapon, resulting in a force encounter with the person. The commonplace vernacular for this specific type of incident is “Suicide by Cop.”

Using current PPB critical incident response principles, existing CIT training, recent studies and guidelines developed by the Police Executive Research Forum, this class highlighted and focused on response considerations for these types of calls with an understanding of the tactics and principles generally applied to all types of crisis calls.

#### *In-Class Learning Assessments*

There were no formal in-class learning assessments conducted during this class session.

#### *Connected Learning Assessments*

Application of the material was assessed in Day 4, Scenario 3 – Wanted person on a bus.

#### *Student Survey Results*

<b>Table 20:</b> <b>ECIT Training:</b> Patrol Response Considerations: Suicide by Cop as an Example <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=24		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>The [Patrol Response Considerations: Suicide by Cop as an Example] session was a good use of my training time.</i>								
2021		0%	0%	0%	0%	26.1% (6)	73.9% (17)	1
<i>The [Patrol Response Considerations: Suicide by Cop as an Example] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>								
2021		0%	0%	0%	4.2% (1)	37.5% (9)	58.3% (14)	0

#### ***Recognize, Consider, Decide - Practical Implications of Directive 850.20 for ECIT***

This was a new class added to the 2021 ECIT training. This class reinforces key components of Directive 850.20: Police response to mental health crisis. Specifically, instructors explore the concepts of “recognize, consider and decide” when responding to calls that may involve a person with mental illness or who is in mental health crisis. Instructors discuss how decision-making on these calls involve assessing danger to self or others. This class shows new ECIT officers how 850.20 and related topics are being taught to new officers coming through the Advanced Academy to ensure more fluid communication and understanding between ECIT and newer non-ECIT officers.

Learning/Performance Objectives: Recognize whether a call is being driven by mental illness and/or mental health crisis; articulate general behavioral indicators of mental illness and/or mental health crisis; identify risk factors as they relate to behavioral indicators of mental illness/mental health crisis; and articulate how behavioral indicators may affect officer decision-making with respect to engagement, de-escalation and disposition.

## In-Class Learning Assessments

There was no formal in-class learning assessments conducted during this class session.

## Connected Learning Assessments

Application of the material was assessed in all scenarios and skill builders exercises in that ECIT officers always have to operate within the policy when interacting with people in mental health crisis.

## Student Survey Results

<b>Table 21:</b> <b>ECIT Training:</b> Recognize, Consider, Decide - Practical Implications of Directive 850.20 for ECIT <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=24							
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>The [Recognize, Consider, Decide - Practical Implications of Directive 850.20 for ECIT] session was a good use of my training time.</i>							
2021	0%	0%	0%	0%	25.0% (6)	75.0% (18)	0
<i>The [Recognize, Consider, Decide - Practical Implications of Directive 850.20 for ECIT] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>							
2021	0%	0%	0%	4.2% (1)	37.5% (9)	58.3% (14)	0

<b>Table 22:</b> <b>ECIT Training:</b> Recognize, Consider, Decide - Practical Implications of Directive 850.20 for ECIT <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=24							
	<b>No, not at all</b>	<b>Yes, to a small extent</b>	<b>(2)</b>	<b>Yes, moderately</b>	<b>(4)</b>	<b>Yes, to a great extent</b>	<b>Missing</b>
<i>Did the training increase your understanding of how to effectively apply Directive 850.20 on the job?</i>							
2021	0%	0%	0%	25.0% (6)	20.8% (5)	54.2% (13)	0
<i>Did the training increase your confidence in your ability to effectively apply Directive 850.20 on the job?</i>							
2021	0%	0%	0%	25.0% (6)	16.7% (4)	58.3% (14)	0
<i>Did the Directive 850.20 class provide a more clear explanation for how to apply this directive on the job, compared to previous trainings?</i>							
2021	0%	4.2% (1)	4.2% (1)	25.0% (6)	12.5% (3)	54.2% (13)	0

## DAY FOUR OF ECIT TRAINING

### *Lukus Glenn Table Top Exercise*

At the beginning of the week, the class was provided with a copy of an actual 9<sup>th</sup> Circuit Court case<sup>16</sup> 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 9<sup>th</sup> 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? If so, why?
- What are the advantages and disadvantages of having a rigid “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 any way?
- According to the 9<sup>th</sup> 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 crises, analysis of priorities when dealing with both criminal activity and mental health crises, 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.

### *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.

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<sup>16</sup> Glenn v. Washington County. United States court of Appeals, Ninth Circuit. 27 Dec. 2011

## Student Survey Results

<b>Table 23:</b> <b>ECIT Training: Lukus Glenn Table Top Exercise</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=22 2019: n=20 2018: n=17 2015: n=26 2014: n=25							
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The [Lukas Glenn Table Top Exercise] session was a good use of my training time.</i>							
2021	0%	0%	0%	9.1% (2)	22.7% (5)	68.2% (15)	0
2019	0%	0%	0%	0%	26.3% (5)	73.7% (14)	0
2018	0%	0%	0%	6.3% (1)	37.5% (6)	56.3% (9)	0
2015	4.0% (1)	0%	4.0% (1)	24.0% (6)	24.0% (6)	44.0% (11)	2
2014	0%	0%	0%	12.0% (3)	28.0% (7)	60.0% (15)	0
<i>The [Lukas Glenn Table Top Exercise] session expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.</i>							
2021	0%	0%	0%	22.7% (5)	36.4% (8)	40.9% (9)	0
2019	0%	0%	0%	10.5% (2)	36.8% (7)	52.6% (10)	0
2018	0%	6.3% (1)	0%	6.3% (1)	43.8% (7)	43.8% (7)	0
2015	8.0% (2)	4.0% (1)	4.0% (1)	24.0% (6)	28.0% (7)	32.0% (8)	2
2014	0%	0%	0%	12.0% (3)	52.0% (13)	36.0% (9)	0

## ECIT Scenarios

The ECIT scenarios serve 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 conducted on day four. It is important to note that each student did not perform in each scenario.

### Scenarios

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.

<b>Table 24:</b>  <b>ECIT Training: ECIT Scenarios - Day Four</b>  <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=22   2019: n=19   2018: n=16   2016: n=21 2015: n=27   2014: n=25							
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The trainer(s) were organized and well prepared.</i>							
2021	0%	0%	0%	0%	23.8% (5)	76.2% (16)	1
<i>The trainer(s) were knowledgeable in the topic.</i>							
2021	0%	0%	0%	0%	19.0% (4)	81.0% (17)	1
<i>The facts of the scenarios were plausible.</i>							
2021	0%	0%	0%	4.8% (1)	33.3% (7)	61.9% (13)	1
2019	0%	0%	0%	0%	15.8% (3)	84.2% (16)	0
2018	0%	0%	6.3% (1)	0%	62.5% (10)	31.3% (5)	0
2016	0%	0%	0%	0%	14.3% (3)	85.7% (18)	0
2015	0%	0%	0%	12.0% (3)	28.0% (7)	60.0% (15)	2
2014	0%	0%	0%	4.0% (1)	36.0% (9)	60.0% (15)	0
<i>I found the scenarios appropriately challenging.</i>							
2021	0%	0%	0%	9.5% (2)	38.1% (8)	52.4% (11)	1
2019	0%	0%	0%	0%	31.6% (6)	68.4% (13)	0
2018	0%	0%	0%	6.3% (1)	62.5% (10)	31.3% (5)	0
2016	0%	0%	0%	0%	23.8% (5)	76.2% (16)	0
2015	0%	0%	4.2% (1)	12.5% (3)	37.5% (9)	45.8% (11)	3
2014	0%	0%	0%	8.0% (2)	28.0% (7)	64.0% (16)	0

<b>Table 24 (cont.):</b> <b>ECIT Training: ECIT Scenarios - Day Four</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=22   2019: n=19   2018: n=16   2016: n=21 2015: n=27   2014: n=25							
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>I learned a lot from watching others go through the scenarios and debriefs.</i>							
2021	0%	0%	0%	0%	38.1% (8)	61.9% (13)	1
2019	0%	0%	0%	5.3% (1)	26.3% (5)	68.4% (13)	0
2018	0%	6.3% (1)	0%	12.5% (2)	43.8% (7)	37.5% (6)	0
2016	0%	0%	0%	0%	28.6% (6)	71.4% (15)	0
2015	0%	0%	12.0% (3)	12.0% (3)	28.0% (7)	48.0% (12)	2
2014	0%	0%	0%	8.0% (2)	32.0% (8)	60.0% (15)	0

#### *Scenario 1- Crisis Communication: Suicidal person on a ledge*

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.

<b>Table 25:</b>							
<b>ECIT Training: Suicidal Person on a Ledge Scenario</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=22							
<i>The suicidal person on a ledge scenario was a good use of my training time.</i>							
2021	0%	0%	0%	0%	19.0% (4)	81.0% (17)	1
<i>The debriefing after the scenario aided my learning.</i>							
2021	0%	0%	0%	0%	23.8% (5)	76.2% (16)	1

<b>Table 26:</b>						
<b>ECIT Training: Suicidal Person on a Ledge Scenario</b>	<b>Too Simple (1)</b>	<b>(2)</b>	<b>About Right (3)</b>	<b>(4)</b>	<b>Too Complex (5)</b>	<b>Missing</b>
<i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=22						
<i>For myself, the suicidal person on a ledge scenario was:</i>						
2021	0%	4.8% (1)	81.0% (17)	14.3% (3)	0%	1

#### Scenario 2- First Break College Student

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 community mental health professionals 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 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.

Table 27:								
ECIT Training: First Break College Student Scenario		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
Shown as: Percentage of Total (Number of Respondents)								
2021: n=22								
The first break scenario was a good use of my training time.								
2021	0%	0%	0%	0%	42.9% (9)	57.1% (12)	1	
The debriefing after the scenario aided my learning.								
2021	0%	0%	0%	0%	38.1% (8)	61.9% (13)	1	

<b>Table 28:</b>  <b>ECIT Training: First Break College Student Scenario</b>  <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=22							
	<b>Too Simple (1)</b>	<b>(2)</b>	<b>About Right (3)</b>	<b>(4)</b>	<b>Too Complex (5)</b>	<b>Missing</b>	
<i>For myself, the first break scenario was:</i>							
2021	0%	9.5% (2)	76.2% (16)	14.3% (3)	0%		1

### Scenario 3- Wanted Person on Bus

ECIT officers were dispatched to a Tri-met bus. The bus driver is taking a break down because he saw a subject board his bus that he says is a kidnapping suspect that he saw on the news. There are two other passengers on the bus. The person on the bus becomes suicidal as the call progresses and alludes to possibly wanting “suicide by cop.” This scenario involved several complex logistical pieces, causing students to lose focus of the learning objectives of assessing the mental status of the individual and identifying the crisis communication elements. The program managers are aware of what went wrong with this scenario and will either make adjustments or remove it from future ECIT trainings.

<b>Table 29:</b>  <b>ECIT Training: Wanted Person on a Bus Scenario</b>  <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=22							
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>The wanted person on bus scenario was a good use of my training time.</i>							
2021	0%	9.5% (2)	0%	9.5% (2)	33.3% (7)	47.6% (10)	1
<i>The debriefing after the scenario aided my learning.</i>							
2021	0%	4.8% (1)	0%	9.5% (2)	28.6% (6)	57.1% (12)	1

<b>Table 30:</b>  <b>ECIT Training: Wanted Person on a Bus Scenario</b>  <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=22							
	<b>Too Simple (1)</b>	<b>(2)</b>	<b>About Right (3)</b>	<b>(4)</b>	<b>Too Complex (5)</b>	<b>Missing</b>	
<i>The wanted person on bus scenario was a good use of my training time.</i>							
2021	0%	9.5% (2)	47.6% (10)	33.3% (7)	9.5% (2)		1



## DAY FIVE OF ECIT TRAINING

### ECIT Scenarios

The ECIT scenarios serve 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 conducted on day five. Each student did not perform in each scenario.

<b>Table 31:</b>  <b>ECIT Training: ECIT Scenarios - Day Five</b>  <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29   2019: n=19   2018: n=16   2016: n=21 2015: n=27   2014: n=25							
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The trainer(s) were organized and well prepared.</i>							
2021	0%	0%	0%	3.4% (1)	17.2% (5)	79.3% (23)	0
<i>The trainer(s) were knowledgeable in the topic.</i>							
2021	0%	0%	0%	0%	17.2% (5)	82.8% (24)	0
<i>The facts of the scenarios were plausible.</i>							
2021	0%	0%	0%	6.9% (2)	31.0% (9)	62.1% (18)	0
2019	0%	0%	0%	0%	15.8% (3)	84.2% (16)	0
2018	0%	0%	6.3% (1)	0%	62.5% (10)	31.3% (5)	0
2016	0%	0%	0%	0%	14.3% (3)	85.7% (18)	0
2015	0%	0%	0%	12.0% (3)	28.0% (7)	60.0% (15)	2
2014	0%	0%	0%	4.0% (1)	36.0% (9)	60.0% (15)	0
<i>I found the scenarios appropriately challenging.</i>							
2021	0%	0%	6.9% (2)	13.8% (4)	17.2% (5)	62.1% (18)	0
2019	0%	0%	0%	0%	31.6% (6)	68.4% (13)	0
2018	0%	0%	0%	6.3% (1)	62.5% (10)	31.3% (5)	0
2016	0%	0%	0%	0%	23.8% (5)	76.2% (16)	0
2015	0%	0%	4.2% (1)	12.5% (3)	37.5% (9)	45.8% (11)	3
2014	0%	0%	0%	8.0% (2)	28.0% (7)	64.0% (16)	0

<b>Table 31 (cont.):</b> <b>ECIT Training: ECIT Scenarios - Day Five</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29   2019: n=19   2018: n=16   2016: n=21 2015: n=27   2014: n=25							
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>I learned a lot from watching others go through the scenarios and debriefs.</i>							
2021	0%	0%	0%	6.9% (2)	31.0% (9)	62.1% (18)	0
2019	0%	0%	0%	5.3% (1)	26.3% (5)	68.4% (13)	0
2018	0%	6.3% (1)	0%	12.5% (2)	43.8% (7)	37.5% (6)	0
2016	0%	0%	0%	0%	28.6% (6)	71.4% (15)	0
2015	0%	0%	12.0% (3)	12.0% (3)	28.0% (7)	48.0% (12)	2
2014	0%	0%	0%	8.0% (2)	32.0% (8)	60.0% (15)	0
<i>A critical scenario was missed and should be included in future trainings.</i>							
2021	6.9% (2)	51.7% (15)	20.7% (6)	10.3% (3)	3.4% (1)	6.9% (2)	0
2019	15.8% (3)	47.4% (9)	15.8% (3)	10.5% (2)	0%	10.5% (2)	0
2018	25.0% (4)	18.8% (3)	12.5% (2)	18.8% (3)	18.8% (3)	6.3% (1)	0
2016	15.0% (3)	55.0% (11)	5.0% (1)	15.0% (3)	10.0% (2)	0%	1
2015	16.0% (4)	28.0% (7)	16.0% (4)	4.0% (1)	8.0% (2)	28.0% (7)	2
2014	20.0% (5)	44.0% (11)	8.0% (2)	4.0% (1)	8.0% (2)	16.0% (4)	0

#### Scenario 4- Family Member Assistance

This scenario was created with input from the Latino Advisory Council in which officers respond to a call of a neighbor reporting a possible disturbance. The caller is hearing loud yelling and possible banging coming from a house in the neighborhood. The caller states they do not know the people living at the location but the young man in the house is frequently outside yelling random things and intimidating people passing by the house. They think he is mentally ill but they do not want to get involved in fear he will start focusing on them. Residents are hesitant to answer the door. When contact is made officers learn that the family in the home is Spanish speaking with some English, and need to navigate cultural considerations as it relates to the interaction with police and the family.

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 individual 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 person's level of threat to himself or others, were able to assess the person's level of insight, and effectively utilized de-escalation skills.

<b>Table 32:</b> <b>ECIT Training: Family Member Assistance Scenario</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29							
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The family member assistance scenario was a good use of my training time.</i>							
2021	0%	0%	0%	6.9% (2)	24.1% (7)	69.0% (20)	0
<i>The debriefing after the scenario aided my learning.</i>							
2021	0%	0%	0%	6.9% (2)	17.2% (5)	75.9% (22)	0

Table 33:  ECIT Training: Family Member Assistance Scenario  <i>Shown as: Percentage of Total (Number of Respondents)</i> <i>2021: n=29</i>				Too Simple (1)	(2)	About Right (3)	(4)	Too Complex (5)	Missing
For myself, the family member assistance scenario was:									
2021				0%	3.4% (1)	93.1% (27)	3.4% (1)	0%	0

#### Scenario 5- Woman in an alcove with a Knife

This was a new scenario added to the 2021 training in which ECIT officers get called to the main entrance of a hotel on the call of a female waving around a knife causing guests and staff to be unable to come or go from the hotel. Officers discover that she is mostly uncommunicative and may be experiencing psychosis. Drug paraphernalia is also observed nearby the woman. Students did very well in this scenario, however some students expressed frustration with the non-communicative nature of the role player. While somewhat realistic, they found that this parameter reduced the opportunity to practice their communication skills.

<b>Table 34:</b> <b>ECIT Training: Woman in an Alcove with a Knife Scenario</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29							
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Missing
<i>The woman in an alcove with a knife scenario was a good use of my training time.</i>							
2021	0%	3.4% (1)	6.9% (2)	17.2% (5)	34.5% (10)	37.9% (11)	0
<i>The debriefing after the scenario aided my learning.</i>							
2021	0%	0%	6.9% (2)	13.8% (4)	37.9% (11)	41.4% (12)	0

<b>Table 35:</b> <b>ECIT Training: Woman in an Alcove with a Knife Scenario</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29		<b>Too Simple (1)</b>	<b>(2)</b>	<b>About Right (3)</b>	<b>(4)</b>	<b>Too Complex (5)</b>	<b>Missing</b>
<i>For myself, the woman in an alcove with a knife scenario was:</i>							
2021		3.4% (1)	20.7% (6)	65.5% (19)	10.3% (3)	0%	0

#### Scenario 6- Person in Crisis on a Bridge with Firefighters On-scene

ECIT officers and firefighters were dispatched to the call of a person near the ledge on the Fremont Bridge. The nearest police officers are coming from 181st Ave and NE Sandy Blvd. Fire arrives to find a person standing on the ledge of the bridge looking toward the ground below as if contemplating whether or not to jump. The person immediately tells them to stay back or he will jump. The person acknowledges the firefighters' presence but is not willing to come off the ledge. This type of situation has increased in frequency and thus Portland Fire was present as well to train alongside ECIT officers. Students met the learning objectives and several students appreciated the opportunity to work alongside the fire department.

<b>Table 36:</b> <b>ECIT Training: Person in Crisis on a Bridge with Fire On-scene Scenario</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>The person in crisis on a bridge with fire on-scene scenario was a good use of my training time.</i>								
2021		0%	0%	3.4% (1)	3.4% (1)	37.9% (11)	55.2% (16)	0
<i>The debriefing after the scenario aided my learning.</i>								
2021		0%	0%	3.4% (1)	0%	37.9% (11)	58.6% (17)	0

<b>Table 37:</b> <b>ECIT Training: Person in Crisis on a Bridge with Fire On-scene Scenario</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29		<b>Too Simple (1)</b>	<b>(2)</b>	<b>About Right (3)</b>	<b>(4)</b>	<b>Too Complex (5)</b>	<b>Missing</b>
<i>For myself, the person in crisis on a bridge with fire on-scene scenario was:</i>							
2021		0%	6.9% (2)	86.2% (25)	6.9% (2)	0%	0

<b>Table 38:</b> <b>ECIT Training: Person in Crisis on a Bridge with Fire On-scene Scenario</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29	<b>Not Very Comfortable (1)</b>	<b>(2)</b>	<b>Moderate (3)</b>	<b>(4)</b>	<b>Very Comfortable (5)</b>	<b>Missing</b>
<i>How comfortable are you working through a call if you were to arrive on-scene with a firefighter communicating with a subject on a bridge and it was incumbent upon you to navigate a transition to police or safe resolution to the call.</i>						
2021	0%	0%	6.9% (2)	17.2% (5)	75.9% (22)	0

#### Scenario 7- Police Officer Custody at 7-Eleven

This was a new scenario added to the 2021 ECIT training in which a 7-Eleven clerk is calling saying a person who is showing signs of mental illness is blocking their door and won't let anyone in. ECIT officers arrive and make contact with the employee outside in the parking lot. When officers contact the person he tells them that he owns the store and plans not to leave. Students performed well in this scenario and met the learning objectives.

<b>Table 39:</b> <b>ECIT Training: 7-Eleven Police Officer Custody Scenario</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>The 7-Eleven police officer custody scenario was a good use of my training time.</i>							
2021	0%	3.4% (1)	6.9% (2)	3.4% (1)	31.0% (9)	55.2% (16)	0
<i>The debriefing after the scenario aided my learning.</i>							
2021	0%	0%	6.9% (2)	6.9% (2)	27.6% (8)	58.6% (17)	0

<b>Table 40:</b> <b>ECIT Training: 7-Eleven Police Officer Custody Scenario</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29	<b>Too Simple (1)</b>	<b>(2)</b>	<b>About Right (3)</b>	<b>(4)</b>	<b>Too Complex (5)</b>	<b>Missing</b>
<i>For myself, the 7-Eleven police officer custody scenario was:</i>						
2021	0%	17.2% (5)	75.9% (22)	6.9% (2)	0%	0

#### Scenario 8- 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.

<b>Table 41:</b> <b>ECIT Training: Mental Health Facility Response Scenario</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>The mental health facility response scenario was a good use of my training time.</i>							
2021	0%	0%	6.9% (2)	6.9% (2)	24.1% (7)	62.1% (18)	0
<i>The debriefing after the scenario aided my learning.</i>							
2021	0%	0%	3.4% (1)	13.8% (4)	20.7% (6)	62.1% (18)	0

<b>Table 42:</b> <b>ECIT Training: Mental Health Facility Response Scenario Scenario</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29	<b>Too Simple (1)</b>	<b>(2)</b>	<b>About Right (3)</b>	<b>(4)</b>	<b>Too Complex (5)</b>	<b>Missing</b>
<i>For myself, the mental health facility response scenario was:</i>						
2021	3.4% (1)	6.9% (2)	86.2% (25)	3.4% (1)	0%	0

#### Scenario 9- Force Options: Man with paranoia at a homeless shelter

In the final scenario, ECIT officers were dispatched to a homeless shelter where a psychotic man is becoming increasingly angry and refusing to leave. The lead instructors and two mental health professionals from the community assessed the students' abilities to use crisis communication skills and patience to attempt to de-escalate the situation and build rapport with the person in crisis, use time as a tactic, recognize the subject may be experiencing a mental health crisis, and recognize the appropriate time to use reasonable force to control the person and defend self or others. In the debrief the officers were asked to articulate observations related to mental status indicators, the Use of Force 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 generally met the objectives for this scenario.

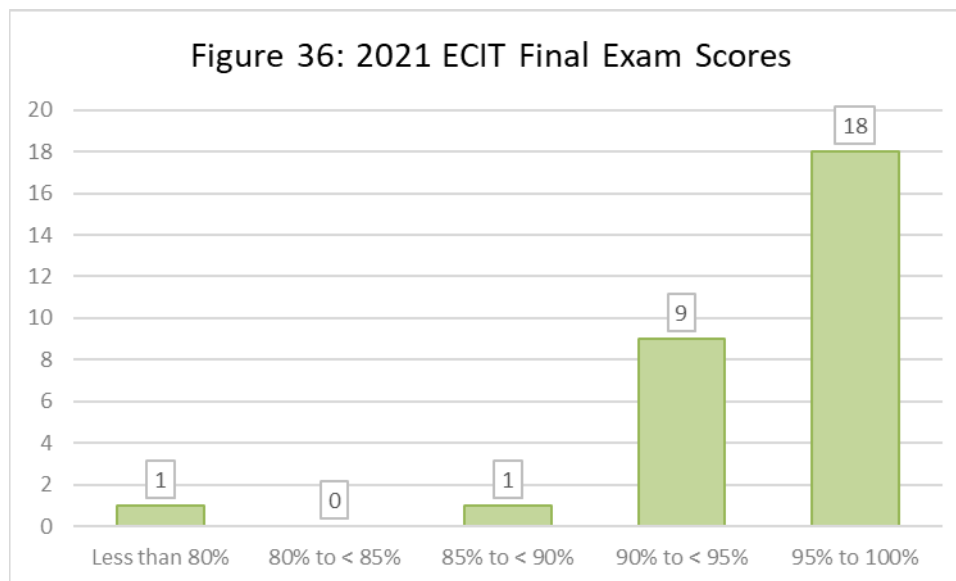
<b>Table 43:</b> <b>ECIT Training: Force Options Scenario</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Missing</b>
<i>The man with paranoia at a homeless shelter scenario was a good use of my training time.</i>							
2021	0%	0%	0%	3.4% (1)	37.9% (11)	58.6% (17)	0
<i>The debriefing after the scenario aided my learning.</i>							
2021	0%	0%	3.4% (1)	0%	37.9% (11)	58.6% (17)	0

<b>Table 44:</b> <b>ECIT Training: Force Options Scenario</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29	<b>Too Simple (1)</b>	<b>(2)</b>	<b>About Right (3)</b>	<b>(4)</b>	<b>Too Complex (5)</b>	<b>Missing</b>
<i>For myself, the man with paranoia at a homeless shelter scenario was:</i>						
2021	0%	3.4% (1)	82.8% (24)	13.8% (4)	0%	0

### Overall Satisfaction

<b>Table 45:</b> <b>Overall Satisfaction</b> <i>Shown as: Percentage of Total (Number of Respondents)</i> 2021: n=29 2019: n=19 2018: n=16 2016: n=21 2015: n=27	<b>Very Dissatisfied</b>	<b>Generally Dissatisfied</b>	<b>Slightly Dissatisfied</b>	<b>Slightly Satisfied</b>	<b>Generally Satisfied</b>	<b>Very Satisfied</b>	<b>Missing</b>
<i>Overall, how satisfied or dissatisfied are you with your ECIT training experience?</i>							
2021	0%	0%	0%	0%	32.1% (9)	67.9% (19)	1
2019	0%	0%	0%	0%	21.1% (4)	79.0% (15)	0
2018	0%	0%	0%	6.3% (1)	56.3% (9)	37.5% (6)	1
2016	0%	0%	0%	0%	35.0% (7)	65.0% (13)	1
2015 (1 person, 3.8%, marked slightly dissatisfied and slightly satisfied and another marked slightly satisfied and generally satisfied.)	0%	0%	3.8% (1)	11.5% (3)	34.6% (9)	42.3% (11)	1

Students were given a final exam on the last day of training, covering topics they had learned throughout the previous four days. The test items are listed below, with the correct answers highlighted. The student score breakdown can be seen in Figure 36.



1. Per policy, what actions are required by Members after they disengage from a call? (Select all that apply)
  - A. Complete a general offense report
  - B. Notify the Multnomah County Call Center
  - C. Develop a plan in accordance with bureau training
  - D. Notify the Lieutenant at the precinct where the disengagement occurred prior to disengaging.
  
2. When interacting with a person and you recognize they are showing signs or symptoms of mental illness what does Portland Police Bureau Policy 850.20 require of you?
  - A. Place the person in a Police Officer Custody hold
  - B. Members are prohibited from taking the person to jail
  - C. Members may not use force on the individual
  - D. Attempt engagement without escalation if possible
  - E. Make a referral to the Behavioral Health Unit
  
3. Under what circumstances would it be expected for an officer to make a TARP referral (Select all that apply)?
  - A. Subject sends threatening email to inflict violence on a public official
  - B. Subject has been involved in five assaults with different individuals, at a downtown night club
  - C. Subject leaves gifts, notes, and shows up uninvited to a person's residence
  - D. Subject has been the subject of three ECIT calls in the past month

<sup>17</sup> In the 2021 ECIT Training, students completed one final exam at the end of the fifth day of training. The 2021 exam was similar to the 2019 ECIT Training exam.



- E. Subject makes social media posts about committing a school shooting
- F. During a domestic violence call, it is noticed that the subject has propaganda and memorabilia associated with domestic terrorism
- G. Subject makes statements to an officer about attending protests nightly
- H. Subject is contacted in their backyard due to a noise complaint. When contacted, subject is irate because they have been fired from job and is threatening to “get even”.

4. Directive 850.20 states that an ECIT officer will respond as the primary member on a crisis call with a mental health component and when it involves 1 of 7 criteria. Those criteria are:
- 1. Upon the request of a citizen
  - 2. Upon the request of the responding member
  - 3. The subject has a weapon
  - 4. The subject is threatening or attempting suicide
  - 5. The call is at a designated mental health facility
  - 6. The call involves a subject in a mental health crisis whose behavior appears to be escalating the risk of harm to self or others

**Select the 7<sup>th</sup> criteria from the list below.**

- A. The subject is on parole/probation
  - B. The subject has a history of mental illness
  - C. The subject is violent
  - D. The subject is under the influence of drugs/alcohol
5. What are the signs and symptoms of psychosis?
- A. Delusions, hallucinations, and disorganization
  - B. Flashbacks, hypervigilance, nightmares
  - C. Rapid speech, racing thoughts, excessive energy
  - D. Suicidal thoughts, lethargy, hopelessness
6. Which of the following responsibilities are filled by the Coach? *(select all that apply)*
- A. Relay intelligence to the primary communicator
  - B. Broadcasting important information
  - C. Providing cover
  - D. Giving ideas/support to the primary communicator
7. NAMI can be a resource to the community in the following ways: *(select all that apply)*
- A. Providing education and support to families with mental health issues
  - B. Developing outreach strategies to raise awareness of mental health issues
  - C. Assisting families to influence county level systems of care on mental health issues
  - D. Assisting state and local law enforcement in locating and prosecuting mentally ill suspects
8. A “peer” is defined as any individual who has similar life experience, either as a current or former recipient of addictions or mental health services, or as a family member of an individual who is a current or former recipient of addictions or mental health services. Services they can provide may include: *(select all that apply)*
- A. Understanding of stigma from self and others
  - B. Understanding the impacts of shame and trauma
  - C. Providing legal advice in court proceedings

D. Providing peer-run support groups

9. According to a theory developed by Thomas Joiner, which three elements are commonly seen in suicidal persons?
- A. Emotional dysregulation, failed connection, acquired capacity
  - B. Opioid abuse, failed connection, acquired capacity
  - C. Mental illness, perceived burden, failed connection
  - D. Perceived burden, failed connection, acquired capacity
10. With respect to suicide safety planning, which of the following can lead to a more effective plan?
- A. Rehearse the safety plan
  - B. Involve others in the safety plan
  - C. Ask the person for their ideas
  - D. Write down the plan and put it in a prominent place
  - E. All of the above
11. Who is the person responsible for deciding whether somebody is brought to a commitment hearing due to mental illness:
- A. The Deputy Mental Health DA
  - B. The ICP Investigator
  - C. An Emergency Department MD
  - D. The County Mental Health Director
12. The COMTEK can be used in which of the following situations:
- A. Officers are in telephone contact with a barricaded person in mental health crisis threatening suicide by firearm
  - B. Officers are talking with a person on his cell phone who is threatening to commit suicide by jumping off of a parking structure
  - C. Officers have been conferenced into a 911 call made by a kidnapped domestic violence victim who is being held against her will by the offender
  - D. All of the above
13. When the COMTEK digital recorder is used to make a recording the recording should be:
- A. Erased at the conclusion of the incident in accordance with PPB policy and procedure
  - B. Put into evidence in accordance with PPB policy and procedure
  - C. Put on a thumb drive and sent to detectives in accordance with PPB policy and procedure
  - D. Kept on the digital recorder until it needs to be erased to make more room in memory
14. What should you do when responding to a secure mental health facility and the program supervisor tells you to take the person to the hospital? (Select all that apply)
- A. Establish if the staff member has Director's Hold authority prior to helping them effect a Director's Custody
  - B. Immediately help the staff get the person to the hospital
  - C. Call Unity to ensure there is capacity to take the person
  - D. Do not enter the facility and tell the staff that we cannot assist them with this request

15. \_\_\_\_\_ is described as developing problems due to exposure to other's trauma and happens to some people who care for those who have experienced extremely or traumatically stressful events.
- A. Complex trauma
  - B. Direct trauma
  - C. Systemic trauma
  - D. Vicarious trauma
16. \_\_\_\_\_ are the most basic and long-lasting cause of health risk behaviors, mental illness, social malfunction, disease, disability, and healthcare costs.
- A. Adverse childhood experiences
  - B. Insomnia
  - C. Suicide attempts
  - D. Criminal behaviors
17. Listening for what the subject may view as a positive outcome and altering the scene to match the primary communicator's message can be most accurately referred to as which of the following:
- A. Active listening strategies
  - B. Defining the event
  - C. Reframing the event
  - D. The Golden Bridge Technique
18. What are the three elements of a communication team?
- A. Arrest element, communication element, primary officer
  - B. Contact element, communication element, command element
  - C. First communicator, second communicator, supervisor
  - D. Primary communicator, communication coach, intelligence element
19. What is the preferred order of priorities for ECIT officer when using their ECIT skills on a call?
- A. Arrive, Advise, Arrest
  - B. Arrive, Assess, Adjust
  - C. Assess, Advise, Apply
  - D. Apply, Assess, Advise
20. A subject in crisis calls 911. The call-taker learns the name of the officer who will be talking with the subject, provides an introduction of the officer on the phone, provides a summary of the subject's perspective on the phone for both the officer and subject to hear, and then mutes the call taker's microphone but remains on the line. Which statements are true of this process? (*select all that apply*)
- A. This call can continue to be monitored by the call-taker
  - B. This is referred to as a conference call
  - C. This is referred to as a transferred call
  - D. This process is not possible with BOEC
  - E. This process maximizes verbal containment and transference of influence

## Appendix B: Post-Training ECIT Officer Survey Questions



Progress  5%

### Your feedback is critical!

Thank you for taking the time to provide us feedback on this training. Your feedback on the following questions will be used to:

- Impact the ECIT training curriculum
- Identify ways to improve the ECIT program
- Plan future follow-up trainings for ECIT officers

Important to note:

- This survey is anonymous. The Bureau relies on your honest and candid answers to improve the training provided to you in the future to best meet your needs. Thus the Bureau asks that you please respond to the following questions.
- Because the evaluation survey is anonymous, the contents, if released by the Bureau, cannot be attributed to any one person.
- 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	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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since the ECIT training, I feel more confident in my ability to handle situations involving people in a behavioral health crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ECIT training has improved my ability to effectively engage with family members and/or care providers during a behavioral health crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- ☐ Communications / De-escalation training
- ☐ Group discussions with consumers
- ☐ Risk assessment training (e.g. analyze dispatch calls, key questions and continuous assessment)
- ☐ Site visits
- ☐ Systems information (e.g. information about mental health systems such as resources, jail mental health, mental health court, etc.)
- ☐ Tactical training (e.g. disengagement, developing a plan, determine safe time, place, and location)
- ☐ Suicide Intervention
- ☐ Other

## Site Visit Presentations

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

- ☐ No  
☐ Yes

Please mark:

- which sites 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.

	Brought someone to site	Referred someone to site	Helpful to learn about
Unity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cascadia Urgent Walk-In Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golden West	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Star (NAMI)	<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:

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
My supervisor(s) are very supportive of the ECIT program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor(s) allow me the needed time and resources to respond to ECIT calls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor(s) allow me the needed time and resources for training pertaining to ECIT.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My peers are very supportive of the ECIT program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most officers understand the role of the ECIT officers and what services they provide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most sergeants understand how to utilize ECIT officers as the "primary communicator" on calls involving a behavioral health crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most sergeants understand how to utilize ECIT officers in a "coach role" on calls involving a behavioral health crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another officer requested an ECIT officer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-initiated response as an ECIT officer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree	N/A
When I attend a call as an ECIT officer, there is confusion as to whether I or the primary officer should lead the call.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am reluctant to respond to a call as an ECIT officer without being requested.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*If you agree with the above statement, please mark all that apply.*

**I am reluctant to respond to these calls because:**

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

**Calls Related to Suicide**

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

- ☐ No
- ☐ Yes

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

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?

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