

Portland Tribune

Experts say police training flawed

Recent shootings involving mentally ill raise questions about program

BY PETER KORN

The Portland Tribune, Jan 13, 2011

With increasing attention focused on Portland police in recent weeks, a number of local and national experts on police interactions with the mentally ill tell the Tribune that Portland's model for de-escalating tensions between the police and people with mental illness is off track.

The Police Bureau's Crisis Intervention Team (CIT) program, they say, is training the wrong officers at the wrong time, and has forgotten the principles that its founders borrowed from other successful programs.

These comments are especially significant because Portland police have shot eight people since the start of 2010 (including two shootings already in 2011), and as many as seven of the eight victims were likely suffering from mental illness or addiction.

Those numbers represent a huge jump from previous years, and relative to what most other West Coast cities are experiencing. A 2010 San Francisco Police Department study, for instance, found police there had shot 15 people during a five-year period. Five of those people had mental illness. Previous to 2010, Portland was averaging just over three police shootings per year.

In an interview on Monday, Portland Police Chief Mike Reese defended the CIT program and told the Tribune that he believed officers followed their training in all the 2010 and 2011 shootings.

"If you look at those cases, officers used good tactics, they tried to de-escalate, they tried the less lethal option, and those things didn't work," Reese said.

Nevertheless, Reese said he has assigned staff to look at what other cities are doing in their Crisis Intervention Team programs. He said he expects a report on potential changes to the Portland CIT program within a week.

Portland's program has evolved

Jason Renaud, a longtime local mental health advocate, said he supports the current makeup of the Portland CIT program, but that the recent shootings suggest police officers are not talking all its lessons to heart.

"They must not be following the training because these events are still happening," said Renaud, a member of the Mental Health Association of Portland.

The Crisis Intervention Team program is intended to build a strong working relationship between the police and members of the mental health community. But in a recent survey of the Mental Health Association's supporters, most said that if a family member were experiencing a mental health crisis, they would not call the police.

That attitude contrasts dramatically with the attitude in cities such as Memphis, Tenn., where Crisis Intervention Team programs have most notably thrived, and where calling for a police CIT officer is akin,



L.E. BASKOW / TRIBUNE FILE PHOTO

Portland Police recruit Marius Tecoanta keeps his hands on his head while being assisted from his vehicle by fellow trainee Charles Asheim in 2008. Portland provides Crisis Intervention Team training to its new recruits — while some cities prefer to only train more experienced officers.

some say, to calling a mental health professional.

When Portland decided to institute a CIT program under Police Chief Charles Moose in the mid-1990s, it used the Memphis program as its model and brought in as a consultant Sam Cochran, the coordinator of the Memphis program. But Cochran said Portland's program has changed considerably since he was involved.

The most dramatic change reflects an evolving underlying philosophy here. After the death of James Chasse in 2006, Portland chose to provide CIT training to all its police officers.

| Portland police shootings | | |
|----------------------------------|------------------|------------------------|
| YEAR | SHOOTINGS | SHOOTING DEATHS |
| 2010 | 6 | 5 |
| 2009 | 1 | 1 |
| 2008 | 2 | 2 |
| 2007 | 2 | 1 |
| 2006 | 5 | 3 |
| 2005 | 9 | 5 |
| Total | 25 | 17 |

SOURCE: CITY OF PORTLAND • Recent shootings involving the mentally ill have raised questions about the Police Bureau's Crisis Intervention Team (CIT) program.

That decision, by itself, isn't a problem, Cochran said. But the Memphis model is based on having an elite CIT squad, similar to a SWAT team, for dealing with incidents involving mental illness. Memphis Crisis Intervention Team members wear special pins above their uniform nameplates that identify them as CIT officers, and Cochran and others say just seeing that pin on a responding officer's uniform can help calm a situation.

That's because of the level of awareness and trust that has developed between the Memphis mental health community and the specialized CIT officers, Cochran said.

"They know that's their officers," he said.

In choosing to train all its officers in crisis intervention, but eliminate what was once a special unit, Portland has eaten away at that partnership, according to Cochran. More training, though a classic American fix, won't solve the problem, he said.

"Our culture is about you fix everything with training," Cochran said. "CIT is more than a training program. In many ways it's about changing the hearts of people."

Cochran said Portland is training its officers in CIT at precisely the wrong time — when they arrive fresh out of the police academy. That's when Portland officers get 40 hours of training. Cochran said most new officers are too eager to break down doors and get bad guys, and too inexperienced in dealing with the mentally ill, for the CIT training to make a significant impact on their attitudes.

In Memphis, only about 225 of 1,400 police officers are CIT trained. That number, Cochran said, is based on officer suitability, not a quota. Memphis CIT police officers must display the personality to work with the mentally ill and a desire to work with the larger mental health community.

Those officers work regular police shifts, but are sent to take command of situations when an incident occurs involving someone with mental illness. Often the subject of a call, if a long-term mental illness sufferer, recognizes the CIT officers, and the officers are familiar with him or her, which makes de-escalation easier.

The Memphis CIT officers are constantly gaining experience in dealing with people with mental illness, but even so, the Crisis Intervention Team program requires them to receive retraining every 18 months to learn the latest approaches in dealing with mental illness. Portland has no CIT retraining after officers receive their initial 40-hour course.

Cochran said that prior to instituting its CIT program, Memphis police had three shootings involving people with mental illness in an 18-month period. Today, he said, it is “very infrequent” for a Memphis officer to shoot someone with mental illness. The Memphis Police Department, however, was unable to provide precise numbers.

Veteran officers can hear the message

Portland’s CIT program was set up in the mid-1990s to follow the Memphis model. Cathy Horey, who worked alongside Cochran when Portland was setting up its program, said CIT was achieving its goal of bridging the divide between the police and mental health patients and advocates. Mental health advocates were taking ownership in the CIT program and participating heavily in training police officers, she recalled.

That partnership with the mental health community doesn’t exist anymore, Horey said, now that the emphasis is on training every officer. Without it, she said, the essence of CIT — which involves working with mentally ill citizens before a potentially violent crisis erupts — gets lost.

“It has to be that way or it’s not going to work,” Horey said of community involvement.

Horey, a psychiatric social worker, said her experience training Portland police officers in the early days of the CIT program taught her that training new recruits is a mistake.

“If you don’t put the CIT training into experienced officers it doesn’t do any good,” she said.

Horey said that prior to the decision to train all officers, there were about 180 on Portland’s CIT team, and those officers were becoming expert at defusing crises. She said she argued for not changing the program.

“You don’t have to re-invent the wheel,” Horey said, regarding possible improvements. “You just have to take everything that was given to (the Police Bureau) in 1995 and put it into place again.”

Whether any of the shootings of the past year could have been prevented is a topic of debate within the Portland mental health community. But community mental health services have been reduced in recent years and likely will be reduced even further in the next Multnomah County budget. According to Chief Reese, Portland police officers are involved with someone undergoing an emotional or mental health crisis “every hour of every day.” Most in the mental health community expect those numbers will only increase.

“It’s reasonable to expect there will be additional crises,” said Doris Minard, a member of the Portland CIT citizen’s oversight committee. “It’s a shame to our community. We can afford bike paths. Can we afford proper treatments? Where are our priorities?”

-peterkorn@portlandtribune.com

Police aim for body mass

When police shoot, they are likely to kill.

In at least two of the 2010-11 Portland police shootings, suspects advanced with knives or in situations that, to some, did not appear to immediately endanger police. Yet when they shoot, police are trained not to shoot to disable, but to shoot for a suspect’s chest — the large body mass that increases the chance that a bullet will hit its mark. It also increase the chance that a suspect will be killed.

Portland police fired their weapons 25 times in the six years prior to 2011, and 17 times a suspect was killed. That includes two times when police “accidentally discharged” their weapons.

Shooting toward the chest is absolutely necessary and standard police protocol, says Portland Police

Chief Mike Reese.

“If an officer is in a situation where their life or the life of a community member is at stake, they’re shooting to stop that threat,” Reese says. “It’s unrealistic to think we’re going to shoot the knife out of somebody’s hand, or shoot somebody in the foot, when you’ve got a moving target.”

— *Peter Korn*

Lack of data limits police CIT efforts

The Portland Police Bureau may have a large number of officers trained in crisis intervention, but one thing police are lacking is data to help guide the Crisis Intervention Team program.

The bureau doesn’t keep data on how its officers interact specifically with subjects with mental illness, so it doesn’t know, for instance, if use of force is up or down in the years since all officers received CIT training. The department also doesn’t know if officers are dealing with many more people suffering mental illness than they were a few years ago. There are a couple of reasons for the lack of information, according to police officials.

First, 9-1-1 operators, when they initiate police responses, don’t know whether the incident involves someone with mental illness. Second, police officers on their post-event reports are not required to say whether they thought subjects had mental illness. Also, says Greg Stewart, a sergeant in the crime analysis unit, hospital and emergency department data that could later reveal whether a subject had mental illness is generally off limits to police because of strict state privacy laws.

Most officers, Stewart says, are not qualified to judge whether a person had mental illness, or was, instead, suffering from substance abuse or even a traumatic brain injury.

But Thomas von Hemert, CIT coordinator for a nine-county area that includes Charlottesville, Va., says keeping good data is critical to running an effective CIT program.

Von Hemert says many police departments place too much emphasis on training as a component of CIT, and don’t adequately look at other elements, such as how resources are being spent.

In Virginia, 9-1-1 dispatchers are trained to ask callers if the subject of the call has a history of mental illness so that a CIT-trained officer can be immediately assigned. In addition, when a police officer finishes paperwork on a case, he or she is required to note whether the case involved mental illness and whether the subject was transported to jail or a hospital or home.

As a result, the Charlottesville-area CIT program has a wealth of data. Some of it shows that arrests and use of force on people with mental illness are way down since CIT was initiated. It also shows that it has been five years since police shot someone with verifiable mental illness, von Hemert says.

The tracking system also lets police know how often officers are taking subjects with mental illness to jail and how much money county jails are spending on medicine and psychiatric services for people brought in by police.

All of which is critical in establishing better relationships with people in the mental health community and guiding policy, according to von Hemert.

“If you can’t measure it, you can’t manage it,” he says.

— *Peter Korn*