

MENTAL HEALTH TASK FORCE – SUMMARY OF TRAINING RECOMMENDATIONS



BASIC TRAINING

The Task Force recommended the following changes to the Basic Police Academy which were proposed and approved by the Board on Public Safety Standards and Training:

- Improved sequencing of 25 dedicated training hours; delivered in 2-4 hour sessions throughout the 16-week academy program.
- Addition of a 2-hour course on legal considerations related to interactions between law enforcement officers and persons with mental illness.
- Addition of 4 hours of scenario-based training focused on de-escalating a person in crisis.
- New content related to addiction and expanded discussion on co-occurring disorders.
- Information on trauma-informed care integrated into the curriculum.
- Addition of NAMI's "In Our Own Voice" program as an optional training for students to interact with individuals living with mental illness.

Basic Police Mental Health Series



NOTE: Specific curriculum information is located in *Appendix A* of this document.

IN-SERVICE TRAINING

The Task Force recommended the following changes to Oregon Administrative Rule related to the maintenance training standards for certified law enforcement officers:

OAR 259-008-0065

Rule Caption

Adds 3 hours of Mental Health/Crisis Intervention related training to law enforcement certification maintenance training.

Rule Summary

This proposed rule change applies to currently employed and certified law enforcement officers which includes police officers, corrections officers, parole and probation officers and OLCC regulatory specialists.

On July 27, 2017, the Board on Public Safety Standards and Training adopted a recommendation that designates three hours of the maintenance training requirements to mental health/crisis intervention related training. Implementation of the change to the law enforcement officer maintenance training requirements will be modeled after the current maintenance training standards.

- The three hours of mental health or crisis intervention related training will be a part of the three year maintenance cycle and not above and beyond the 84 hours required.
- The title of the training category allows for a broad range of topics within mental health or crisis intervention.
- The employing agency will maintain discretion on selection of training topics, how training is delivered, and if the training takes place as a lump sum total at one time or in smaller time allotments.

The proposed rule change includes a phasing in period that will transition the training from recommended training to required training by January 1, 2020.

CRISIS INTERVENTION TEAM (CIT) TRAINING

The Task Force recommended that Oregon law enforcement leaders, as well as the Oregon Association of Chiefs of Police and the Oregon State Sheriff's Association, support a mandatory definition that Crisis Intervention Team (CIT) training in Oregon should include the curriculum elements defined by Oregon's CIT Center of Excellence (CITCOE).

NOTE: Specific curriculum information is located in *Appendix B* of this document.

APPENDIX A

**STATE OF OREGON
DEPARTMENT OF PUBLIC SAFETY STANDARDS AND
TRAINING**

Basic Police Mental Health

2017 CURRICULUM OVERVIEW

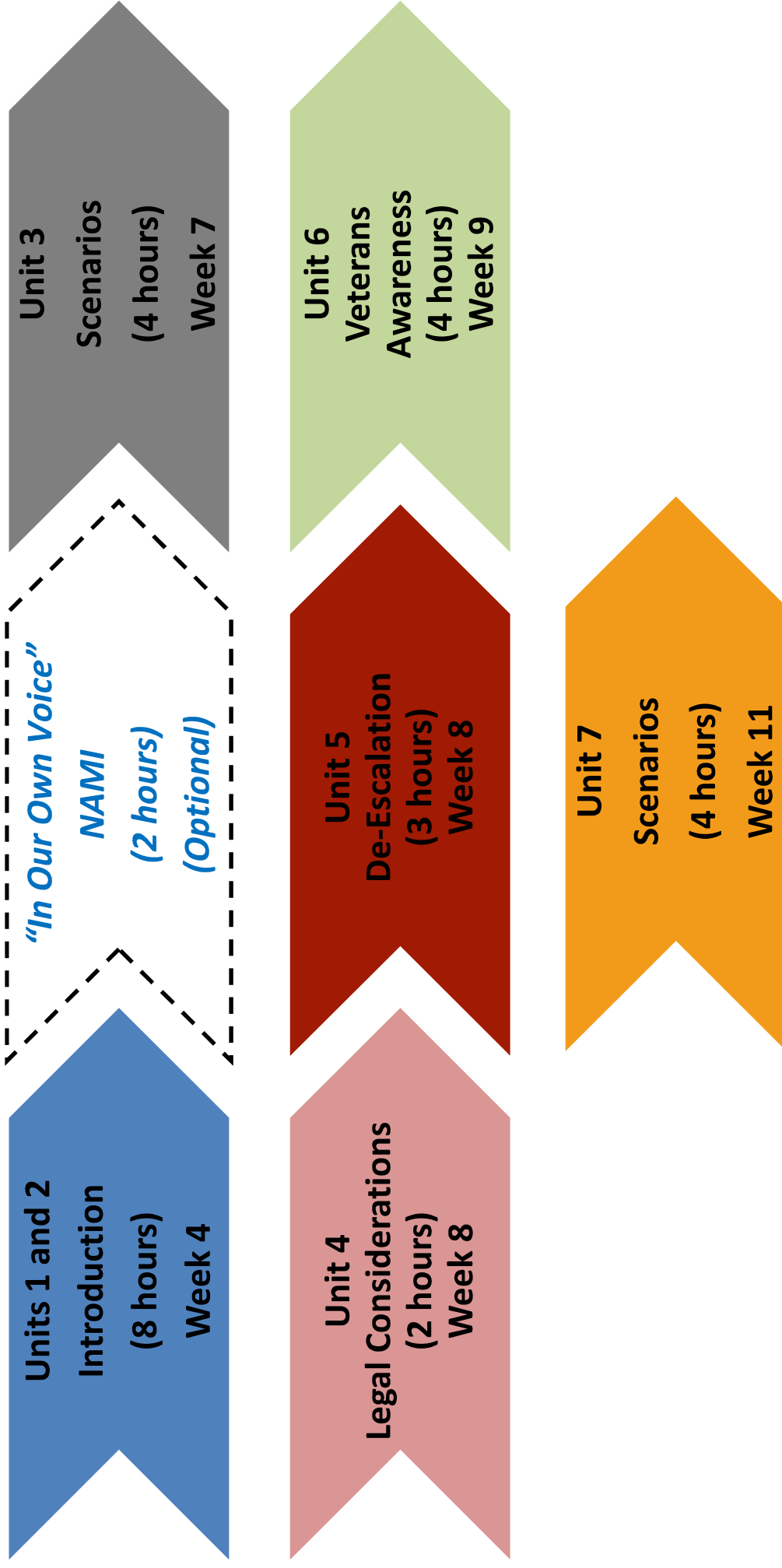




PROGRAM CHANGES – “AT A GLANCE”

- Improved sequencing of 25 dedicated training hours; delivered in 2-4 hour sessions throughout the academy
- Addition of 2-hour course on legal considerations related to interactions between law enforcement officers and persons with mental illness
- Addition of 4 hours of scenario-based training focused on de-escalating a person in crisis
- New content related to addiction and expanded discussion on co-occurring disorders
- Information on trauma-informed care integrated into curriculum
- Addition of NAMI’s “In Our Own Voice” program as an optional training for students; provides an opportunity to interact with individuals living with mental illness

Basic Police Mental Health Series





Acknowledgments

This 25 hour Basic Police Mental Health curriculum was developed for basic police officers by mental health and law enforcement professionals. This effort is a direct result of work done by the Mental Health Workgroup lead by the Oregon State Sheriff's Association and the Oregon Association Chiefs of Police. Numerous individuals provided valuable contributions to this successful curriculum revision, and the agencies they represent reflect the demographic diversity of Oregon's communities.

Mental Health Work Group Leadership

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Basic Police Mental Health Units 1 & 2

Introduction

TIME: 8 hours

LEARNING GOAL:

This course is designed to develop a new police officer's understanding of behaviors commonly associated with mental illness, addiction, trauma and developmental disabilities.

LEARNING OUTCOMES:

<i>Following instruction, students will be able to:</i>	
<ul style="list-style-type: none">• Recognize how stigma impacts mental illness and addiction.• Describe behaviors commonly associated with mental illness, addictions, trauma and developmental disabilities.• Identify potential barriers to communication with a person experiencing a mental health crisis.	

UNITS 1 AND 2 OUTLINE:

- I. Mental Health – General
 - a. Stigma
 - b. Current Statistics
 - c. Overview of Statutory references
- II. Observable Behaviors
 - a. Recognizing behaviors associated with mental illness
 - b. Behaviors in a crisis
 - c. Overview of major mental illnesses
 - i. Schizophrenia and psychotic disorders
 - ii. Depression
 - iii. Bipolar Disorder
 - iv. Anxiety Disorders
- III. Trauma
 - a. Common reactions to crisis or trauma
- IV. Substance Abuse
 - a. Behaviors associated with addiction
 - b. Co-occurring Disorders
- V. Suicide
 - a. Identifying persons at risk



STATE OF OREGON

DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING

2017 Basic Police Mental Health Curriculum

- b. Intervention
- VI. Disabilities
 - a. Intellectual Disability
 - b. Autism
 - c. Dementia



Basic Police Mental Health Unit 3

Scenarios

TIME: 4 hours

LEARNING GOAL:

This course is designed to provide a new police officer an opportunity to apply their knowledge of mental illness, addictions, trauma and developmental disabilities in a scenario.

LEARNING OUTCOMES:

<i>Following instruction, students will be able to:</i>
<ul style="list-style-type: none">• Identify that a person is likely experiencing a mental health crisis.
<ul style="list-style-type: none">• Develop an appropriate intervention strategy based on observed behaviors related to a mental health crisis.

UNIT 3 OUTLINE:

- I. Scenarios
 - a. Review Units 1 and 2
 - b. Recognizing behaviors associated with:
 - i. Mental illness
 - ii. Substance Abuse
 - iii. Crisis/Trauma
 - iv. Disabilities



Basic Police Mental Health Unit 4

Legal Considerations

TIME: 2 Hours

LEARNING GOAL:

This course is designed to develop a new officer's understanding of state and federal statutes and case law related to interactions between law enforcement officers and people with mental illness.

LEARNING OUTCOMES:

<i>Following instruction, students will be able to:</i>	
•	Describe an officer's authority under ORS 426.228
•	Articulate significant case law principles impacting interactions between law enforcement and mentally ill persons
•	Describe the significance of the Americans with Disabilities Act, as it relates to law enforcement interactions with mentally ill persons
•	Identify those circumstances where possession of firearms by a mentally ill person is prohibited by law and/or by court order

UNIT 4 OUTLINE:

- I. Custody of persons in need of emergency care and treatment – ORS 426.228
 - A. Discretionary peace officer custody
 - B. Mandatory peace officer custody – “Director’s hold”
- II. Selected cases - Use of force and persons with mental illness
 - A. Deorle v. Rutherford
 - B. Hayes v. San Diego
 - C. Glenn v. Washington County
 - D. Sheehan v. City and County of San Francisco
- III. Discussion: The Americans with Disabilities Act
 - A. Basic protections
 - B. Rights related to contact with peace officers
- IV. Firearms prohibitions
 - A. ORS 166.250 – Unlawful possession of a firearm
 - B. ORS 426.130 – Civil Commitment
 - C. ORS 426.133 – Assisted Outpatient Treatment



Basic Police Mental Health Unit 5

Crisis De-escalation

TIME: 3 hours

LEARNING GOAL:

This course is designed to develop a new police officer's understanding of crisis and de-escalation techniques.

LEARNING OUTCOMES:

<i>Following instruction, students will be able to:</i>
<ul style="list-style-type: none">• Describe the Crisis Cycle
<ul style="list-style-type: none">• Identify behaviors associated with a person in crisis
<ul style="list-style-type: none">• Identify potential barriers to communication with a person experiencing a mental health crisis.
<ul style="list-style-type: none">• Demonstrate de-escalation skills.

UNIT 6 OUTLINE:

- I. Review of Units 1-5
- II. Overview of crisis
 - a. Crisis Cycle
 - i. Normal Baseline
 - ii. Stimulation
 - iii. Escalation
 - iv. Crisis
 - v. De-escalation
 - b. Observable behaviors commonly associated with a mental health crisis
- III. De-escalation
 - a. Non-verbal de-escalation techniques
 - i. Breathing
 - ii. Body language
 - b. Verbal de-escalation techniques
 - i. Active Listening
 - ii. Grounding



Basic Police Mental Health Unit 6 Veterans Awareness

TIME: 4 hours

LEARNING GOAL:

This course is designed to develop a new police officer's ability to recognize that a person in crisis may be a Veteran and to apply Veteran specific strategies and resources.

LEARNING OUTCOMES:

<i>Following instruction, students will be able to:</i>	
•	Describe Post Traumatic Stress Disorder and Traumatic Brain Injury.
•	Describe Readjustment challenges a Veteran may experience when re-entering civilian life.
•	Identify strategies to consider when interacting with Veterans.
•	Identify general Veteran specific resources.

UNIT 5 OUTLINE:

- I. Review Units 1 – 3
- II. Military 101
 - d. Overview of active duty, National Guard and Reserve
 - e. Females
 - f. Contractors
- III. Deployment
 - a. Global War on Terrorism
 - b. Combat Stressors
- IV. Post-Traumatic Stress Disorder
 - a. Diagnostic Overview
 - b. Symptoms
- V. Traumatic Brain Injury
 - a. Diagnostic Overview
 - b. Symptoms
- VI. Strategies
 - a. Awareness – identifiers
 - b. Strategies for working with Veterans
 - c. Grounding
 - d. Resources



Basic Police Mental Health Unit 7 Scenarios

TIME: 4 hours

LEARNING GOAL:

This course is designed to provide a new police officer the opportunity to apply de-escalation techniques and strategies in a scenario

LEARNING OUTCOMES:

<i>Following instruction, students will be able to:</i>
• Identify that a person is likely experiencing a mental health crisis.
• Demonstrate an appropriate strategy based on observed behaviors related to a mental health crisis.
• Demonstrate the ability to adapt an approach appropriately for a dynamic interaction with a person in mental health crisis.

UNIT 7 OUTLINE:

- I. Scenarios
 - a. Review of Units 1-5
 - b. Applying knowledge to identify behaviors in a mental health crisis
 - c. Applying strategies to de-escalate a person experiencing a mental health crisis



STATE OF OREGON

DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING

2017 Basic Police Mental Health Curriculum

Basic Police Curriculum Change

The Training Division requests the approval of the Police Policy Committee to make the following adaptations to the Basic Police curriculum to accommodate the proposed 2017 Mental Health curriculum:

Replace the scenario block “Unattended Death Scenarios” with “Mental Health Scenarios”

Rationale:

DPSST’s Tactical Section completed a review and proposed reorganization of scenario training blocks within the basic academy.

Several mental health related scenarios were dispersed throughout general scenario blocks such as Solo Officer Response and Patrol Week. The group identified that scenarios related to unattended death investigations could be dispersed into these general blocks instead, therefore affording dedicated time and consistency for scenarios related to mental health response.

Synopsis:

TRAINING COURSE	ORIGINAL HOURS	PROPOSED HOURS	CHANGES
Unattended Death Scenarios	4	0	-4 *
Mental Health Scenarios	4	8	+4

* Specific scenarios retained and redistributed within other training blocks

APPENDIX B



Oregon CIT Core Elements

This training Curriculum is adapted from the “Memphis Model” and Crisis Intervention Team (CIT) Trainings throughout the country. A CIT program is multifaceted. The training component addressed in this document is only one part of a complete CIT program. Presentation samples were provided by CIT programs in Columbia, Deschutes, Douglas, and Umatilla Counties in Oregon as well as the nationally awarded Memphis, Tennessee and Charlottesville, Virginia CIT programs.

The training emphasizes a better understanding of mental illnesses, including substance use disorders and how it affects a person’s life. The course increases communication skills, using both practical experience and role-playing. Class participants are introduced to local mental health professionals, consumers and family members both in the classroom and in the field during site visits.

This 40 hour intensive training program provides a common base of knowledge about mental illness and gives the participants a basic foundation from which to build. The course is intended to provide officers and first responders with the skills to:

- Recognize signs and symptoms of mental illness and co-occurring disorders
- Recognize a mental health crisis situation
- Verbally de-escalate mental illness crisis – when safe and appropriate
- Know local resources on where to take consumers in crisis
- Learn about jail diversion options
- Know what the appropriate steps to follow up are, such as contacting case managers and providing families with community resources.
- Learn how to problem-solve with the treatment system

The curriculum outlined below allows flexibility for each community to develop aspects, needs and resources unique to their community.

Creating a CIT program and making it available to agency members can be challenging. The course information provided in this document is based on the training element of the “Memphis Model” and is what is commonly recognized as CIT training. All agencies should be providing some level of training to their staff on information, tactics and techniques for safely and effectively responding to incidents involving those experiencing a mental health crisis but not all agencies can effectively make CIT training available to their staff.

Suggested CIT Core elements of the Memphis Model include:

Mental health – 13 hours

- a) Severe, persistent Mental illness
- b) Child and youth, adolescence
- c) Special focus issues – including suicide and PTSD
- d) Substance use disorder
- e) Assessment and commitment
- f) Crisis cycle
- g) Stress first aid
- h) Cognitive Disorders

Community Support – 6 hours

- a) Cultural Awareness & diversity
- b) Veteran's Perspective
- c) Community Resources
- d) Advocacy/Perspective

De-Escalation – 9 hours

- a) Verbal de-escalation
- b) Law Enforcement tactics
- c) Scenario Discussion
- d) Scenarios and role plays

Site Visits – depending on local resources, 2 – 6 hours

- a) Psychiatric hospital
- b) Veteran's centers
- c) Day treatment programs
- d) Homeless programs
- e) Outpatient treatment
- f) Foster home/treatment homes

Law Enforcement – 4 hours

- a) Policy and procedures
- b) Liability
- c) Officer Wellness
- d) Mental health courts/jail diversion programs

Research and Systems –

- a) CIT overview
- b) Evaluation of the training
- c) Administrative tasks

Core CIT Curriculum Classes (Total Hours = 40)				
Recommended Courses (32 – 34 hours)	Minimum Hours	Maximum Hours	Example 1	Example 2
Age related disorders	1		1	1
Cognitive Disorders	1		1	1
Community Resources	1		1	1
De-Escalation Role Plays	4		3	3
De-Escalation Strategies and Techniques	4		4	4
Graduation & CIT Evaluation	1		2	1
Lived Experience Panel (s)	2		2	3
Medication	1		2	1
Officer Wellness	1		2	1
Overview of CIT	1		1	1
Overview of Civil Involuntary Detention Laws and Liability	1		2	1
Overview of Mental Health Disorders	1		3	2
Site Visits	2		2	2
Substance use/Co-Occurring Disorders	1		2	1
Suicide Intervention	1		2	1
Veterans' issues and PTSD	1		2	2
Youth Intervention	1		2	1
The Minimum number of recommended class hours is 32. (6 additional hours from the above list are necessary to reach the 32 hour minimum)				27
The Maximum number of recommended class hours is 34 (no more than 8 additional hours from the above list are allowed to reach the 34 hour maximum)			34	

Elective Courses (6-8 Hours)	Minimum Hours	Maximum hours	Example 1	Example 2
Autism Spectrum Disorder	1			
Bipolar Disorder	1			
CIT from the Officer (s) Point of View	1			
Eating Disorder	1			
Excited Delirium	1		1	1
Guardianship and Power of Attorney	1			
Homelessness	1			
Inpatient Hospital Assessment Process	1			1
Jail Diversion	1			
Law Enforcement Suicide	1			
Mental Health First Aid for Law Enforcement	6	8		7
Mood Disorder	1			
Networking Lunch (local sponsorship required)	1		2	2
Personality Disorders	1			
Psychosis Simulator	1		1	
Reducing Stigma	1			
Specialty Courts	1		1	1
Suicidal vs. non-Suicidal Self-Harm	1			
Suicide by Cop	1			1
Supervision of CIT Officers/report writing/ data				
Synthetic Drugs	1			
Trauma Informed Care	1		1	
Veteran's Perspective	1			
Select at least 4 classes from the list to equal up to 8 hours				
The Minimum number of elective class hours is 6	6		6	13
The Maximum number of elective class hours is 8		8		
Total hours			40	40

**Achievement of the minimum/maximum recommended hours may be acquired throughout the training over several presentations. EX: De-escalation techniques may be included in the Autism Spectrum Disorder for specific ways to help de-escalate an individual with Autism.*

Training can be provided on any of the topics listed above but in and of itself cannot be considered CIT. Some training is better than no training at all, however. In addition to specific topic based training from those listed, there are also structured programs available which can provide a basic awareness of mental illness. As an example, "Mental Health First Aid", which is a curriculum developed by the National Council for Behavioral Health, has been used to effectively train criminal justice professionals to recognize behavior commonly associated with mental illness.