Communicating with people who think differently

DRAFT - seeking input from PAC members

Jason Renaud - Portland Accountability Commission November 2022

As the Police Accountability Commission is considering how to engage with people who bring forward allegations of police misconduct, I've heard the question, how can the Police Accountability Board communicate effectively with people who have symptoms of mental illness - and other people who think differently?

Portland Police Bureau data has consistently shown that people with mental illness are most harmed by police. Even after several years of policy changes and millions of dollars spent on consultants and training, the PPB's "pattern and practice" of force found in the 2014 investigation by the US Department of Justice, persists, has increased, and the severity of harm has also increased.

Further, the Independent Police Review does not accommodate people with mental illness. They hire no knowledgeable staff, keep no inclusive data, provide little communication method flexibility, and anecdotally we know of no person with mental illness whose complaint has been found valid. The case of Matt Klug, with a video of the assault, physical evidence of violent misconduct, twenty-three months of review, and no officer was held to account, exemplifies their stiff barrier to safety.

For definition, PPB makes three distinct categories of persons in their data collection (in addition to all sorts of routine demographic data). They are **Mental Illness**, **Transient**, and **Alcohol and Drug**.

Mental Illness is selected as an option in data collection by officers for both real and perceived mental illness. The Settlement Agreement in *US DOJ v City of Portland* also has a very wide definition of mental illness:

> "Mental Illness" is a medical condition that disrupts an individual's thinking, perception, mood, and/or ability to relate to others such that daily functioning and coping with the ordinary demands of life are diminished. Mental illness includes, but is not limited to, serious mental illnesses such as major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder ("OCD"), panic disorder, posttraumatic stress disorder ("PTSD"), and borderline personality disorder. Mental illness includes individuals with dual diagnosis of mental illness and another condition, such as drug and/or alcohol addiction.

The term **Transient** is used by PPB to identify people who do not have a fixed address. As we know from media reports, about half the people arrested in Portland are identified as homeless, in this case **Transient**, and a high rate of contact between any group and police may result in an increase in complaints. A high percentage of people who are chronically homeless also have

the ailments in the definition above. Experts are unclear on the exact amount - but somewhere between 50% and 80% is a good guess.

If an officer toggles **Alcohol and Drug** they may be indicating addiction - or over-use of substances. Either one may lower impulse control and cause behavior to draw the attention of police.

Experts are unclear about the percentage of people arrested who are impacted by these and additional ailments - especially in the areas of trauma, personality disorders, autism, or intellectual disabilities. The percentage may be as low as 60% or as high as 100% of those arrested exhibit symptoms of these ailments.

It's unknown how these three categories are kept distinct from each other since many of one category might also qualify or be confused for another. So in general the independent data scientists who have looked at PPB data consider the output both muddy and alarming.

Recommendations

PAB should employ a full-time trainer. That trainer could assure quality work from PAB staff and volunteers, onboard new board members, and also educate outside allies about the work of the PAB, allies such as PPB, the city human resources department, risk management department, city attorney's office, district attorney, organizations representing police officers, etc. A trainer could also provide coaching for distinct situations, and secure additional outside training. The purpose is to provide ongoing training and coaching staff about helping people who communicate differently than individual staff members. This person should have an advance degree in adult education or psychology with experience providing quality assurance.

PAB should employ people with lived experience of mental illness and addiction as Service Navigators. These people may have additional qualities - example, they may speak Spanish or Russian - but establishing credibility and authenticity is essential to resolving conflict and reducing trauma. Those persons should be state certified peer support specialists or other qualified traditional healthcare workers.

All PAB staff should be available to act as Service Navigators. Once assigned to a complainant, that staff person is the complainants primary contact until their complaint is resolved. Navigation may be a full time effort, or infrequent - based on other tasks and that staff person's lived experience, cultural competency, language ability, or other distinct engagement skill. The PAB may also utilize community volunteers - including Board members - as Service Navigators, or hire contract workers with unique skills as Service Navigators. Service Navigators could start and finish intakes, be available to resolve bureaucratic problems, answer questions, make introductions, arrange mediation, keep notes, attend meetings with the complainant and debrief afterward. When a Service Navigator, staff is always an ally of the complainant. Service Navigators should never treat complainants merely as a *means to an end*, but always as *ends in themselves*.

The **PAB should employ staff with advanced skills in outreach and community engagement**, have a line item in the budget to purchase advertising to connect to over-policed communities, and within a couple of years set goals for outreach.

PAB should offer complainants a variety of methods to communicate - including by letter, email, voice mail, face to face conversation, telephone conversation, through intermediaries, by the person harmed, by a witness, by a friend or family member, by a citizen. The COCL has recommended a QR code leading to an engagement survey be included on officer business cards. The PAB should promote the ability to make an allegation, who and where to make a complaint, identify staff and outside support provided to complainants, describe the timeline for a complaint to be resolved, and publish an annual outside report on the outcomes and others.

During the intake the **PAB should be entirely transparent regarding all reporting-related policies and procedures**, including risk assessment, triage, and any external reporting. Staff should be open about their perspective in respect to the incident and the surrounding persons. Staff should avoid privileging any single explanatory framework by asking questions, expressing interest, and resisting the tendency to relabel experiences. The tools used for messaging should have a periodic review and refresh standard using people with lived experience to gauge effectiveness.

PAB staff should be trained and supported in the validation of structural violence, fully acknowledging the impact of violence including racism and harm within the mental health and social service system. An example could be, when responding to allegations of racism by police (1) fully validating the reality of this experience, (2) communicating agreement that racist behavior is unacceptable, (3) joining with the complainant in strategizing direct action that might be taken (file complaint, public letter, mediation, etc.)

PAB staff should be trained to understand the impact of violence from authority, to understand the etiology of trauma as manifests to different people, and to recognize conflict, anger, confusion, inebriation, quitting, delusions, anxiety, exhaustion, dishonesty, and a myriad of other responses are natural expressions of trauma. PAB staff should recognize that imprisonment in jails, hospitals, and prisons cause trauma resulting in doubt in the ability of government to hold staff - including police - accountable, anxiety, anger, reactivity, and a myriad of other responses.

The PAB should acknowledge fear of retaliation is a barrier to complaints. Police hold unique and extraordinary powers in our society and no group is more impacted than people with mental illness - who are routinely arrested and held indefinitely for symptoms of their illness. People with mental illness, along with their friends and family members, are both afraid of and dependent on police for mercy as police take action where local mental health services fail to act at all. Further, staff when working in the assigned role as a Service Navigator, should be free to say to complainants, "I'm with you," and act accordingly without fear of reprisal from PPB, or from city staff, elected persons, or others.

PAB should maintain an external contract to provide grief counseling for complainants with no wait time prior to intake, including triage and navigation to additional public or commercial services.

Browser-based case management software should be employed to track and report on multiple conversations with a single complainant with multiple staff members. Staff should be enabled and encouraged to accompany complainants, to walk with them through the duration of the complaint, to stand with, to witness, and be available to maintain connection after a board decision is made. Staff should anticipate conflict between staff and a complainant and assign the best staff person to accommodate the most needs possible.

Information should be provided to ALL persons contacting PAB which clearly lays out PAB decision making protocols, timelines, and accommodations. This information sheet should be reviewed and approved by people who identify with the ailments listed in the Settlement Agreement definition.

This memo does not replace additional information which the PAB staff should have continuing training and coaching about, including communication with people who have cultural difference from the majority, language difference, sensory disorders, disruptive and conduct disorders, autism spectrum disorders, intellectual disorders, brain injuries, neurocognitive disorders, extensive experience with homelessness, and personality disorders not mentioned in the Settlement Agreement. This memo does not foreclose additional staff training on institutional or systemic racism, on gender identity, on the influence of religion on behavior, on coercion and criminality, or other subjects which may impact interpersonal communication.