Portland Behavioral Health Unity Center Set to Open Soon

*Officer Jason Jones, CIT Coordinator, Portland Police Bureau*

The greater Portland metropolitan area welcomes the 2017 opening of Unity Center for Behavioral Health. Unity is a 24-hour behavioral and mental health services center that couples emergency treatment with a path to recovery. The Unity Center works with public safety agencies, mental health professionals, hospitals and voluntary patients. Unity team members include an array of psychiatric professionals who provide compassionate and expert care in a safe environment. Services consist of crisis stabilization, crisis intervention, medication management, crisis counseling, social work and family and peer support. Patients receive ongoing care plans for continuing treatment with the goal that every individual leaves Unity with a recovery plan in place. Unity is located at 1225 NE 2nd Ave, Portland, OR 97232. For more information, visit [https://unityhealthcenter.org/](https://unityhealthcenter.org/)
Agency Spotlight....

Agency Responds to Community Need

Officer Bo Rankin and Lt. Carolyn Mason, Eugene Police Department

In November of 2006, Eugene Police officers responded to a call from a family whose son was experiencing a psychotic episode. When officers arrived, the 19-year-old refused their orders, continuing to move towards them with the knife he was brandishing. Verbal commands and multiple bean-bag strikes did not stop the young man. Justifiably, deadly force was used.

The Eugene Police Department started holding CIT classes in December of 2008. The initial plan was to have an ad-hoc CIT team utilizing the officers who volunteered for this first class. Shortly after the initial class, Chief Pete Kerns mandated that all sworn officers would attend CIT training.

From 2008 to 2012, 40 hour CIT training, led by Sergeant Carolyn Mason, proceeded on a semi regular basis, never quite achieving the goal of training 100% of sworn officers. Sgt. Mason was involved in the early development of CIT at Eugene and had continued to be the go to person at EPD for mental health related situations. As a sergeant and after promoting, Lt. Mason continued to advocate for CIT training even as budgets became restrictive and EPD Sergeants did not volunteer to assist with the programming. In 2014, Lieutenant Mason worked with Lane County mental health partners to secure a state grant for jail diversion, which CIT training was part of.

With the grant in place, Sergeant R.A. Lewis from the Springfield Police Department, Sergeant Steve Sieczkowski from the Lane County Sherriff’s patrol division, Sergeant J.D. Olson of the Lane County Sheriff’s Office corrections division and Officer Bo Rankin from EPD volunteered to work on a multi-agency CIT program. The group sought input from community members, presenters and participants to improve every session. No two CIT sessions have been the same.

One of the CIT programs biggest supporters and regular presenter, Doctor Michael Leeds, has devoted countless hours to teaching CIT classes for EPD and for the Lane County Regional CIT program. Doctor Leeds has updated his presentations before every class and has engaged in group discussions about class content and class flow. He has been instrumental in guiding the development of our program.

Lane County Regional CIT has facilitated six CIT sessions since 2014, at one time reaching 100% CIT trained officers at EPD and increasing the number of sworn officers at both Springfield Police and the Lane County Sheriff’s Office. The classes have included participants from Oregon State Police, Florence Police, Junction City Police, University of Oregon Police and dispatchers from Central Lane 911, Lane Co. Sheriffs Office and Springfield Police.

We recognize that a CIT program does not exist merely to train officers in the 40 hour CIT class, but to include the community as a whole and develop relationships that benefit us all. All of us involved in the Lane County Regional CIT program are committed to furthering progress and look forward to developing new and interesting ways to share this information.
Legal Corner.....

HIPAA Disclosures to Law Enforcement

Tim Timmons, Privacy and Security Officer, Greater Oregon Behavioral Health, Inc.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule provides Federal privacy protections for individually identifiable health information, called protected health information or PHI, held by most health care providers and health plans and their business associates.

HIPAA applies to health plans and health care providers that conduct certain health care transactions electronically. In addition, HIPAA protects PHI held by business associates, such as billing services and others, hired by covered entities to perform services or functions that involve access to PHI. Many entities that may have health information are not subject to the HIPAA Privacy Rule, including employers, most state and local police or other law enforcement agencies, many state agencies like child protective services, and most schools and school districts.

The HIPAA privacy rules generally prohibit healthcare providers from disclosing protected health information to police or other law enforcement officials without the patient’s written authorization unless certain conditions are met. Subject to specific conditions contained in the Privacy Rule, disclosures to law enforcement are allowed without the patient’s authorization:

- To prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
- When a law requires the disclosure.
- To help identify or locate a suspect, fugitive, material witness or missing person, a provider may disclose limited information.
- To provide information about a person who is suspected of being a victim of a crime.
- To notify law enforcement about the death of an individual if the provider believes the death may have resulted from a crime.
- If the provider believes the information evidences criminal conduct on the premises.
- If, in the course of responding to an off-site medical emergency, provider personnel become aware of criminal activity, they may disclose certain information to law enforcement as necessary to alert law enforcement to the criminal activity.
- If a person affiliated with the provider is the victim of a crime, the person may disclose information necessary to report the crime to the police.
- If a person has admitted participation in a violent crime that a provider reasonably believes may have caused serious physical harm to a victim, a provider may disclose information to law enforcement necessary to identify or apprehend the person if the conditions in the Privacy Rule are met.
- To identify or apprehend an individual who appears to have escaped from lawful custody.
- To respond to a request from a correctional institution about an inmate or person in lawful custody.

Continued on page 4
Legal Corner.....

HIPAA Disclosures to Law Enforcement....continued from page 3

In order to disclose information about a decedent to medical examiners or coroners to assist them in identifying the decedent, determining the cause of death, or to carry out their other authorized duties. Before considering disclosures to law enforcement, providers should consider the following:

• If the law enforcement official making the request for information is not known to the provider, the provider must verify the identity and authority of such person prior to disclosing the information, e.g., by requesting identification.

• Except when required by law, a provider should limit disclosures to the minimum necessary. When reasonable to do so, the provider may rely upon the representations of the law enforcement official (as a public officer) as to what information is the minimum necessary for their lawful purpose.

If law enforcement does not fit within one of the exceptions allowing disclosures, the provider should explain the limits to law enforcement; however, the provider should not physically interfere with or impede law enforcement if they insist on accessing information over the provider's objection. Instead, the provider should attempt to take the matter to the officer's supervisor. In all cases, a provider should document the circumstances surrounding the disclosure to law enforcement in a log for accounting of disclosures.

Providers should consider whether other laws in addition to HIPAA limit disclosures, such as limits on disclosures for drug or alcohol treatment records (42 CFR part 2), attorney-client privilege; etc. Remember: to the extent a state law is more restrictive than HIPAA, providers are generally required to comply with the more restrictive law.

References:

HIPAA Privacy Rule - 45 CFR Part 160 and Subparts A and E of Part 164

—it’s time to register for the 2017 CIT International conference to be held in sunny Ft. Lauderdale Florida. For more information and to register, go to www.citconferences.org

The information provided in this newsletter does not constitute an endorsement by either DPSST or GOBHI.
CIT success....

Columbia County CIT

Christopher Hoover, Parole and Probation Officer, Columbia County Dept. of Community Justice

On 8/15/16, a man on felony probation reported to the Columbia County Department of Community Justice at 8:00 am to check in with his probation officer. This individual had been experiencing crisis in his daily life and had recently relapsed on methamphetamine. He was reporting daily to his probation officer and was working with his PO and Columbia Community Mental Health to secure a residential treatment placement to assist him in coping with his addiction. The morning of 8/15/16 was different however because his symptoms had become significantly more acute. This individual was experiencing panic, rage, fear, and extreme paranoia. The Columbia Community Mental Health crisis worker was contacted and responded to the Department of Community Justice to meet with the man in crisis. The individual continued to decompress and was becoming more agitated and dangerous. The Columbia County Sheriff’s Office and St. Helens Police responded to the Department of Community Justice when the individual became more delusional and uncooperative. The officers that responded to the scene had been CIT trained and utilized their training in a dangerous and potentially violent scenario. The situation was not resolved quickly but was resolved with patience and compassion. The individual in crisis was able to be taken into custody without the use of force and was safely transported by ambulance to Good Samaritan Hospital in Portland. The officers that responded to the call that day should be commended for their exceptional professionalism and conduct.

Ask CITCOE......

Dear CITCOE,

We have difficulty finding the time for scenarios in our CIT training. Is it really that important?

Concerned Coordinator

Dear Concerned Coordinator,

Scenario based training is integral to criminal justice training. In fact, as noted in the CIT Core Elements document, authored by Randy Dupont, Sam Cochran and Sara Pillsbury, scenarios are a critical element of the training component of any successful CIT program.

CITCOE

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National program spotlight

A Brief History & Current Status of New York’s CIT Program

By Don Kamin, Ph.D.

Like many in the nation, the first CIT program in New York was born out of tragedy. The deaths of individuals with mental illness during interactions with law enforcement was the impetus for the Rochester Police Department to partner with the County Office of Mental Health and others to develop the first CIT program in New York in 2004. The first year of operations saw significant reductions in use of force and injuries to both police and citizens during calls with emotionally distressed citizens.

While a handful of other programs developed across the state over the next decade, it wasn’t until 2014 that the New York State Senate allocated resources to develop a state-wide CIT program (that began in 2015). The State Office of Mental Health is the lead agency and works with a team of consultants.

Eight localities participated in the first year and an additional five were added in the second year. The third year launched in 2017 with nine localities. (The New York City CIT program is separate from the state-wide project described here).

The state-wide program is a multi-faceted initiative. The first step involves bringing together all the participating localities for a 2-day kick-off workshop. Each locality is required to send representatives from law enforcement, county mental health and consumers and/or advocates. The workshop provides an overview of the program and is a combination of presentations and small group exercises. We’ve been fortunate to secure the services of Major Sam Cochran as a plenary speaker for each of our kick-off workshops to date (As most readers of this newsletter know, Major Cochran was the Coordinator of the first team in the nation in Memphis and is the Chair of CIT International).

Following the workshop, Sequential Intercept Mapping is conducted in each locality. Communities are encouraged to begin addressing recommendations contained in the mapping report before the week-long training is scheduled. Technical assistance is offered to localities to help achieve recommendations they prioritize.

A core group of mental health clinicians and police officers conduct CIT training in each locality – adhering the state’s core curriculum. The training includes an overview of community services provided by local personnel. To reinforce the message that “CIT is more than just training,” a brief overview of the system recommendations from the mapping report is presented just prior to the local system overview. The system recommendations demonstrate the importance of ongoing collaboration to improve the local crisis response system. Funding provided by the State allows police departments to be reimbursed for overtime and backfill expenses incurred because of the training.

Consistent with a recent white paper by the National Council and CIT International as well as the International Association Chiefs of Police “One Mind Campaign”, each locality participating in the state-sponsored CIT program development is offered one day of Mental Health First Aid for Public Safety course for officers who have not undergone CIT training.

Current planning is underway to develop a ‘train-the-trainer’ program to help achieve program sustainability at the local level.

Dr. Kamin is the Director of the Institute for Police, Mental Health & Community Collaboration and a member of the Board of Directors of CIT International. He is based in Rochester, New York and is the lead consultant for New York’s CIT program. He can be reached at dka-min@nyscit.org.
# CIT Training and Program Coordinator Information

*Note: Dates and contact information are subject to change*

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<th>CIT Program</th>
<th>Dates</th>
<th>Coordinator</th>
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<td><strong>Clackamas County Sheriff’s Office</strong>&lt;br&gt;Dates: October 9th-13th, 2017&lt;br&gt;Coordinator: Julie Collinson&lt;br&gt;Email: <a href="mailto:jcollinson@clackamas.us">jcollinson@clackamas.us</a></td>
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<td><strong>Coos County CIT</strong>&lt;br&gt;Dates: February 27th-March 3rd, 2017&lt;br&gt;Coordinator: Ross Acker&lt;br&gt;Email: <a href="mailto:Ross.acker@chw.coos.or.us">Ross.acker@chw.coos.or.us</a></td>
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<td><strong>Douglas County CIT</strong>&lt;br&gt;Dates: September 18th-22nd, 2017&lt;br&gt;Coordinator: Colleen Roberts&lt;br&gt;Email: <a href="mailto:roberts5888@msn.com">roberts5888@msn.com</a></td>
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<td><strong>Lincoln County CIT</strong>&lt;br&gt;Dates: October 16th-20th, 2017&lt;br&gt;Coordinator: Lt. Jamie Russell&lt;br&gt;Email: <a href="mailto:jrussell@co.lincoln.or.us">jrussell@co.lincoln.or.us</a></td>
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<td><strong>Marion County CIT</strong>&lt;br&gt;Dates: April 3rd-7th, 2017&lt;br&gt;Coordinator: Cliff Self&lt;br&gt;Email: <a href="mailto:mwilkinson@co.marion.or.us">mwilkinson@co.marion.or.us</a></td>
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<td><strong>Polk County Sheriff’s Office</strong>&lt;br&gt;Dates: TBA&lt;br&gt;Coordinator: Sgt. Tyrone Jenkins&lt;br&gt;Email: <a href="mailto:jenkins.tyrone@co.polk.or.us">jenkins.tyrone@co.polk.or.us</a></td>
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<td><strong>Wasco County/Hood River County CIT</strong>&lt;br&gt;Dates: TBA&lt;br&gt;Coordinator: Stephen Bradley&lt;br&gt;Email: <a href="mailto:stephen.bradley@mccfl.org">stephen.bradley@mccfl.org</a></td>
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CITCOE Seeks contributors for the Oregon CIT Newsletter

The CITCOE Newsletter staff want to make the Oregon CIT Newsletter a valuable tool for everyone who has an interest in advancing the impact of CIT in Oregon. To do that, we need your help! We are seeking information for articles on new and innovative programs, CIT success stories, effective partnerships and existing and emerging CIT programs as well as coming CIT related events.

If you have a Newsletter idea, let us know.

Contact:
kevin.rau@state.or.us

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