

March 7, 2014

Mayor Charlie Hales
1221 SW 4th Avenue, Room 340
Portland OR 97204
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Dear Mayor Hales, Community Leaders, and Others:

This is a response to the City of Portland's Request for Qualifications for a **Compliance Officer/Community Liaison**, to assess the City's implementation of its Settlement Agreement (presently pending approval by the U.S. District Court) with the U.S. Department of Justice.

I understand that the City will oblige itself in good faith pursuant to ORS 192.502(4) not to publicly disclose my name and application materials unless or until I move on to Phase 2 of the published selection process. **I am submitting to the City application materials for the COCL position on the condition that they be kept confidential from public disclosure.**

Candidate name: **Daniel G. Ward**

Minimum Qualifications

- Police Practices

I was employed in law enforcement as an adult felony probation officer in Michigan in the late 1970's. I received training in rules of evidence, incident documentation, presenting testimony, rules of legal procedure, criminal law, personal defensive tactics, interview techniques. I also spent a lot of time talking with offenders, their families, and victims in the community and in jails and prisons.

After graduate school, I worked as a psychologist in Michigan, beginning in 1980. In those days, before Memphis PD invented Crisis Intervention Training, I presented training for the Grand Rapids Police Department on the nature of mental illness and non-violent intervention with people who have mental illness. This led to serving the GRPD as an on-scene consultant on several occasions during barricaded gunman and hostage negotiations, often when those situations involved people with mental illness. Through these experiences, I came to understand the discrete critical incident roles of internal and external communication, contact and negotiation, extraction and custody, perimeter control, etc., the tactical concepts of concealment, cover, stand-off distance, the various tactical technologies (flash-bangs, robotics, beanbags, throw-phones, etc.), and the critical importance of planning and replanning, coordination of effort, concise rules of engagement and disengagement,

flexible response, clear designation of incident leadership—I have seen first-hand how challenging it is to manage rapidly evolving situations that may require lethal or less-lethal force.

In the late 1980's I created the first full-time mental health intervention and treatment program inside the Kent County (Grand Rapids) Jail. This gave me more experience helping staff learn to negotiate the tricky differences between the needs of people with mental illness and the needs of law enforcement for custody and control.

Also, in the late 1980's I began and funded a team that provided post-event debriefing and counseling for law enforcement personnel after critical incidents. That team evolved into the Crisis Care Network, a national organization that trains employers and LEOs in critical incident management and recovery.

More recently, in 2009, I was recruited to Denver to create a seven-county strategy to reduce incidence of law enforcement intervention with people who have mental illness, to reduce the use of arrest as a standard intervention in the absence of an effective treatment system, and to reduce the use of hospital emergency departments as a treatment alternative. The 44 law enforcement agencies of the Denver Metro area, like the Portland Police Department, often have only three alternatives when encountering a person with mental illness who is not behaving in a pro-social way: arrest (for resisting or disorderly), take to a hospital ER, or leave doing nothing. I created a program to provide immediate mental health crisis services—a previously unavailable fourth alternative—in support of law enforcement. I personally worked with LEOs on proactive intervention planning for specific known cases, for example, a woman with extreme anxiety who was calling 911 many times every day; a man with paranoia and weapons who regularly threatened and antagonized his next-door neighbors.

Because my strategy and program development work in Colorado was an innovation that crossed seven counties and affected 44 law enforcement departments, I was able to acquire a large Justice Assistance “Byrne” Grant from the U.S. Department of Justice, grants from the Robert Wood Johnson Foundation, the State of Colorado, and other sources. I was nominated for a Harvard Kennedy School “Excellence in Government” award for my work with law enforcement and mental health organizations in Colorado.

- Crisis Intervention

I supported myself through college as a Program Coordinator in a crisis center in East Lansing, Michigan. Later, I worked as a counselor in a crisis center in Eugene, Oregon.

In graduate school, at the institution now called the University of West Georgia, I earned a Masters Degree in Psychology, which enabled me to hold a “Limited License to Practice Psychology” in Michigan. (I think that type of license doesn't exist anymore in Michigan. I am not a Licensed Psychologist in Oregon.)

In 1980, I was hired as a Psychologist at a 50-bed county psychiatric hospital in Grand Rapids, Michigan. For about five years, I was part of the clinical group that operated the hospital's emergency clinic. I personally evaluated and provided professional crisis intervention service for over 4,000 people with mental illness. I can honestly say that I spent time with and did my best to help people with every known mental health and substance use disorder.

While at the emergency clinic, I identified and recruited about one-third of the original cohort of people who were provided Assertive Community Treatment in the first research replication of that treatment model outside of Madison, Wisconsin. My next role in Grand Rapids, described below, enabled the mental health authority to rapidly develop more ACT teams, ultimately about 40 of them.

My success as a crisis intervention professional led to my appointment in 1985 to become the first ombudsman in mental health in the U.S. I had intensive training in mediation at George Mason University in Fairfax Virginia. As ombudsman, I worked with individuals in need, their families, law enforcement, the community, and the community of treatment providers, to ensure that people in need of treatment did not "fall through the cracks." By my mediation, negotiation, and advocacy, people's access to treatment improved, resulting in the county mental health authority saving \$2.5 million in unnecessary psychiatric hospitalization in my first year.

Next, I started a non-profit organization in Grand Rapids, Michigan, that successfully operated three six-bed "crisis homes," well-staffed 24-hour unlocked facilities in residential neighborhoods that enabled people in mental health crisis to stay in the community, receive aggressive medical intervention to restabilize on medications, and avoid unnecessary psychiatric hospitalization.

Then, in the late-80's to mid-90's, I spent seven years as the Executive Director of a 24-hour crisis intervention triage center. I designed, built, and managed a new free-standing 24,000 square foot facility, the single point of entry to treatment for the Grand Rapids community (pop. ~600,000), providing emergency treatment/crisis intervention to over 11,000 individuals in crisis each year.

Then, after a several-year hiatus from the "behavioral health business," I went to Colorado to create the multi-county police/crisis-intervention strategy that I described above.

- Community Engagement

I've worked extensively with the National Alliance on Mental Illness (NAMI) in Michigan and Colorado, facilitating frequent "Town Hall" type sessions to meet with sometimes-distraught individuals with mental illness and their families. I also worked extensively with Mental Health America of Colorado. In fact, while I was incorporating and arranging tax-exempt status for my organization, Metro Crisis Services, my grants (and salary) went through Mental Health America of Colorado.

While developing residential mental health programs in neighborhoods of Grand Rapids, I went door-to-door, discussing NIMBY issues, fears of violence, etc. I often convened community forums about various issues related to mental illness, neighborhood anxiety or critical incidents that had occurred.

For several years in Michigan, I served on the board of directors of my neighborhood association, and was active in organizing in my inner-city urban neighborhood. I also participated there in my community's Neighborhood Watch program.

I'm fairly new to Portland, so I don't have pre-existing relationships with community groups. On the up-side, that means I don't have any "baggage" with them. I exhibit a style and experience that should lead to a future of good relationships with them.

Desired qualifications

1. Effectively managing complex projects

This seems to be what my career has been about. I started and operated three successful non-profit organizations. I turned around others from financial distress. I started for-profit businesses. I have managed large-scale multi-jurisdictional and multi-disciplinary projects. I've supervised people and managed businesses with many employees. I've worked with federal, state, and local governments.

2. Law enforcement policies, practices and data

For a person who is not presently employed in law enforcement, I think I'm unusually well-versed in such things. I am familiar with community policing concepts, knowledgeable about use-of-force continuum, the concept of reasonableness (rather than rigid "cookbook" recipes), *Graham v. Connor* and the three standards eventually derived from it, *Tennessee v. Garner*, best practices in the use of force, etc. I have statistical training, I'm able to use standard statistical and database tools for analysis. I know how and where to get help when I need it.

3. Service delivery systems for people experiencing mental illness

As described earlier, and shown in my resume below, I have built service delivery systems for people experiencing mental illness since 1980.

4. Engaging the community in public processes and incorporating their feedback into actionable information

This has been a part of my work in non-profits—success required community engagement and support.

5. Appearing in legal proceedings as a judge, monitor, counsel or expert witness

I have often appeared in State and County courts as a witness, first as a probation officer, then as a psychologist. I often testified in commitment hearings as the principal expert witness. I was often subpoenaed on criminal matters where an individual was alleged to have committed a crime prior to being treated by me for a

mental health crisis. I happily dropped out of law school long ago, so I have never appeared as judge or counsel.

6. Directly managing or overseeing police personnel

I have never directly managed law enforcement personnel. As noted earlier, I have consulted on the scene with command officers during critical incidents.

7. Engaging community members interested in policing issues

I have had experiences meeting with distraught neighbors of mental health programs, both with and without police officers present. Through my neighborhood association, I helped implement community policing strategies.

8. Evaluating processes for supervisors and managers who oversee accountability in a large organization

I have a long history of supervising managers and supervisors, creating employee handbooks, developing performance evaluation systems, etc.

9. Working with people experiencing mental illness and/or other disabilities;

Though I am not licensed in Oregon, I am trained and very experienced as a psychologist. I have experience with mental illness among my family and friends.

10. Working with leaders and/or elected officials in changing the culture and outcomes of a large organization;

This has usually been a part of my work in non-profits and in government. For example, I am presently working to improve the effectiveness of state-funded alcohol and drug treatment and prevention programs in the State of Oregon.

11. Assessment of compliance with court-enforceable settlement agreements;

I have supervised organizational compliance with settlements following employment discrimination complaints.

12. Auditing the performance of large organizations via written reports

As the ombudsman of a large community mental health organization, I created and managed systems to analyze service utilization management and quality improvement. I analyzed the data and made monthly statistical reports to the County Commission. I do similar research now with the State of Oregon to monitor performance and budgets of treatment and prevention programs statewide.

13. Collaboration with multiple stakeholders including federal agencies, municipal employees, collective bargaining units, elected officials and community advocates

I think/hope my experience in this area is evident in my discussions about past work. I have successfully worked with each kind of group. I have managed organizations in which employees were organized with AFSCME, Teamsters, and SEIU.

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▷ **Public Service Leadership Experience**

Executive Director **2013-present**
Oregon Drug and Alcohol Policy Commission
Salem, OR

Advising the Governor, state Departments, and the Oregon Legislature on matters of drug and alcohol policy and budget, specifically focused on improving accountability and access through strategic state, local, and cross-department policy development and budget management.

CEO **2009-2012**
Metro Crisis Services, Inc.
Denver, CO

Created and managed this independent start-up non-profit mental health and substance abuse treatment organization. Emergency mental health and substance abuse services, all ages, 24/7. Service base is seven Denver Metro counties; 2.7 million people. Handled all business development, budgeting, grant management, tax and regulatory compliance, fund development, policy creation, clinical systems, day-to-day operations, law enforcement and first responder coordination, public relations and marketing, web content development. Secured \$3MM+ philanthropic, corporate, and governmental support.

CEO **2003-2007**
La Clínica del Cariño Family Health Care Center, Inc.
Hood River, OR

Led a non-profit migrant and community health center (FQHC) with a 21-year history of service to uninsured and underinsured people in the rural communities of the Columbia Gorge. Started the health center's medical and dental clinics in The Dalles. Directed all treatment activities; managed restructuring and restored accountability to maintain viability (including acquiring ~\$3 million in grant support annually) at clinics in Hood River and The Dalles. Staff of 125+, including 16 medical providers, four dentists; 48,000 medical/dental appointments per year.

Director of Cowlitz County Department of Human Services **2002-2003**
Administrator of Southwest Washington Regional Support Network
Longview, WA

Dual role as Regional Administrator for Medicaid-funded behavioral health services in southwest Washington region, and County Health and Human Services Department Director for all county-supported mental health and

substance abuse programs. Managed county department accreditation; created new programs (including CIT) with contracted service organizations.

Executive Director **1989-1996**
Cornerstone Community Mental Health Services
Grand Rapids, MI

Director of behavioral health services center (open access and acute care facility with 24-hour emergency clinic) for individuals, families, and first responders in large urban county. Managed this “front door” of the single-entry access system for \$63 million multi-agency service system. Created QA and utilization management systems to coordinate care for 11,000 service recipients annually. Designed and built state-of-the-art behavioral health crisis services continuum across 40+ community programs.

Executive Director **1987-1989**
Residential Treatment of Grand Rapids, Inc.
New Kent Homes, Inc.
Grand Rapids, MI

Founder and Chief Executive Officer of two non-profit corporations operating 14 free-standing 24-hour-staffed treatment facilities (110 residents, ~150 employees) for specialized residential treatment of adults with mental illness, substance use disorders, and developmentally disabilities adults, especially individuals with severe and persistent co-occurring “dual-diagnosis” disorders. Specialties included three hospital-alternative crisis houses for rapid stabilization, two houses for elderly and medically-involved people with mental illness, three longer-term recovery houses for people with mental illness and substance use disorders, two houses for people with co-occurring mental illness and developmental disabilities.

Ombudsman **1985-1987**
Kent County Community Mental Health
Grand Rapids, MI

First ombudsman (conflict resolver) in a community mental health setting in the U.S. Investigated quality of care issues, clinical treatment management and security issues, complaints from individuals and families. For three years, effectively managed organizational conflict which prevented individuals from receiving least-restrictive, most-effective treatment alternatives; reduced system treatment costs by \$2.5 million annually.

Psychologist **1980-1985**
Kent Oaks Psychiatric Unit
Grand Rapids, MI

Direct treatment psychologist. Provided emergency and short term patient care in outpatient and emergency clinic of 50-bed county psychiatric hospital. Assessed and treated more than 4,000 patients, both adults and children. Supervised interns and conducted training programs with law enforcement and others.

▷ **Other Management Experience**

Management Consultant **1991-1999**
Daniel Ward Consulting and Training
Grand Rapids, MI

Contracted by non-profits, government agencies, law enforcement, human service programs, healthcare providers, public libraries, and U.S. Postal Service to consult on issues related to critical incident planning and recovery, public education, customer relations and behavior management. Worked with 83 Michigan counties (1996-1997) to adapt behavioral health programs to capitated funding. Contracted by Library of Michigan (1991-1993) to teach grant proposal writing and program evaluation skills to library administrators across the state.

Human Service Program Administrator **1997**
Lansing Community College
Lansing, MI

Assessed community market and planned curriculum changes to build local child treatment and behavioral health workforce. Created employer-college workforce development programs. Advised college administrators on instructional program changes.

▷ **For-Profit Business Management Experience**

Quality Director **2007-2009**
50 Below, Inc.
Duluth, MN

Managed this software company's design production. Managed change with 200+ employees; created continuous quality improvement program; created practical regulatory compliance procedures. Company had serious legal troubles before my tenure which led it to my recruitment.

Director of Marketing Communications **1999-2001**
RTSe USA, Inc.
Redmond, WA

Began as Director of Marketing for Synchronicity, Inc., of Bellevue, WA, a GIS and content management system developer (a dot.com software company). Company was acquired by Finnish software developer RTSe; I became Marcom Director of RTSe USA. Managed the communications department, supervised copywriters and technical writers, wrote and edited marketing materials, website content, technical specs and software documentation.

Co-Owner **1987-1999**
Bates Street Publishing Company
Grand Rapids, MI

Wrote, designed, and edited marketing materials for commercial businesses, non-profits, medical providers. Developed and coached on marketing strategy. Skilled technical and advertising copy writer; used digital design technology as well as traditional graphic production.

CEO **1997-1998**

University Express

Grand Rapids, MI

Founded and managed a specialty bus transportation company. Twice-daily statewide bus service to eight college campuses. Managed all business operations, regulatory compliance.

Publisher **1990-1992**

Michigan Human Services Jobs

Grand Rapids, MI

(Before the Internet spawned many similar online services,) created, marketed and published this profitable biweekly subscription-only employment newsletter for professionals and human resource managers in the human services.

▷ Other Professional Experience

Technical Writer **1999**

Boeing-Flight Safety

Seattle, WA

On a short-term contract, wrote the pilot training program for the Boeing 777 airplane, with a team of two pilots, two engineers. ("Flew" the 777 in simulators, then wrote instructions about how to do it—fun!)

Marketing Copywriter **1998-1999**

Alexander Marketing Service

Grand Rapids, MI

For this advertising agency that specialized in engineering and chemical industries, wrote marketing collateral, direct mail, print and on-line media, technical white papers, B-to-B and consumer magazine advertising for client list that included Dow Chemical, Textron, Pentair. (Wrote dozens of compelling advertisements for hydroxypropylmethylcellulose, double-enveloping worm gears, calcium chloride, magnesium hydroxide, etc.)

Field Agent **1975-1978**

Michigan Department of Corrections

Lansing, MI

Conducted six to ten adult felony pre-sentence investigations a month (including developmental and social history, criminal record, offense details, victim impact, and sentencing recommendation) and supervised caseload of 90 convicted felons on probation in the community.

▷ **Teaching Experience**

Business Writing Instructor, English Department, Grand Valley State University 1998-1999
Adjunct Field Instructor, Psychology Department, Grand Valley State University 1990-1991
Adjunct Field Instructor, Social Work Department, Grand Valley State University 1985-1986
Social Studies Teacher, Adult High School Completion, Holt Public Schools, Holt, MI 1980
Graduate Teaching Assistant, Psychology Department, West Georgia College 1979-1980
Substitute Teacher, Michigan, Oregon, Georgia, 1974-75; 1978-79
English Teacher, Holt High School, Holt, MI, 1974-1975

▷ **Publications**

Behavioral Healthcare Access System Readiness Workbook, Published by Impact Training and the Michigan Association of Community Mental Health Boards, Lansing, MI September 1996.

▷ **Education**

Master of Arts in Psychology, with Highest Honors
1980 GPA: 4.0

West Georgia College (now University of West Georgia)
Carrollton, Georgia

Bachelor of Arts in Social Science, Honors College
Earned teaching certificate

1974 (Four-year degree completed in two years)

Michigan State University
East Lansing, Michigan

Supplemental Question and Methodology

I think I have already answered part of the question in my descriptions above, but I will add more here.

Mental illness does indeed affect people of our community without regard for sex, age, race or ethnicity, social class, or any of the other categories that we often perceive as differences among us. It is likely that each one of us knows someone who has experienced a mental health disorder, or have experienced one ourselves or within our family. The United States Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that in an American population group the size of the City of Portland, 24,589 adults are living with a serious mental illness and between 10,343 and 16,254 children are living with a serious emotional disturbance. (As context, consider that Multnomah County reported that it provided mental health treatment for 10,062 individuals, not all of whom were categorized among these 35,000-40,000 people with serious disorders, during 2011.)

Moreover, the SAMHSA research tells us to expect that in the next year, at least 147,530 Portlanders will experience a mental health or substance use disorder that could benefit from treatment. Most will not get treatment. For some, the outcome of no treatment will be okay. For others, especially those with concurrent mental health and substance abuse issues, or those with compounding factors like homelessness, extreme poverty, criminal history, other health issues, the outcomes are likely to be much worse.

Those phrases, “living with a serious mental illness” and “living with a serious emotional disturbance” are significant for law enforcement. A serious mental illness or emotional disturbance is a disorder that disrupts a person’s ability to work, attend school, live productively in a community, and is a disorder that is unlikely to get better without treatment. In our pre-Obamacare healthcare system, a person who couldn’t work, or was living with a pre-existing mental health disorder, probably couldn’t get health insurance...and without health insurance, necessary mental health treatment was limited or not available.

The jury is still out on the impact of the recent Medicaid expansion and Cover Oregon on Portland’s small city-in-a-city of people with unmet mental health treatment needs. Oregon’s new Coordinated Care Organizations are expected to expand available treatment, but it is still unclear whether existing treatment providers in Oregon will have additional capacity. (Poor access-to-care and lack of treatment capacity is a nationwide issue, by the way, not a uniquely Oregon issue.)

The takeaway: For the foreseeable future, law enforcement officers will continue to have many interactions with people with mental illness who are outside of the treatment system, and with people with mental illness- or substance use-exacerbated behavior problems. If Portland, Multnomah County, and the State of Oregon add resources to targeted crisis intervention/prevention programs, the burden on law enforcement will be reduced. Regardless, municipalities and police agencies must develop policies, training,

and procedures to better prepare officers to safely, respectfully and humanely de-escalate acutely psychotic/delirious/irrationally aggressive individuals without excessive force, and whenever possible, without the use of lethal force.

There is no question that for a law enforcement officer, being called to intervene with an individual in an excited delirium, a florid psychosis, or out of control of his or her aggression, can be a terrifying experience. The PPB has wisely developed multiple levels of protective factors to help manage the natural emotional response of the officer, e.g., policies that require back-up, the presence of supervisors, and training experiences on structured de-escalation, slowing down the incident, maintaining physical stand-off space.

An officer whose own emotional state is not buffered by these protective factors, or who is misperceiving the situation, is more likely to use excessive force, make mistakes in judgment, act inconsistently with training, and inadvertently or even intentionally escalate the situation.

The officer's perception, and consequently his or her emotional state, can be distorted by the "otherness" of the individual. For example, an officer who has not had positive life experiences, co-worker experience, or extensive training with people of non-dominant skin colors, ethnicities, languages, socio-cultural orientation, is likely to less accurately perceive a tense situation involving someone with such differences. Along with preparing officers to understand mental illness through their current CIT training, PPB must train officers to understand, respect, and value diversity. Officers should also have specific training on the ways that mental disorders (and even anxiety on being confronted by police) are manifested differently among people of differently ethnicities and cultures. The test of the effectiveness of such training and culture change will be shown statistically. Less bias in contact frequency, arrest frequency, use of force frequency and intensity, etc., will help to demonstrate the effectiveness of such training efforts.

President Lyndon Johnson was known for responding to data presentations by his aides with the question, "Therefore, what?" The Portland Police Department has received multiple analyses from the PARC group, from other consultants, from its own training division, from various community groups, and has its own extensive data-gathering and internal analysis processes. Data can and should drive change. Framed in its most positive light, the Settlement Agreement might be understood a way of asking the question, "You have the data, therefore, what?"

The City and the Portland Police Department have learned through this process about elements of policy and procedure that must be changed. Federal Court supervision of compliance with the Agreement, through the COCL, will provide the impetus. My role will be to thoroughly understand the police culture, the community interests, and the data, and to be the person who continually asks, "Therefore, what?"

An organization's culture is the parallel of an individual's attitude. Social psychological research informs us that attitudes follow behavior, not vice versa. If we want to change attitudes—organizational culture—we will be most successful by addressing and changing individual and organizational behaviors. PPB and the City have meaningful data that describes behavior as it is. Sometimes this is understood as showing needed changes to “PPB culture.” These data support the need for change.

The PPB seems to be invested in changing training experiences, policies, and procedures to support behavior change leading to culture change in the PPD, top to bottom. An important principle of organizational development is that performance improves to the extent that it is measured. PPB has made commendable progress in making its performance (behavior) measurements transparent and public. Public transparency will increase through my work in this role.

My approach to working with the named parties (the City of Portland/Portland Police Bureau, the U.S. Department of Justice, intervenor-defendant Portland Police Association, amicus party Albina Ministerial Alliance Coalition for Justice and Police Reform) and the many stakeholder groups and individuals will be based on five elements:

- **Empathy:** To see the world through the stakeholder's eyes, walk in the stakeholder's shoes, understand how the stakeholder feels and thinks. Empathy does not mean I'll agree with how the stakeholder feels or behaves, but to be able to understand and explain it. The stakeholder will (accurately) believe that I understand her or him, so when I offer suggestions she or he is more likely to listen.
- **Respect:** To experience empathy toward the stakeholder, I respect her or him as an individual. The stakeholder has autonomy and will self-direct, even if I disagree with her or his decisions or believe they are not in his best interest. I do not have to be a police officer, or live under a bridge, to respect the challenges and strengths of people living those lives.
- **Positive Regard:** I will acknowledge and choose to regard positively, stakeholders, their ideas, their concerns, as they are in the moment. I will report honestly and factually to all parties, even in situations where I believe that if they took a different action it would be more useful or appropriate.
- **Warmth:** I will warmly welcome communications with stakeholder groups and individuals. I plan to maintain a visible, accessible, central city office where law enforcement officers, people with mental illness, advocacy groups, concerned citizens can freely come to discuss events and issues or simply vent their concerns, a safe place for dialog without demeaning, humiliating, shaming, or bellicose responses.
- **Trust:** All willing stakeholders can choose to build trust through transparency, openness, mutual responsiveness. Both the community stakeholders and police will need to become alert for opportunities to “catch each other doing good.”

None of this is intended to suggest that I approach this without tough-mindedness. It took a U.S. Justice Department inquiry and Civil Rights suit to get the parties this far. People have died. Other people have been hurt in life-changing ways. Careers have ended. Mistakes can and will cost people dearly.

The approaches I've suggested above are principles to guide my relationships with the parties and the community. On the difficult road to change, constraint and discernment are essential. I have been known throughout my career as able to develop warm empathic relationships, to see past acrimony, while keeping "my other foot" in objectivity, rationality, clear-thinking, neutrality.

This role of COCL will be powerful but with little authority, except for the authority described in the Agreement to freely access data and information within the PPB and the City then to report to the Justice Department and the Court. In some ways, this is similar to my long-ago role as ombudsman. As COCL, I will be able to shape and interpret the available information. I will then have the power to communicate my analyses to shape policy, to support or oppose the parties' actions, to recommend that the Court apply leverage to nudge the parties in new directions. This will require dispassionate discernment, as well as a great deal of personal integrity and strength.

The Settlement Agreement details the various data sources that will be opened to me as COCL. I expect that an early task for me will be to explore the data or narrative information that is specified there. This will enable me to assess the extent to which that data and information will allow reliable assessment of compliance.

As far as statistical methodology, I have statistics training. I use standard statistical and database tools for analysis, and know how and where to get help when I need it. I expect to begin by assessing the strengths of the PPB's existing data collection and data analysis. I have already reviewed any publicly-available PPB stats that I can find. The next step for me will be an informal exploration of all current data and sources to analyze their potential application to the issues at hand. Where I discover that data is available but more sophisticated analysis than I have time or skill to perform is required, I expect to engage my own contracted experts for assistance.

After determining the data required to effectively monitor and reinforce compliance with the Agreement, I will create standard periodic reports. These reports will consistently incorporate and report data relevant to compliance issues. I expect to make these reports publicly available more frequently than the minimum quarterly period required by the Agreement.

One of my first tasks will be to create a website for progress reporting to the community. I will also establish regular meeting schedules and open office hours for stakeholders and others to meet with me and each other. I will expect to meet frequently, regularly, with leadership from the City, the PPB, the DOJ, the PPA, and the AMA. At these meetings, I will expect to discuss progress, unresolved issues, new events. I will maintain confidences (e.g., regarding employee discipline issues) to the extent allowed

by law. I expect to consult with the City's counsel and/or the Justice Department as issues arise in this area. As much as possible and appropriate, meetings will be public, in compliance with Oregon's Public Meetings laws. The Mayor's practice of posting his office meeting schedule online is a model that I will follow.

I recognize that this COCL position will place me in the public eye. I have much experience with the press. I have a good record of maintaining a positive relationship with the media while staying in control of my message.

Personnel

At this point, I can only speculate on areas of expertise in which I may wish to employ the assistance of others. I expect this will become more clear when the Court accepts a final Settlement Agreement (still pending today), and if I progress through the selection process. As mentioned earlier, I have analytic and statistical abilities, but may wish to contract with a data analyst or statistician, depending on the complexity of analysis or my time availability. I will also quickly recruit a short-term web developer to help put online communications systems in place.

In order to handle the required meetings and quarterly reporting requirements, I expect to hire an energetic administrative assistant. Organizing the work of the Community Oversight Advisory Board will require much of the administrative assistant's time. I may also need to hire a policy analyst-type person to help me staff the COAB.

Recruitment and hiring will be conducted in a public manner that offers opportunities to people who identify as members of racial, ethnic, or cultural minorities, including people with disabilities, and particularly people who self-identify as in recovery from mental illness. During the third phase of the COCL selection process, if I'm fortunate to move to that stage, I plan to include a staffing budget in my overall contract negotiation.

Supplement information from Daniel Ward, candidate for COCL

October 15, 2014

A few participants in the day-long COCL candidate interviews on September 29 commented that I was unique among the three candidates in that I did not arrive with a “team.”

I believe that to bring in a team at this point would be premature, and not fiscally prudent. This paper will explain why.

The power and authority of the COCL

Sometimes when the DOJ or a federal court steps into a City’s business, the result is that a “Compliance Monitor” or “Reform Monitor” is installed. The entity taking on that role is often a team of people—typically a law firm—brought in from out-of-town. A Compliance Monitor is usually granted a delegated authority by the federal court, perhaps including the authority to mandate changes in policy, to order changes in practice, to enforce demands for change, or even to mete out benefits and consequences.

Contrast this with the Portland’s unique “Compliance Officer Community Liaison” role. As I noted during my presentations on the 29th, the COCL has power, but little authority. The COCL, as defined in our Settlement Agreement, has power to freely access information, to access personnel, to engage, to facilitate, to persuade, to analyze and present information, to build and manage consensus, to report annually to the Court...but the COCL has no direct or delegated authority from the Court to enforce. In fact, the Agreement is enforceable only by the Parties (*Agreement, Provision 5.*)

Unlike a “Compliance Monitor,” the COCL role is not designed to mandate anything or create a particular product. The COCL role is clearly designed to assess and facilitate the negotiated-and-agreed processes that the Parties hope will lead to change.

The COCL will not unilaterally create new PPB or City policy, or change the police training curriculum, or survey police attitudes, or create new police discipline processes and write rules. The COCL is defined in the Agreement as a person who will (a.) assess the City’s and the PPB’s implementation of the Agreement’s provisions as-written—in particular, the specific changes the Parties have agreed to, to reduce the use of excessive force and deadly force (“have they done what they said they would?”) —and (b.) help the PPB and our community build a relationship of better trust and understanding.

My COCL team and deep bench

Of course, I have a professional and community network I can call on (or contract with) if, as COCL, I need project help, advice, or objective guidance. I have friends who are social scientists, statisticians, mathematicians, professors, database engineers, police chiefs, elected sheriffs, judges, attorneys, prosecutors, psychiatrists, psychologists, social workers, etc. Many of them have already offered their help, either as volunteers or paid.

I might have presented the Selection Committee with a team whose credentials would add a “wow” factor to my proposal, and may need to add certain team members from my network in the future. But I don’t think it’s necessary or fiscally prudent at the moment.

I expect to continuously assess what is needed, and my ability to perform. I expect also to continuously receive and use the guidance of the “Parties”—DOJ, the Mayor/Police Commissioner, the City Council, the Police Chief, the AMA, the PPA—and the many, many community stakeholders. I will expect to identify and engage special expertise among all of them, and from among other PPB and City employees. I expect to engage faculty and students from Oregon’s universities to add to my effort. And I will expect the support of the City to renegotiate my COCL contract as needed, down the road, if I determine that additional paid expertise must be brought into play.

This doesn’t mean that as COCL, I would intend to work alone. I do intend to hire, from the outset, an energetic administrative assistant to help coordinate calendars, meetings and minutes, email and phone lists, and the COCL’s daily activities. I also plan to hire a full time analyst to help gather information, analyze data, compile and help write reports, and facilitate open-office hours. Both of these people will help support the COAB. Both will help manage frequent email and social network community outreach, and community outreach events. Both will help manage content on a dynamic COCL website (which is already scheduled to be built during November, if I’m selected.)

There are a few other people that I think of as “my COCL team.” The Settlement Agreement designates certain PPB employees (and the COAB)—two employees and 20 part-time volunteers—to handle some COCL-supporting tasks. Though they won’t be COCL-paid employees, the Agreement’s descriptions of their duties read like the job descriptions that I might write for them if they were. They are clearly expected by the Agreement to report to me, or work in consultation with me, as COCL.

I have less need to hire COCL-paid staff because these positions and their duties are written into the Agreement:

PPB Compliance Coordinator

“The Compliance Coordinator will serve as a liaison between PPB and both the COCL and DOJ...

... [and will] facilitate the provision of data, documents, materials, and access to PPB personnel by the COCL...

... [and will] ensure that all documents and records are maintained as provided in this Agreement....

... [and will] take primary responsibility for collecting the information the COCL requires to carry out his/her assigned duties.” (*Agreement, Provision 165.*)

PPB Inspector

“The Inspector is a command position in the PPB Professional Service Division responsible for reviewing all uses of force and making recommendations regarding improvements to systems of accountability in relation to force management.” (*Agreement, Provision 35.*)

“In consultation with the COCL, the Inspector, as part of PPB’s quarterly review of force, will audit force reports and Directive 940.00 Investigation Reports...” (*Agreement, Provision 74.*)

"In consultation with the COCL, the Inspector shall audit force reports and Directive 940.00 investigations to determine whether supervisors consistently [follow proper procedure in evaluating the use of force reports]." *(Agreement, Provision 75.)*

"In consultation with the COCL, the Inspector shall conduct quarterly analysis of force data and supervisors' Directive 940.00 reports..." *(Agreement, Provision 76.)*

"In consultation with the COCL, the Inspector shall audit the adequacy of chain of command reviews of After Action Reports *(Agreement, Provision 77.)*

"In consultation with the COCL, the Inspector shall audit the training program using the following performance standards..." *(Agreement, Provision 85.)*

"In consultation with the COCL, the Inspector shall gather and present data and analysis on a quarterly basis regarding patterns and trends in officers' uses of force to the Chief, the PPB Training Division, and to the Training Advisory Council....The Inspector shall also, in coordination with the COCL and PSD, identify problematic use of force patterns and training deficiencies. *(Agreement, Provision 86.)*

Community Oversight Advisory Board

The Community Oversight Advisory Board is comprised of 20 people, 15 of whom are counted as voting members:

- Five representatives selected by City Council
- One Human Rights Commissioner
- One Commissioner on Disability
- Three expert representatives of the mental health community selected by the chairs of the Human Rights Commission and Commission on Disability
- Five community-at-large representatives
- Five sworn PPB officers (non-voting)

"The COAB shall be authorized to: (a) independently assess the implementation of this Agreement; (b) make recommendations to the Parties and the COCL on additional actions; (c) advise the Chief and the Police Commissioner on strategies to improve community relations; (d) provide the community with information on the Agreement and its implementation; (e) contribute to the development and implementation of a PPB Community Engagement and Outreach Plan ("CEO Plan"); and (f) receive public comments and concerns. *(Agreement, Provision 141.)*

"The COAB shall report to the COCL." *(Agreement, Provision 144.)*

"The City, in consultation with the COAB, will conduct a reliable, comprehensive survey...to inform the development and implementation of the Community Engagement and Oversight plan." *(Agreement, Provision 146.)*

COAB, in conjunction with PPB, shall consult with community members...

COAB shall review PPB's prior community outreach efforts...

COAB shall solicit and consider input from the Human Rights Commission's Community Police Relations Committee...

...COAB and PPB, in consultation with the appropriate City resources knowledgeable about public outreach and survey analysis, shall review and analyze the results of the survey and other public comments discussed above...

...COAB shall submit its recommended CEO Plan to the Chief..." (*Agreement, Provision 146.*)

"PPB shall continue to collect appropriate demographic data for each precinct so that the Precinct Commander, together with the COAB, may develop outreach and policing programs specifically tailored to the residents of the precincts." (*Agreement, Provision 147.*)

"The COAB, COCL, PPB, and DOJ will jointly develop metrics to evaluate community engagement and outreach." (*Agreement, Provision 149.*)

Other City and PPB staff

"The COCL shall have full and direct access to all PPB and City staff, employees, facilities, and documents that the COCL reasonably deems necessary to carry out his/her duties." (*Agreement, Provision 66.*)

Continuous assessment, nimble realignment

There's another reason why I believe it's premature to come in as COCL with my own large team. I don't yet know the strengths and skills gaps of the array of talented people who are involved. For example, if I discover after a few weeks that the PPB Compliance Coordinator or PPB Inspector has gaps in expertise or insurmountable issues managing data in the EIS or the PPDS, I may want to bring in a consultant to port that data to another system to enable better analysis.

Remember, this is just an example. Though I've reviewed the Inspector's Force Data Summary reports, I have no inkling yet about the adequacy of the EIS or PPDS data for conducting and auditing these analyses. But that's the point. The Settlement, and the COCL role, are both new.

Resources and ideas that we need now may be different than what we need in 18 months. I expect an ongoing give-and-take working relationship with the City and the PPB, not a "set-it-and-forget-it" situation. Flexibility is necessary for success: we don't know yet what will work and what won't.

Community Liaison activities, specifically

Most of what I've discussed so far in this paper relates to the Compliance Officer part of the COCL role. That's the part about determining if the agreed activities have occurred and remain in effect over time.

The second part of COCL is Community Liaison--working to build community trust of the PPB (and vice versa), working directly with community members, advocacy groups and community organizations. Tragic incidents and their aftermath have impeded mutual trust and understanding between the community and police. As Community Liaison, I'd expect to spend time listening—listening to police on ride-alongs, at shift briefings, over a coffee; listening to community people in their homes, their offices, at school, under the Morrison Bridge, at R2D2 or Central City Concern, etc. By listening with integrity to peoples' concerns, I'll build personal relationships with police and the community. I'll expect to gain personal trust, so I can build bridges where now the police and community seem set in opposition.

The Community Liaison role requires visibility, community presence, and the ability to present a demeanor and attitude of acceptance. It's the nitty-gritty of community organizing—finding commonality and engaging others in collaboration, dialog, and action. It's not an office-bound, suit-and-tie, PowerPoint-show kind of activity. Toward this end, I expect to maintain an accessible, street-level, storefront office for open, free-form dialog. I'll maintain daily office hours, keeping myself, or staff, COAB members or other trained volunteers (e.g., graduate students, police cadets, clergy) available to effectively listen and collect input, so community people can be heard.

The COCL also has a significant Community Liaison responsibility that unfortunately isn't clearly spelled out in the Agreement. The Agreement includes several provisions that refer to the inadequate mental health and substance use treatment services in our community. Various parties have lately referred to solving these problems as “aspirational” or outside the purview of this case and Settlement.

Clearly, Portland (and most of Oregon) needs additional services to aid police, families, and especially, people with behavioral health issues. How these might come to exist in the fragmented and silo'd world of State-County-Coordinated Care Organization behavioral healthcare is uncertain.

As COCL, I would be in an excellent position to leverage current information about unmet need, to give a “nudge” to various funding and treatment entities. I already have a good collegial relationship and meet regularly with Dr. Pam Martin, the Director of Oregon's Mental Health Division (who is also working on an agreement with DOJ under a separate Civil Rights case.) She and I both hope to connect the work of the COCL with the State's effort to comply with DOJ's requested statewide reforms.

There is also a community perception of racial and class bias in policing in Portland. Advocates attempted to broaden the attention of the DOJ and Court to address bias issues more generally, but the scope of the Agreement was mostly limited to issues regarding bias against people with mental illness.

There is, however, strong evidence nationwide that poverty, skin color, or ethnicity are significant barriers to adequate behavior health treatment. One result is that Portland police are likely to more often have encounters with people with untreated mental illness who are also members of minority groups. And we know that each kind of other bias (racial, ethnic, linguistic, mental illness, drug use, etc.) can compound the deleterious effects of others. The City and its Police Bureau should be, and to some extent are, trying to address these other bias issues. I believe the COCL's work should support this effort.

Transcript of presentation made by Daniel Ward, candidate for COCL

September 29, 2014

Good morning. I am honored to have been asked to be a finalist for the position of Compliance Officer Community Liaison. Thank you.

From what I've read in the press, it seems that the topic of candidates' "lived experience" has come up.

Employment laws protect candidates from discrimination related to certain health conditions and life experiences. So most recruitment processes, like this one, properly omit inquiry about such things. But as a candidate, I can voluntarily disclose otherwise protected information.

Among my family, there are people who have experienced mental illness. I am one of them. I have taken medication for depression every day for 25 years, and not a day goes by that I don't pay attention to my recovery.

We also have experience in our family with other sometimes-disabling conditions: addictions, developmental disabilities, brain cancer, stroke, traumatic brain injury.

Besides family members, I have close friends who live with, and work every day to recover from, mental illness or addictions. I have lost three adult friends to suicide.

In our family, we have "lived experience" of law enforcement issues, too. My wife and I, and three of our children, have each survived violent crimes. One of our children survived an excessive force incident with a law enforcement officer.

Also among our family, there are people who have been stopped in airports for having Arabic names, people who have been stopped repeatedly for driving while black, people who have faced and challenged a variety of discriminatory patterns and practices because of their skin color or their ethnicity.

I think these "lived experiences" have given me an understanding of the issues facing Portland that is not bureaucratic, legalistic, sterile or academic. It's personal. And it's part of why I think I'm qualified to become the COCL.

Here are some other relevant life experiences that I've had.

During college, I worked at a drug and mental health crisis center. I learned to de-escalate people who were having bad experiences with hallucinogenic drugs. I talked down more than 400 people with bad trips.

A couple years after college, I became an adult felony probation officer. I learned the law enforcement skills required for that work--rules of evidence, incident documentation, presenting testimony, rules of legal procedure, personal defensive tactics, and interview techniques. I also spent a lot of time with offenders, their families, and victims in the community and in jails and prisons. I learned first-hand about systemic disparities in the criminal justice system.

I went back to graduate school. I earned a masters degree in humanistic psychology, a branch of psychology oriented less to pathology and the other-ness of people and more to appreciating the full range of human experience.

Following graduate school, I was licensed to practice psychology in Michigan. I found work in the 24-hour emergency clinic of a fifty-bed psychiatric hospital in an urban area: Grand Rapids. During my time there, I helped more than 4,000 people in serious mental health crisis.

I became known for my ability to form a therapeutic alliance with people who with mental illness, while simultaneously maintaining clinical and diagnostic perspective. This is, I believe, a key component of effective advocacy: genuine emotional connection combined with the capacity for objective strategic thinking.

Here are some activities during the years that followed that are relevant to your consideration.

- My personal relationships with law enforcement officers through my crisis work led to me developing a multi-day training for all Grand Rapids police officers on mental illness and non-violent intervention with people in mental health crisis. (This was in the days before Memphis PD invented Crisis Intervention Teams.)
- I served the police as an on-scene consultant during barricaded gunman and hostage negotiations, often when those situations involved people with mental illness.
- I was appointed Mental Health Ombudsman, the first in the United States. My job was to advocate for better access to treatment and better matching of people in need with available treatment.
- Following an avoidable client death, I investigated a large residential service provider. When the provider decided to abruptly terminate its business, potentially sending about 200 people with severe and persistent mental illness into homelessness, I created a replacement organization.
- I created an array of community-based residential care: three crisis homes, where people could get intensive intervention and stabilization outside of hospitals, crisis homes for elderly people who had been ejected by nursing homes for undesirable behavior, treatment homes for people with developmental disabilities concurrent with mental illness—In all, I built 14 such facilities.
- I designed and operated a free-standing 24,000 sq ft, 24-hour psychiatric emergency center. It included separate walk-in and waiting areas for adults and children, a secure and private police and ambulance drop-off, and short-term “23-59” secure observation rooms.
- My staff provided emergency care for 11,000 people a year. I ran that program for seven years.
- I created the first full-time 24-hour mental health treatment program inside the local county jail. I learned about balancing the needs of people with mental illness with the needs of law enforcement for custody and control.
- With my crisis staff as the core group, I funded a team that provided post-event debriefing and counseling for law enforcement personnel after critical incidents. That team evolved into a

national organization that helps LEOs and others with recover from trauma after critical incidents.

I took a break from the mental health field and my wife and I moved our family to Seattle, where she went back to graduate school—she is a forensic psychologist who specializes in the treatment of people who have committed sex offenses.

And then, I returned to the field a few years ago, when I was asked to help the Denver metro area develop its mental health emergency system.

Like Portland, Denver did not have an adequate emergency mental health system. Police were the only help available to families and friends overwhelmed with caring for people with mental illness.

My job in Denver was to design and build a system to give families – and police – more options. An accessible, 24-hour a day, professional mental health crisis system. To make it work in seven counties, my staff and I trained officers on every shift at nearly every one of the area's 44 police departments.

It was successful. Starting with a 24-hour call center, built with the input of law enforcement and people living with mental illness, and a plan for multiple police drop-off centers, and the support of a half-dozen foundations and the Governor, the whole system that I designed has now been funded statewide by the State of Colorado. For this work, I was nominated for an "Excellence in Government" award from the Harvard Kennedy School.

So with that overview, I'll get into the four assigned topics.

1. Accountability and civilian oversight -- Describe your experience with police accountability and civilian oversight of police.

In our constitutional democracy, law enforcement agencies derive their authority from the communities they are supposed to serve. As is true with our military, our system of law enforcement is required to be under the supervision and control of civilians.

Here, that means that the Portland Police Bureau is required to be accountable to the Police Commissioner (the Mayor), the City Commission, and through them, the people of the City.

Despite the oversight of the Independent Police Review division (IPR), the Citizen Review Committee (CRC), the Human Rights Commission and its Community and Police Relations Committee, Portland police actions, in aggregate, have shown the community what the DOJ calls a "a pattern or practice of unnecessary or unreasonable force during interactions with people who are perceived to have mental illness."

To change the pattern or practice, the first step is to clearly communicate new behavioral expectations for the police. The Settlement did so, and the Police Bureau has begun implementing the mandated changes to policy and training. The second step is to strengthen internal accountability systems, which the Bureau has also begun. The Agreement devotes eight pages to officer accountability—the necessary changes agreed to by the Parties are clearly specified.

As I said in my initial application materials, I think there's been enough research about our problems here—seven years of PARC reports on officer involved shootings and in-custody deaths didn't stop

patterns or practices of excessive force. We have all kinds of data, with more being compiled every day. The community is speaking; the citizens want changes. So my approach is to ask: we have lots of data, therefore what? How can we use that data to drive change?

Reading the Settlement Agreement it's clear that the DOJ and the City incorporated the advice and direction of national and local experts on accountability and oversight to craft very specific changes. The metrics for them are clearly established within the Agreement.

It's time to start doing. The COCL is expected to perform a very specific task, which has been defined in detail in the Settlement Agreement. It's not about "accountability" or "citizen oversight" in the abstract; it's about real daily work to make change happen.

The COCL's job with respect to police accountability and civilian oversight is this:

- a. Determine the extent to which the parties are complying with the Agreement, over time, and
- b. Determine whether the changes in police accountability and civilian oversight are producing the desired results: overall reduction in use of force; reduction of use of force against people with mental illness, people of color, other minority groups; reduction in use of deadly force; reduction in injuries and death for all citizens.

And it's about the back-and-forth of community organizing, giving a voice to people with mental illness, people of color, people who have barriers that don't exist for the neuro-typical and racially-dominant majorities. It is about holding the parties accountable to do what they said they'd do, exactly as described in the Agreement. And that's what I have to offer.

2. Three areas of expertise -- In which of the three areas of expertise required by the Agreement (police practices, community engagement, and crisis intervention methods) is the principal applicant most proficient and least proficient? How will you add expertise in the least proficient area to your team? Will other people be added to your team?

I'm well-versed in all three areas but it would be wrong to say I know everything I need to know. (For example, I received training years ago in the law enforcement practices required for success in adult probation and parole, but I've never been a sworn police officer.)

If selected for this position, I expect to learn a lot, continually.

I've read many pages of online materials produced by the community members who have been interested in this case. I attended the Fairness Hearing, and read all of the Federal Court transcripts and supporting documents, but I know I still have many people to meet and views to hear.

I believe that the majority of people who work in the Portland Police Bureau are skilled, well-trained, professionals. I believe that most of them want to improve the Police Bureau and improve the Bureau's relationship with the community. I anticipate that I will learn a lot from them.

I'll plan to meet with individual police officers and specialized units, to listen to their concerns and challenges. I'll plan ride-alongs and walk-along and observe the activities of the three parts of the Addictions and Behavioral Health Unit. I'll observe activities of SERT, the gang unit, the Neighborhood Response Team, and others. I'll expect to become a familiar face in all three precincts.

Another way that I'll develop more expertise is by continuously conducting the use-of-force audits and supervisory audits as required by the Agreement, along with the Inspector and the Professional Standards Division.

I'm on a first-name basis with a dozen or so police chiefs and county sheriffs around the country, and several in Oregon. I presently collaborate with the director and research staff of Oregon's Criminal Justice Commission. I will expect to call on them if I need outside consultation or advice on police practices.

To begin my community engagement, I will expect to meet, in my first week, with representatives of the named parties: the Mayor, the Police Chief, the U.S. Attorney, the Portland Police Association, and the Albina Ministerial Alliance.

In the following few weeks, I will expect to meet with many of you representing stakeholder organizations both inside and outside of City government.

I'll offer open-office listening sessions to individual community members who wish to discuss the issues. (I've had several calls from community members already, since the public announcement of my candidacy.)

To engage stakeholders, I will listen to the variety of concerns that have led to this Agreement, the perceptions of progress made, and hopes for things yet to come. (My experience is that it's better to begin a personal relationship before a crisis hits, and unfortunately, it's possible other events may occur that may further damage the relationship between the community and our police.)

I'll establish regular, scheduled, check-in times with each of the named parties and key advocacy groups. I'll expect to have significant conversations about progress, or lack of progress, with each of the named parties frequently.

If selected, I'll establish a dynamic website for active communication with and to the community. I'll establish a visible and accessible office presence. I envision an office in the central city or near north side where the named parties and advocacy groups, as well as individuals with mental illness or others with concerns about the police can comfortably come and meet with me to express their views. I imagine it as a place where, for example, the many people who spoke at the two-day Fairness Hearing can again be heard, and perhaps enter a dialog leading to resolution of their concerns.

I have come to know many people with mental illness or addictions who are regular fixtures on downtown streets. Nearly every day, I have conversations with them about their lives and challenges. I hope that some of them can find an effective voice through my work, if I'm selected.

As for crisis intervention methods, I am very skilled, very experienced, and very well-read about the theory and practice. Many other people in Portland are, too. I hope to engage with and learn from them, as well.

- 3. Communication -- What are the challenges of communicating the needs and concerns of people with mental health challenges to law enforcement and law enforcement's concerns to people with mental health challenges? What is your experience in communicating with people who experience mental illnesses? What strategies do you employ, and how do you know when your strategies are successful?**

As I described earlier, I have often mediated between law enforcement and people with mental illness. Building trust and understanding between sometimes-antagonistic groups has long been part of what I do.

As I mentioned earlier, I have life experience with mental illness and people affected by such conditions, both professionally and personally. Communicating with people who have mental illness isn't a challenge for me, no particular strategy required.

Perhaps the last two questions are more about communicating with people who are in mental health crisis. Most of the time, my experience has been that I'm able to rapidly de-escalate mental health crises. I slow it down and use my tone and volume of voice, calibrated eye contact, my breathing, physical space and posture, an attitude of confidence, comfortable silence, assurance and positive focus, along with constant awareness and reassessment of the other person's behavior and my own.

In hundreds of such encounters, I've been spit-on a few times, punched in the face twice, and kicked in the face once, but never seriously injured. Where physical intervention was indicated, I've never needed to use pain-inducing compliance methods, and I've never injured the other person. In fact, they've often come to me later with gratitude and apologies.

4. Racial dynamics -- What is your understanding of how the racial dynamics of Portland will affect the work of the COCL? Talk about your capacity and experience engaging racially and culturally diverse communities in effective public processes.

Is there racism in Portland? Is there racism in the Portland Police Bureau? Of course there is.

Do people in Portland sometimes treat people with mental illness poorly? Do Portland police officers sometimes treat people with mental illness poorly? Yes, of course.

Bias against people of color and bias against people with mental illness are embedded in our culture. Racism has been part of North American life for at least 500 years. And bias against people with mental illness may go back for thousands of years. Bias is in most of us, no matter our ethnicity, skin color, or lived experience of mental illness. There is no reason to expect that Portland or its Police Bureau are immune to this. The struggle against bias is a marathon, not a sprint.

I think we're at a teachable moment right now. With the Settlement, we don't need to argue about whether there is bias in policing, or whether bias is bad. The Settlement Agreement gives us all an opportunity to get to work on making sure the Portland Police Bureau can reduce the effect of bias on police behavior...by requiring changed behavior and holding officers accountable.

I think this is the right approach. My experience is that the best way to change a culture—people's beliefs, values, and attitudes—is to provide reinforcement for behavior change. It is much harder to change behavior by trying to change beliefs, values, and attitudes first.

The Agreement isn't going to eliminate racist or anti-disability beliefs, values, and attitudes, but by changing overt behaviors, we create the conditions to enable those cultural changes to follow.

Now, it is true that the Settlement Agreement focuses on the interactions of police with people who are known to have, or perceived to have, mental illness. It doesn't directly address issues of racial or ethnic bias as strongly as I believe it should.

Daniel Ward, Candidate for COCL

Transcript of Presentation to Selection Committee – September 29, 2014

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But while the Settlement Agreement doesn't directly address a pattern or practice of use of excessive force against people of color—the pattern that seems so obvious to many in the community—its training requirements, policy changes, and officer accountability requirements, could, and I hope, will have the effect of reducing the use of force and lethal force against all people.

I hope and expect to work with the Albina Ministerial Alliance, other advocates, and individuals to ensure that the Settlement does indeed break the pattern of use of excessive force against people of color. If selected, I expect to open up all my processes to those advocates and community members so that they can be heard and contribute their ideas to making positive change a reality.
