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The Behavioral Health Unit (BHU) Timeline of Events

Since the establishment of the Behavioral Health Unit (BHU) on May 30, 2013, the unit has implemented many new protocols, to respond to individuals with mental illness or who are in crisis.

First and foremost, a BHU Advisory Committee was created and is co-chaired by Shannon Pullen, the former Executive Director of Multnomah National Alliance on Mental Illness. The responsibilities of the BHU Advisory Committee have been identified, vetted, and agreed upon, to help guide the group's efforts. The BHU Advisory Committee will also provide status reports and recommendations to the Bureau annually; as well as, continue to update training plans, to help further the mission of the BHU.

Next, a group of Enhanced Crisis Intervention Trained (ECIT) officers completed training on May 30, 2013. The ECIT officers are an important part of the BHU, due to the fact that, these officers will be responding to crisis events. They will then relay information to the BHU, providing important lines of communication throughout the Bureau, on those individuals and events that are crisis related.

Also, the Mobile Crisis Unit (MCU) was expanded to three operational MCU cars, pairing an officer with a mental health clinician in each of the Bureau's three precincts. The officers and Project Respond professionals work proactively with individuals who have multiple contacts with police to attempt to connect them with appropriate services in advance of a mental health crisis.

Finally, the BHU will continue to track outcome data and will provide reports on recommendations and data gathered, to look at the issues of mental illness and crisis events holistically.

For questions, please contact: 503-823-0813.



The Behavioral Health Unit (BHU)

In the Field: BHU Success Stories

On February 27, 2013, North Precinct officers made contact with a subject, who was experiencing a mental health crisis. He was living in a car parked in front of his mother's house, and the suspect's family was very concerned about the situation. The subject had been making threatening statements to his family and officers had discovered information that he may have access to a firearm.

On March 12, police again contacted with the subject, at which time he refused help. As time progressed, the subject's mother became worried about him and told police that his physical and mental health was deteriorating; coupled with the fact that he was still refusing to leave the vehicle, the mother was worried for her son's well-being. During the following weeks officers had frequent contact with the subject's mother. At this time police also had multiple contacts with the subject. The subject was discovered to be rarely leaving the vehicle and was urinating in empty bottles, not eating, and still refusing help from police.

On July 12, City-parking enforcement cited the subject's vehicle, informing him that if the vehicle was not moved, it would be towed.

On July 25, after much deliberation and planning, North Precinct officers, with assistance from Ofc. Madison Ceasar, and MCU helped to remove the subject from the car, without incident. The car was towed and the subject was transported to Emanuel Hospital where he was evaluated and connected with the appropriate resources.



Meet Dinah Brooks

Dinah Brooks

BHU
 Project Respond
 Mental Health Clinician

Dinah Brooks has been with the Portland Police Bureau's BHU as a Mental Health Clinician for five months. Prior to working with the BHU, Dinah worked as a crisis counselor at Project Respond; as well as a crisis counselor/ supervisor, with the National Suicide Hotline. Dinah's roles and responsibilities include assessing clients who are dealing with a mental health crisis, and if the situation dictates, intervening in order to connect clients to services.

Dinah states that in order to be successful in her position, people must be very patient and kind; yet direct, and overall enjoy working with people. Dinah states that the major obstacles the BHU faces on a daily basis, is being able to connect people to the correct services they need and the amount of documentation needed to obtain treatment for each client. When asked what she is most passionate about professionally, Dinah explains how she hates to see when people suffer from mental health disorders and she truly enjoys doing everything she possibly can to alleviate this suffering. She says, "It's exciting to see someone triumph over difficulties and the resilience of people constantly amazes me."

As far as working in the BHU, Dinah explains that the most rewarding aspects for her are being able to work as a team to assist people in need; attempting to be an unconditional source of support for clients, and having a great group of people to work with. When it comes to the future of the BHU, Dinah says that she hopes the BHU can continue to work towards helping individuals remain safe in the community and connect them to vital services that improve their quality of daily living.

✓ Facts and Figures

Crisis Situation Reports:
 Crisis Situation Reports (CSRs) are a collection of the significant events that are related to a possible mental or behavioral crisis. An analysis was completed to analyze those CSRs that occurred in July of 2013.

The BHU looked at variables from these reported CSRs and has provided an analysis that illustrates information

regarding identified crisis related incidents. It is the hope of the BHU that reported CSRs will be analyzed and reported on monthly; giving the unit, PPB, and the community a snapshot of events deemed as crisis related.

There were a total of **13** CSRs occurring in July 2013. This is below the YTD average of approximately **15** CSRs per month.

Furthermore, there has been an **18.8% decrease** in CSRs, compared to June 2013.

Concerning the Type of Call, a "Suicidal Person" was the most frequent call type of reported CSRs; these call types accounted for **53.8%** (N=7) of all reported CSRs.

Furthermore, those calls that pertained to some sort

of suicide ideation (Suicidal Person, Suicidal Person/ Mental Health Crisis, Threatening Others/ Suicidal Person) accounted for **69.2%** (N=9) of all reported CSRs.

Crisis Situation Reports:
 July 2013



Crisis Situation Reports: July 2013		
By Type of Call		
	N	%
Mental Health Crisis	1	7.7%
Mental Health Crisis/ Assault	1	7.7%
Suicidal Person	7	53.8%
Suicidal Person/ Mental Health Crisis	1	7.7%
Threatening Others/ Mental Health Crisis	2	15.4%
Threatening Others/ Suicidal Person	1	7.7%
Total	13	100.0%

Nine (69.2 %) of the CSRs in July 2013, had some form of suicide ideation.