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The Behavioral Health Unit (BHU) Timeline of Events

In October, the BHU continued to work hard with our partners to serve our community. Additionally, The BHU is actively working on solidifying its policies and procedures. These policies and procedures are shaped by the Portland Police Bureau, the Behavioral Health Unit Advisory Committee; as well as, the action items identified in the proposed Department of Justice (DOJ) Agreement. These documents will help shape the day-to-day functions of the unit and form the foundation of BHU operations. For more information on the DOJ action items, please go to: http://www.portlandoregon.gov/police/article/452158

The BHU was fortunate to be able to send its Crisis Intervention Team (CIT) Coordinator to the CIT International Conference, in Hartford Connecticut. The conference brought together law enforcement, mental health providers, and advocacy and consumer groups to facilitate understanding, development and implementation of Crisis Intervention Team programs throughout the United States and in other nations worldwide. The conference provided a multitude of workshops that promoted and supported collaborative efforts to create and sustain more effective interactions among law enforcement, mental health care providers, and persons with mental illness. For more information on the conference, visit the website: http://citconferences.org/

Finally, please visit the BHU website (http://www.portlandoregon.gov/police/62135) for more information on the BHU and its activities.

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

The Behavioral Health Unit (BHU)



BHU Stories From The Field

In early October, an individual called his therapist stating that he was going to commit suicide. The therapist requested help from the police. Patrol officers responded to the individual's location and were able to successfully intervene.

They placed the subject on a hold took him to the hospital. A large number of guns were taken for safekeeping at the time of the hold. The individual was released after a few days in the hospital with a discharge plan. Unfortunately, the individual was either not ready or capable of following the release plan.

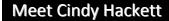
The individual ended up living in a motel after being served with a restraining order by his partner. While living in the hotel, the individual continued to exhibit reckless, suicidal behavior. This included heavy drinking and wandering into traffic, which led patrol officers to refer him to the BHU for outreach.

The BHU recognized he was a high risk to himself and others, prompting a Mobile Crisis Unit (MCU) to begin outreach. The MCU team researched the individual's treatment options based on his current needs and insurance options. The team met with the individual, including taking him out to coffee and driving him to an intake appointment at a nearby treatment center.

When the outreach started, the individual was severely depressed and dealing with multiple behavioral issues. After three weeks of outreach, the individual voluntarily began intensive outpatient dual diagnosis treatment and is reportedly stabilizing.

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Cindy Hackett has been with the Portland Police Bureau's Mobile Crisis Unit (MCU) as a Mental Health Clinician for approximately three years, and joined the BHU in December 2012. Prior to working with the BHU, Cindy worked for Cascadia Behavioral Healthcare and was a case manager for an Assertive Community Treatment (ACT) Team at Project Respond. Cindy's roles and responsibilities include performing assessments on individuals who are in mental health crisis and directing them towards resources that potentially can help stabilize their mood and behavior.

Cindy states that in order to be successful in her position, people must be have the ability and flexibility to work with a diverse group of people and guide them to make small steps toward achieving their goals. Cindy recognizes that being friendly and easy going helps her be successful within the BHU. She states, "I enjoy working with people, so this job lets me have a lot of interaction with clients and co-workers on a daily basis, who are working towards common goals."

One of the major obstacles, Cindy says, the BHU faces on a daily basis is working with clients who do not have insurance (or the right type of insurance) to access resources that could potentially help them. When asked what she is most passionate about professionally, Cindy explains how she loves being a resource for police officers, and being a part of a system helping people connect to the proper services.

As far as working in the BHU, Cindy explains that the most rewarding aspects for her are working with people who do not know how to access services, and connecting them to the proper help. When it comes to the future of the BHU, Cindy says that she hopes the BHU can continue and build upon the good work that the unit has been facilitating and possibly create change by being able to highlight areas in the system that could use improvement.

Cindy Hackett

BHU Project Respond Mental Health Clinician

✓ Facts and Figures

Crisis Situation Reports:

Crisis Situation Reports significant events that are related to a possible mental or behavioral crisis. An analysis was completed to analyze those CSRs that occurred in September of 2013.

The BHU looked at variables from these reported CSRs and (CSRs) are a collection of the 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 11 CSRs occurring in September 2013.

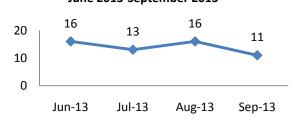
This is below the YTD

average of approximately **15** CSRs per month. It was also found that a CSR occurred every 2 days in September 2013.

Concerning the Type of Report, a "Suicidal

Person" was the most frequent call type of reported CSRs. These call types accounted for **54.5%** (N=6) of all reported CSRs.

Crisis Situation Reports: June 2013-September 2013



| Crisis Situation Reports | : | |
|--|----------|--------|
| September 2013 | | |
| By Type of Report | | |
| | N | % |
| Mental Health Crisis | 1 | 9.1% |
| Suicidal Person | 6 | 54.5% |
| Suspicious Death | 1 | 9.1% |
| Threatening Others | 1 | 9.1% |
| Threatening Others/ Mental Health Crisis | 1 | 9.1% |
| Threatening Others/Suicidal Person | 1 | 9.1% |
| Total | 11 | 100.0% |

Seven (63.6 %) of the eleven CSRs in September 2013, involved events that had suicidal ideations.