

The Behavioral Health Unit (BHU) News

BHU continues to strive to fulfill its mission of, "...coordinating the response of Law Enforcement and the Behavioral Health System to aid people in behavioral crisis resulting from known or suspected mental illness or drug and alcohol addiction."

One of the ways that the BHU does so is by inviting agencies, partners, and community members to the Unit to witness firsthand the day-to-day operations of the BHU. In late January, members from a Sheriff's Office in Washington spent 2 days with BHU. During that time, the deputies learned about the four tiers of police response to individuals with mental illness or in crisis and how the BHU is using data to support its mission and fulfill the requirements of the DOJ Settlement Agreement. They also went on ride-alongs with the Mobile Crisis Unit (MCU) Teams and sat in on informational meetings.

Another way the BHU is meeting this requirement is by continuing to educate members of the Bureau on the function of the Unit. Sergeant Bob McCormick recently presented to all of the Bureau's supervisors at the mandatory Supervisor's In-Service. In this training, Sgt. McCormick explained the BHU's mission, the evolution of the Unit, the training and capabilities of ECIT officers, and how ECIT officers are dispatched.

Please visit the BHU website (<http://www.portlandoregon.gov/police/62135>) for more information on the BHU.



BHU Stories From The Field

On January 21, 2014, BHU MCU Officer Josh Silverman and Project Respond Mental Health Clinician Dinah Brooks responded to assist on a call of someone threatening to jump off the Burnside Bridge. When they arrived, they saw that a sergeant was already speaking with the man. Ms. Brooks and Officer Silverman began writing down what he was saying and updating dispatch of the pertinent information.

Given the nature of the situation, Ms. Brooks and Ofc. Silverman became the lead on the conversation. They began talking with the man directly. In doing so, the MCU team learned that the cause of his distress was that his girlfriend had just relapsed on heroin and had broken up with him. The man also stated that his past criminal history makes it nearly impossible for him to get a girlfriend, get a job and live the life he desires.

After speaking with the team for a while, the man eventually agreed to come off the ledge of the bridge and go to the hospital. En route to the hospital, the man asked to speak with his Parole Officer. In speaking with his parole officer, he learned he would be going to jail after his hospital stay because he had failed to appear at a court hearing that morning. Although the individual was upset about this information, he said he understood. Officer Silverman also spoke with Parole Officer who related she was very familiar with the individual and assured him she would continue to work with this individual on these and other issues.

Service Coordination Team

In June of 2013, the Service Coordination Team (SCT) offered services to a client, whose addiction and subsequent behavior caused chronic livability issues in the retail centered neighborhood he called home. His reliance on panhandling to feed his addiction led to perpetual disturbances and run-ins with the police. Between February 2012 and May 2013, he picked up **98 unique charges** – and average of six per month. He had 37 individual custodies from Jan-May 2013 alone.

Although his criminality remained largely lower level in nature, the frequency and nature of the contacts heavily impacted business owners, customers, residents, officers, and the courts. Through coordinated outreach and engagement efforts, SCT partners created a wrap-around plan and successfully engaged him during his last custody. He was screened for the SCT program and housed at the Residential Support Program (RSP).

The individual successfully engaged in treatment through Volunteers of America and continues to maintain his sobriety. After several months of supported housing at RSP he moved into the Estate Hotel. He is currently participating in the Community Volunteer Corps program and creating an income development plan through the Employment Access Center. The individual has not had contact with the police since May 2013.

The success of this strategy was the result of the collaborative efforts of Central City Concern, Volunteers of America, Multnomah County, Multnomah County Sheriff's Office, Transition Projects, Multnomah County District Attorney's Office and the Portland Police Bureau.

Meet Frank Silva



Frank Silva

BHU
Crime Analyst

Frank Silva has been with the City of Portland for five years and with Portland Police Bureau (PPB) since July 2013. Frank has spent time working for the City's Office of Management and Finance, as well as the City's Crime Prevention Program, where he worked closely with PPB's Neighborhood Response Team (NRT). Prior to coming to work with the City of Portland, Frank worked for the Oregon Criminal Justice Commission, the Oregon Liquor Control Commission, and Homeland Security.

As a Crime Analyst, Frank's roles and responsibilities include compiling, organizing, and analyzing statistical data from police reports, databases, internal and external partners and other sources to help in the preparation of regular reports to BHU staff, the Behavioral Health Unit Advisory Committee (BHUAC), PPB, and other stakeholders. Frank also tracks and evaluates outcome data to fulfill requirements mandated by policy and procedure and responds to action items set forth by the Department of Justice.

Frank explains that some obstacles that he has encountered while working for the BHU are "finding and capturing the right data and making it "usable" for the BHU and the Bureau. Also, defining what "success" looks like for the unit is difficult. As one member of the BHU states, 'Our success is the crisis event that doesn't happen.' So how do you quantify that?"

As far as working in the BHU, Frank notes that the most rewarding aspect of his day-to-day duties is working with a team that truly cares about helping people. Also, Frank likes having a real, tangible impact on people's lives; whether that is connecting them to the proper service, or identifying programmatic needs.

Frank hopes the BHU can continue to grow. He believes that "the BHU can become the 'gold-standard' for programs that deal with individuals who are in mental health crisis. Also, I think that the BHU has the opportunity to become a resource center for operational and outcome data that other partners/agencies can look to when developing strategies to reduce repeat calls for service and identifying trends and patterns involving persons in a behavioral health crisis."