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The Behavioral Health Unit (BHU) News

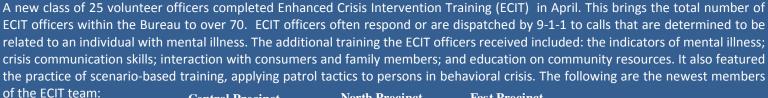
The Portland Police Bureau released its first Department of Justice (DOJ) Progress Report, on April 28, 2014. This report highlights the Bureau's efforts at implementation of the terms of the DOJ agreement thus far while awaiting its approval by the federal court. Nearly one hundred action items have been assigned to five units within PPB related to use of force, training, crisis intervention, community based mental health services, accountability, and community engagement. This has led to significant changes to Bureau policy and practice, training protocols and the process for internal administrative investigations. Pages six and seven of the report have specific information on the BHU. For more information the report, please go to: http://online.fliphtml5.com/cvzl/xmsr/#p=1



On Sunday, May 18th the Portland Police Bureau (PPB) and the BHU joined with the National Alliance on Mental Illness (NAMI) for the 12th Annual NAMI Northwest Walk. NAMI is an important partner of the BHU. NAMI is the largest education, support, and advocacy organization serving the needs of all whose lives are touched by mental illness.

The walk took place along the Vera Katz Eastbank Esplanade under threatening skies. However, that did not dampen the enthusiasm of the hundreds of participants, including Chief Reese, East Precinct Commander Sara Westbook, BHU Lt. Cliff Bacigalupi and most of the BHU team; as well as, members of the BHU Advisory Council.

New Enhanced Crisis Intervention Team Members!



Central Precinct	North Precinct	East Precinct
Allen, Kevin	Boyd, Matthew	Curtiss, Royce
Carper, Jason	Elam, Charles	Flippo, Zachary
Jamison, Matthew	Hughes, David	Hearst, Andrew
Moore, Gregory	McMillan, Amanda	Kile, Davis
Oliphant, John	Russell, Alicia	Mirau, Stephen
Ramic, Adi	Sutton, Jasmine	Morales, Dionisio
Richardson, Johnathan	Snitily, Thomas	Robertson, Scott
	Wiley, Laura	Wilcox, Dennis
Youth Services Division		Wingfield, Larry
Brainard, Jessica		

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BHU Stories From The Field

A U.S. veteran, who has known mental health and substance issues, presented as an extremely high risk for a tragic encounter with police. This individual believed he was a member of Knights Templar and was the "Bouncer of Portland" with the duty to fight crime in the City. To this end, he would often wear a tactical vest, multiple knives and, on at least one occasion, fake handguns. He was typically very cooperative with police as he believed they were his allies; however, his bizarre behavior put him in very dangerous situations with both the police and the community.

This individual has a lengthy criminal history that was quickly escalating. On January 18, 2013 he was arrested for burglary. On March 12, 2013 he reported that he was thrown into the Willamette River and spent hours in the water before being arrested. On July 19, 2013 police responded to this individual walking down the street with guns and other tactical gear. On August 20, 2013 he tried to steal climbing gear, presumably due to his crime-fighting delusion. And throughout this time period, the individual's mental state and physical appearance continued to slowly decline. Finally, on November 15, 2013, he armed himself with knives and refused to leave a local grocery store. He was so uncooperative with police that he had to be Tazed.

In the past, various responses were attempted to assist this individual. He was placed on a number of mental health holds but those were quickly dropped; he was arrested multiple times and while in jail, was treated by mental health staff but refused to see any providers in the community upon release; and, once convicted, was assigned a probation officer who could have helped him.

This time the BHU coordinated with many different community partners including Parole & Probation, the Veterans Administration, the DA's office, and county mental health. Eventually the DA's office agreed to a plan with the Veterans Administration in which the individual agreed to do 6-months of in-patient Alcohol and Drug Treatment in White City, Oregon at a world-class VA facility. He has family support in the area and as recently as April, the individual spoke with the BHU sounding lucid and in high spirits and reporting that he is doing well.

Meet Sean Christian



Sean Christian

> BHU MCU Officer

Officer Sean Christian has been with the Portland Police Bureau (PPB) for about 7 years. Sean has spent time working in both Central and East Precincts. Prior to working with the Portland Police Bureau, Sean worked for the Multnomah County Sheriff's Office for 13 years. While with the Sheriff's Office, Sean worked a number of details, including: Detectives, Hazard Materials, River Patrol, the Special Investigations Unit (SIU), and Patrol. Sean came to the Behavioral Health Unit in January of 2013.

Sean is the police component to Mobile Crisis Unit 2 (MCU2), teamed up with Mental Health Clinician Dinah Brooks. Sean and Dinah are primarily responsible for interacting with individuals in East Portland. Sean states that some of the skills required on a day-to-day basis are "Patience with clients and patience with the mental health system. Also having the ability to connect with a wide variety of people helps gain the trust of the individuals we interact with."

Sean explains that some of the major obstacles that he has dealt with while working for the BHU are navigating the mental health system and helping diminish negative stereotypes that some may have of the police and their interactions with people who are in a mental health crisis. However, Sean states, "One of the most rewarding aspects of working within the BHU is seeing a direct impact on individuals' lives. I also find it rewarding working with the officers on patrol and sharing information with them, with the hope of making their jobs a little easier."

Sean shared that one of the most memorable cases he has worked on while with the BHU is when MCU2 helped an individual who had been living with a deceased spouse, in the same house, for an extended period of time. "It took information from the community, patience with the system, and coordination within different units of the Bureau to get the individual out of the house and connected to the services the person needed."