

The Oregonian

Fired Portland police sergeant would be allowed to retire with back pay instead, under city proposal

*By Maxine Bernstein
January 26, 2019*

City officials are moving to rescind the firing of a Portland police sergeant, who was reported to have made an inflammatory remark about killing a black man during roll call, and allow him to retire with a three-week suspension instead.

He won't be eligible for any job at the Portland Police Bureau or in the city again, under the negotiated agreement with the police union.

The proposal, which goes before City Council on Wednesday, was drafted after the mayor's office received advice from the city attorney's office cautioning that an arbitrator likely would overturn the sergeant's termination.

Gregg Lewis was fired on Feb. 2, 2018, after other officers reported to command staff a year earlier that they were alarmed by alleged racist and violent remarks the sergeant made about the use of force against a black man during a Central Precinct roll call. The remarks were made just three days after the controversial fatal police shooting of a black teenager, 17-year-old Quance Hayes.

Shortly after Lewis was placed under investigation in 2017, Mayor Ted Wheeler said, "I will not tolerate racism or threats of violence by any police officer. Any officer who is found to have engaged in such behavior will face severe discipline, including termination."

Now the mayor is bringing to the Council a proposed emergency ordinance that would allow Lewis's firing to be erased, with the city paying him \$100,020.53 in back pay.

Further, Lewis would be considered retired, effective Dec. 3, with the city ensuring he receives pension credits for his adjusted service time through his retirement date.

The back pay figure covers his wages from Feb. 2, 2018 through Dec. 3, 2018, at the base hourly rate of pay at the time of his firing, minus the newly imposed 120 hours of suspension without pay.

The settlement results from a grievance that the Portland Police Association filed three days after Lewis was fired. The union argued Lewis was fired without just cause in violation of the city's bargaining agreement. Lewis argued that his remarks were done in a joking manner, according to the mayor's office.

The city initially denied the grievance. The bureau's Police Review Board had found Lewis' remarks brought discredit to the bureau. One board member called Lewis' comments an "egregious, abhorrent act" that had no place in the police bureau. Several board members also noted that Lewis failed to recognize the gravity of his inappropriate remarks and the negative effect they could have on younger officers under his command and the police bureau.

As the union advanced toward arbitration, though, the city negotiated a compromise, without taking the case to an arbitration hearing before an administrative judge, according to city records.

"This is the only way we can ensure 100 percent that he will never become part of the Portland Police Bureau again," said Berk Nelson, the mayor's senior policy advisor.

Deputy City Attorney Mark Amberg advised the mayor's office in this case. Because Lewis didn't have a prior history of making such "racist" remarks before that February 2017 roll call address, it was considered likely that his firing would be overturned by an arbitrator, Amberg advised the mayor, according to Nelson.

Wheeler objects to the arbitration process, which often second-guesses and overturns discipline meted out by the police chief and police commissioner, Nelson said. The mayor and chief will work to challenge it in the next Portland Police Association contract, Nelson said.

Lewis has already retired from the Police Bureau once. He retired on Oct. 31, 2016, but was rehired two months later, part of the police bureau's retire-rehire program to fill vacancies.

The proposal goes before the council for a vote at its 9:30 a.m. meeting in City Hall's council chambers.

The Daily Journal of Commerce

Public hearing on tap for I-5 project plans

*By Josh Kulla
January 25, 2019*

The Oregon Department of Transportation next month will hold a public hearing to receive testimony on exempting the massive I-5 Rose Quarter Improvement Project from normal competitive bidding procedures.

The hearing will take place at 10 a.m. on Feb. 6, in Salem, at the ODOT procurement office, 3930 Fairview Industrial Drive S.E. Both oral and written testimony will be accepted at the hearing, which will cover ODOT's draft findings in support of the exemption. ODOT wishes to use the construction manager-general contractor method, which would allow the agency to negotiate directly with contractors.

ODOT plans to spend up to \$450 million on the I-5 Rose Quarter Improvement Project, which is currently in an environmental study and public engagement stage. Environmental study findings will be published in February, with a 30-day public comment period to follow. More design work and community involvement will continue thereafter.

The project is the brainchild of ODOT, the city of Portland and community interests. Over 70 options were examined before the current concept was recommended to address long-standing traffic issues in the area.

Currently, the project team is continuing to study and design improvements to local streets near the Broadway-Weidler interchange and the critical stretch of Interstate 5 between I-84 and I-405 in Portland.

Project features include: highway covers, a new bridge and paths for bicyclists and pedestrians, transit access improvements, a new connection for North Hancock and Dixon streets over I-5, relocation of an I-5 southbound on-ramp, new ramp-to-ramp auxiliary lanes for I-5 and widened I-5 shoulders.

OPB

The Safety Net Is Broken: How Police Became Mental Health First Responders

*By Ericka Cruz Guevarra and Conrad Wilson
January 28, 2019*

Politicians, mental health advocates and police say that law enforcement agencies have inherited a role they're ill-equipped to play, but too often do. How did we get here?

Andre Gladen was shoeless and scared for his life when he knocked on a stranger's door in Southeast Portland earlier this month.

He had come from the emergency room at Adventist Medical Center, less than a mile away. He told the man who answered his knock that he feared someone was trying to kill him.

Gladen was asked to leave. When he didn't, the building landlord called 911, hoping police would come help Gladen.

Instead, Gladen pushed his way into an apartment. A struggle ensued. A Portland officer used his Taser on Gladen. That didn't stop him. Finally, the officer shot Gladen three times, puncturing both of his lungs. Police say he was taken to Oregon Health & Science University, where he was pronounced dead.

His family says Gladen was blind in one eye, suffered from schizophrenia and had taken medication for bipolar disorder. The family also confirmed with Adventist that Gladen was at the hospital that morning, though what for remains unclear.

Almost seven years ago, the U.S. Department of Justice found that the Portland Police Bureau engaged in a pattern and practice of force against people suffering from mental health crises. The bureau has taken steps to improve how it responds to people suffering from mental illness.

Gladen's death marked the third time in nine months a Portland officer has shot and killed someone who appeared to be in the middle of a mental health crisis. The Jan. 6 shooting renewed criticism of the Portland Police Bureau and how its officers respond to people experiencing mental illness.

Yet politicians, mental health advocates and police say that law enforcement agencies have inherited a role they're ill-equipped to play, yet too often do. In a system that works, people experiencing mental illness would receive the care they need before they hit crisis mode — long before police become involved.

"There are resources missing that the police can probably never be primarily responsible for," said Rebekah Albert, executive director of Rose Haven, a women's day shelter in Northwest Portland. "It's not just up to the police. It's up to all of us to decide what kind of intervention is appropriate that can take place to avoid that officer ever having to take that call."

Elected officials and mental health advocates say even the state's most well-resourced region — the Portland area — is woefully inefficient and under-funded when it comes to maintaining the safety net for some of Oregon's most vulnerable people.

'We Were Warehousing People'

Multnomah County leaders and mental health advocates say police shouldn't have to respond to people in mental health crises as often as they do right now in Portland.

A better system would have more resources to catch people before they hit a crisis point; and structures to address both short-term mental health treatment — places for people in an immediate crisis — and longer-term options that help people learn to manage their mental health and live independently. It would also include more solutions to other problems that can exacerbate mental illness, such as the lack of affordable housing.

Portland and Multnomah County have never truly had such a comprehensive system.

“People think there was this ideal age where people get ideal care and everything was rainbows, puppy dogs and cotton candy,” said Chris Bouneff, executive director of the Oregon chapter of the National Alliance on Mental Illness. “It was so far from the truth it boggles the mind.”

Oregon used to rely heavily on big government hospitals to house people being treated for mental illness. But over the last 50 years, federal officials began to realize these institutions didn’t work and were too expensive. Oregon’s largest institution was found to have violated patients’ rights. In 2008, the U.S. Department of Justice determined conditions and treatment at the Oregon State Hospital violated the U.S. Constitution.

“We were warehousing people,” Bouneff said.

Federal policies slowly did away with such large public institutions, shifting the focus instead to private hospitals and community-based outpatient services. The idea was to steer people needing psychiatric help to doctors closer to home as a way to both save money and improve treatment.

In Oregon, deinstitutionalization accelerated in 1995 with the closure of the Dammasch State Hospital in Wilsonville. The state was supposed to put the money it had been using to run Dammasch into community housing programs for hundreds of patients, as well as private hospitals to treat people in crisis.

“However, those resources were never really fully diverted,” said Sharon Meieran, a Multnomah County commissioner and emergency room physician in the Portland area. “People were let out of the institutions, but there wasn’t anything to catch them.”

Today, despite changes and efforts to improve mental health care in Oregon, there’s still a lack of continuity in care. Patients don’t move smoothly through a logical system of mental health treatment and recovery, said Albert, whose Portland day shelter staff often encounter people suffering from mental illness.

“The treatment and the intervention resources that we have are too few and too shortterm,” she said. “There just isn’t that transitional piece for people who need to learn the skills and to have supportive environments to learn how to live independently again.”

Bob Joondeph, executive director of Disability Rights Oregon, said the state is still trying to put more dollars toward mental health providers, but the needs continue to outpace funding.

“It’s been happening slowly,” he said.

And there’s one more reason police in Oregon’s largest city end up responding to people suffering from mental illness: Portland’s housing crisis.

Police Struggle To Fill New Role

Multnomah County’s homelessness crisis exacerbates – and even creates – mental health problems for people whose worst days end up unfolding on city streets.

The lack of housing and the complicated realities of scratching out a life outdoors can increase one’s likelihood of encountering police.

“Especially for people who don’t have a place to live, you’re going to see their healthcare needs and perhaps their behavioral health crisis unfold in public areas,” said Sarah Radcliffe, an attorney with Disability Rights Oregon’s Mental Health Rights Project.

So police become the first responders to mental health crises. It’s a role officers have often struggled to fill.

Gladen, an African-American man who was visiting family from Sacramento, represents the worst case scenario. Police were called to help him. But had he survived, he may have ended up in jail — not a hospital or mental health center — for trespassing.

That’s the rub for law enforcement, who acknowledge the tools at their disposal are not designed for mental health treatment.

“We don’t want to criminalize mental health, mental illness. That’s not what we do,” said Capt. Lee Eby, Clackamas County’s jail commander. “Unfortunately, as everybody has said, it’s become kind of a cliché: Jails are the new mental hospitals.”

Eby said that’s not the function of law enforcement and should not be the role jails play.

“That’s a big question for society,” he said. “As the public, the community, we have to decide how we want to handle that.”

The Portland Police Bureau, for its part, has tried to handle that by creating more tools for dealing with people in crisis.

Bureau leaders were rethinking their approach to mental illness even before the 2012 U.S. Department of Justice settlement. In 2013, as part of the city’s efforts to comply with federal officials, the bureau created a Behavioral Health Unit.

Teams are comprised of an officer and a mental health clinician who work 9 a.m. to 5 p.m., Monday through Friday. The bureau recently expanded from three to five BHU teams.

“We function in more of a follow-up capacity,” said Casey Hettman, the acting lieutenant who runs the Behavioral Health Unit. “We really serve to do some follow up on the back end for individuals that are maybe more chronic or have more acute needs.”

BHU officers triage and assess whether they can assist in connecting people to mental and behavioral health services.

Hettman said sometimes that’s helping someone make a doctor’s appointment. Other times, it’s picking someone up and taking them to and from an appointment.

The behavioral unit gets roughly three referrals daily from patrol officers, Hettman said, and ends up working with about 500 people every year.

While BHU officers work to connect people to services, they’re not service providers. Much of the daily, face-to-face work of interacting and responding to mental illness falls to regular patrol officers.

All of Portland’s roughly 930 officers receive 40 hours of crisis intervention training, which covers how to talk to someone in a mental health emergency, how to spot someone in crisis and how to handle suicide threats.

Around 129 have an additional 40 hours of “enhanced crisis intervention training.” They’re the ones the bureau looks to when it receives mental health-related calls, Hettman said.

Even with more options and training, police say that they're still not the best people to respond to a mental health crisis.

“Unfortunately, if you look at a police officer — the uniform and all the tools that are adorned on our persons when we're at work — they're not tools for mental health treatment or mental health care at all,” Hettman said. “But absent anyone else that's capable of dealing with the situation as it's occurring, we're kind of the de facto individuals that are called to respond and help mitigate that crisis.”

Officers have access to a 24/7 crisis team of mental health clinicians through Project Respond, a partnership with Cascadia Behavioral Health. That program allows law enforcement in Multnomah County to call a mental health provider to assist at a scene. Clinicians respond to about 3,000 calls a year – about 1,200 of them from law enforcement, said Barb Snow, program manager at Cascadia. Of those calls from law enforcement, half come from Portland Police, Snow said.

Project Respond providers do deploy to the scene, but only after a police officer determines that someone is having a mental health crisis — something that can be hard to do in a tense situation.

“I kind of think of a proverbial waterfall, and we're kind of catching people at the base of it when the crisis has run its course,” Hettman said. “We're kind of there collecting the people at the bottom in the worst moments at the depths of their crisis where it would be ideal to coordinate and do whatever we can upstream to prevent them cascading off the waterfall.”

Resources Thin Upstream, Too

The police investigation into Gladen's death and police conduct is ongoing. What's known is that Gladen had a history of mental illness, and he was at the emergency room at Adventist Medical Center just hours before his fatal encounter with police.

Emergency rooms, like police departments, are increasingly called to handle acute mental health situations. And like police, ER doctors and nurses sorely lack the resources to do that well.

“They have become ... that place where people in behavioral health crises end up,” said Meieran, the county commissioner and ER doctor. “I would say that our systems are absolutely not built around addressing the needs of someone who has severe, persistent mental illness.”

Meieran said ERs are the most expensive, least effective places for people suffering from mental illness.

For one, they're largely designed around immediate, emergency care for physical crises — like strokes or heart attacks — and are not equipped with the specialists needed to handle mental health problems. So in many cases, patients who entered the ER in a mental health crisis end up being discharged without ever getting the long-term treatment they need.

Bouneff with the National Alliance on Mental Illness said intervention needs to happen earlier and at all levels. The idea of people in crisis ending up in jails or emergency rooms represents a failure in health care, he said.

“So somebody reaches crisis where their only choices are law enforcement and the emergency room,” he said. “They've reached that, by in large, because we've failed somewhere else in our healthcare system to prevent that person from getting to that state.”

To address holes in the system at hospitals, Portland-area providers worked together to create the Unity Center for Behavioral Health, a dedicated emergency room for mental health.

The center has 107 beds, but only for people with urgent needs. As is common with other emergency departments, Unity occasionally reaches capacity – known as “divert status” – and can no longer take additional patients. Unity has also struggled with administrative problems, and state investigators raised serious safety concerns about the center within its first two years of operation.

Unity’s existence has aided, but not solved, the situation.

“It’s just a part of the puzzle,” Meieran said. “Expectations were such that we’re going to solve world hunger; this is going to be the answer to everything.”

Advocates say one of the first steps in the path to adequate mental health treatment is stable housing.

“People don’t need to be institutionalized for years, but they sure do need a supportive, safe environment to get well, which is not going to happen in a month, or two months, or even six months,” said Albert, with the Rose Haven women’s shelter. “Might take years for somebody to be really able to rehabilitate and heal.”

Where to do that remains an open question. Multnomah County officials say Oregon doesn’t have even one dedicated mental health shelter that will keep someone all the way through recovery. But they’re working on it.

Earlier this month, county commissioners authorized their staff to take a serious look at purchasing a 25,000-square-foot historic warehouse, valued at \$4.3 million, in downtown Portland.

Neal Rotman, Multnomah County’s interim Mental Health Division deputy director, spent years looking for a building suitable for filling two critical needs – mental health care and housing – and focus on more sustained care led by people who themselves have recovered from mental illness.

“This will be something that people want to come to,” Rotman said. “It will be another alternative.”

If everything goes as planned, the new shelter could open by mid-2020. Advocates and local leaders alike caution against viewing the plan as a once-and-for-all fix.

Instead, they say, it’s just one more attempt to patch a hole in the system – another opportunity to pull people out of the cycle that too often ends in deadly encounters between police and people who needed help they didn’t get.

Portland Council Considers Paying Police Sergeant Fired For Offensive Remark

By Amelia Templeton

January 25, 2019

The Portland Police Bureau has agreed to give a police sergeant fired after he allegedly made offensive remarks more than \$100,000, or roughly 9 months pay for time he didn’t work, in exchange for his retirement.

The settlement resolves a grievance the Portland Police Association filed over the termination of Sgt. Gregg Lewis. The Portland City Council will vote on it next week.

Lewis was placed under investigation after colleagues reported he made an inflammatory comment about the use of force against a black man during a roll call in 2017, according to The Oregonian. He was fired on Feb. 2, 2018.

The city has agreed to rescind Lewis's termination and impose a 15-day suspension without pay instead.

Under the deal, Lewis' retirement will be effective as of Dec. 3, 2018, and he will not be eligible to work for the city or the Police Bureau in the future.

Bureau leaders agreed to pay him \$100,020.53 – essentially his gross back pay from the day he was fired through the date of his effective retirement — minus what he would have earned during a three-week unpaid suspension.

Police leaders and the city attorney have recommended City Council members approve the agreement.