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The Behavioral Health Unit (BHU)

The Behavioral Health Unit (BHU) is located within Central Precinct and encompasses and oversees the four tiers of police response to individuals with mental illness, or who are in crisis, or who are frequent drug and property crime offenders.

In addition to the standard crisis training that all officers in the Portland Police Bureau receive, the Bureau has 50 officers from a variety of patrol assignments who act as Enhanced Crisis Intervention Team (ECIT) officers. These Officers are the first responders dispatched by 9-1-1 to the calls that are determined to be related to an individual with mental illness, who is in crisis.

Along with ECIT officers, the BHU combines the knowledge and resources of licensed Mental Health Professionals from Project Respond working simultaneously with officers to form Mobile Crisis Unit (MCU) cars. The Portland Police Bureau currently has three MCU cars. The officers and Project Respond professionals strive to proactively assist individuals who have repeated contacts with police or pose a significant danger to others. The objective is to connect them with appropriate services prior to a mental health crisis.

This is the first newsletter, in an on-going series, to give updates on the inner workings of the Unit. For questions, please contact: 503-823-0813.



The Behavioral Health Unit (BHU)

In the Field: BHU Success Stories

In April 2013, Mobile Crisis Unit (MCU) officers received a referral regarding a mentally ill homeless man, living in squalor under a large sheet of plastic wrap on a sidewalk in SE Portland. It was reported that the subject was delusional, was surrounded by multiple plastic bottles containing his own human waste, and had been at the location for years.

An MCU officer and MCU/Project Respond clinician contacted the subject and found he had a fixed delusional belief system that prevented him from standing up for several weeks at a time. He also had medical concerns that were not being addressed, due to his mental illness. These medical concerns were exacerbated by his filthy living conditions.

The MCU/Project Respond clinician placed the subject on a Director's Custody Hold. The subject was resistant to leaving his camp site and going to the hospital. MCU was assisted by Central Precinct Day Shift officers who exercised patience, understanding, and compassion as the subject was convinced to stand up for the first time in weeks and exit the plastic wrap.

He was then transferred by AMR personnel to a hospital for psychiatric evaluation and treatment. MCU testified at his Civil Commitment Hearing, where he was committed to up to 180 days of psychiatric care.

Meet Billy Kemmer!



Billy Kemmer
 Service Coordination Team
 (SCT) Manager

Service Coordination Team (SCT)

The Service Coordination Team (SCT) is a program that offers treatment to the City's most frequent drug and property crime offenders to address their drug and alcohol addictions, mental health issues and criminality.

Billy Kemmer

Billy Kemmer relocated from northern California to Portland after college. He has over 12 years of experience in human services in the Portland area. Billy has managed programs for various agencies including Cascadia Behavioral Health, New Avenues for Youth, and Trillium Family Services. He also spent a short time as a sworn officer with the Beaverton Police Department, before returning to Old Town Portland as a program director for Transition Projects. Billy assumed the position of program manager for the Services Coordination Team at PPB and took over for Austin Raglione on July 1, 2013.

✓ 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 in July of 2013 of the **298** reported CSRs from September of 2012 to June 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. As the table on the left illustrates, Suicidal Person was the most frequent call type of reported CSRs; these call types accounted for **60.4%**

(N=180) of all reported CSRs. Furthermore, those calls that pertained to some sort of suicide ideation (Suicidal Person, Suicidal Person/ Homicide, Suicidal Person/ Mental Health Crisis, Suicidal Person/ Welfare Check, Threatening Others/ Suicidal Person) accounted for **68.7%** (N=185) of all reported CSRs.

Crisis Situation Reports: September 2012-June 2013
 By Type of Call

