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# Portland Police Inundated with Mental Health Referrals

*The police bureau has set up a special behavioral health unit, training officers on how to handle such calls and is working with mental health providers and CCOs to observe officers in action.*

*By Jan Johnson*

During a public forum Tuesday night to discuss the Portland Police Bureau's Behavioral Health Unit, a member of the response team, told of two situations that day, representing the spectrum of behavioral health cases.

A mother called worried about her son's release in Cowlitz County where he knew no one. Officer Josh Silverman said he did the "not very sexy work" to find "secure transport so the family could pick him up, or he would be homeless."



In East Precinct, a larger team was continuing to work with a woman who had a pellet gun and taser in her house. "She feels under siege by us," Silverman said. "It's really easy to kick the door down. What we're doing is slowing down and getting more information." By the end of the evening, the officers "disengaged from that difficult encounter."

Interactions between police and the mentally ill too often end in tragedy. That's why every officer receives mental health training, and this special unit was created last year to coordinate efforts with the mental health community.

"We had to have buy in from people who work the street everyday" so all 380 people on three shifts in three precincts gets crisis intervention training, Lt. Clifford Bacigalupi said. Another 78 volunteers receive more training for "increased knowledge, empathy and a willingness to take time on calls."

Such calls could include people who are violent, suicidal, have a weapon, are at a residential mental health facility.

“Repeated contact with police presents opportunities for things to go adversely,” Bacigalupi said. This unit has “time to build relationships with struggling people,” and has regular meetings with clinicians “to assist people to break the cycle” of run-ins with the law.

The police also want to move farther upstream, said Billy Kemmer manager of the unit’s service coordination team whose work focuses on “going after addictions so the criminality goes away. You can’t put people in jail and hope their addictions improve.” Low-level crimes to feed addiction often proceed on a path of dual diagnosis and co-occurring disorders all the way to severe and persistent mental health concerns.

Police can’t force people into drug or alcohol treatment but the program offers 64 treatment beds for those without insurance. Trouble is, in the first year, the program had 990 referrals for those 64 beds.

All told, in 2013, the BHU received 1,273 total referrals and could only follow up on about half of them.

The BHU Advisory Committee -- composed of representatives of mental health providers, coordinated care organizations, law enforcement and public defenders -- provides oversight through ride-alongs to observe officers in action, review directives and standard operating procedures, said committee chair Shannon Pullen of the National Alliance on Mental Illness.

“I understand the fear of not knowing what happens when you call the police due to a mental health crisis,” said Pullen. The committee’s mission is to provide guidance to the city and the bureau on the development and expansion of the BHU teams with a goal of de-escalating violence.

The BHU also has an internal police advisory committee to “make it work at the street level” for dispatch and others, Bacigalupi said. “People stepped up, taking their own time. I have people with differing views than we have. The most dissenting opinions are the ones I value the most.”

Cindy Hackett, a social worker who teamed up with Silverman, said one of her goals is protecting confidentiality. The police don’t get all the information she gathers but providers like to know if their client has been in contact with police.

“It helps clinicians do outreach to their client,” she said. “We suggest a lot of things but we don’t force because we can’t.” Yet she’s never been turned down when offering a ride to a mental health resource. “They say ‘I would love a ride to my appointment.’”

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*Dec 10 2014*

**News source:** [The Lund Report](#)

**Keywords:**

[BHU Advisory Committee](#), [National Alliance on Mental Illness](#), [Portland Police Bureau’s Behavioral Health Unit](#)

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Submitted by [DISABILITY RIGH...](#) on Fri, 12/12/2014 - 10:21 [Permalink](#)

Thank you for covering this community forum. It was sponsored by the PAIMI Advisory Council of Disability Rights Oregon. The Council is made up primarily of those with lived experience of mental illness. It both advises DRO and promotes the voice and interests of individuals who experience mental health services.

Often, civil and human rights are portrayed as being an impediment to people receiving needed treatment. But the most fundamental right is to be safe in our community. The PAIMI Council recognizes that ongoing discussion and developing a sense of common purpose with police is a key to securing individual rights.

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