

Spring 2017

## **Behavioral Health Unit: Case Study at the Portland Police Department**

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### **Recommended Citation**

Sedlack, Anne, "Behavioral Health Unit: Case Study at the Portland Police Department" (2017). *Thinking Matters Symposium Archive*. 94.

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# Behavioral Health Unit: Case Study at the Portland Police Department

Anne Sedlack of University of Southern Maine. Mentor: Paula Gerstenblatt of University of Southern Maine

## Abstract

There are 8,000 law enforcement agencies in the United States. 1,000 have some form of specialized policing and response presence - which means that they have at least a few officers who are crisis intervention trained (CIT). 200 of these law enforcement agencies have some form of program that is beyond a few police officers trained in CIT. In 2016, there were 6 departments that were awarded a grant from the Department of Justice and Bureau of Justice Assistance. These six are currently learning sites dedicated to studying the affects of having a behavioral health specialized co-response team. The Portland Police Department and its' mental health co responder unit is one of the six law enforcement agencies. The goal of this research is to gain a deeper understanding of the Behavioral Health Unit and it's impact on the greater Portland community for the police department, community partners and clients.

## Introduction

Mental Health is neglected in today's society. It's often something that isn't talked about until a person reaches the point of crisis – and then it's gotten to a point too hard to ignore. The Portland Police Department's Behavioral Health Unit strives to be in connection with clients, police officers and the community to help people in times of crisis and to support them before it gets to a critical point. Their programming includes

1. Collaboration with other providers to facilitate system wide improvements
2. Dispatch to calls for services, conduct crisis assessments and stabilization of psychotic, homicidal and/or suicidal subjects
3. Conduct follow ups and provide referrals to mental health providers
4. Crisis Intervention training for police officers

## Methods

This type of research is based in studying a case that is bounded by time, place or activity. A case can be an individual, a group of individuals, program, event etc. This research studied the specific programming of the Behavioral Health Unit as it is bounded by the time in which the researcher was asking the questions. The data was then analyzed through examining how close people's experiences and descriptions of the Behavioral Health Unit related to the program goals.

### Hospitalization

"Yes, but then again when they bring somebody here, they're talking to us, they're handing off to us, we're hopefully handing back off to them. The partnership potential is great and when it works well it really works well. Then when it doesn't work we all sit down and figure out what to do."

### Community Supports

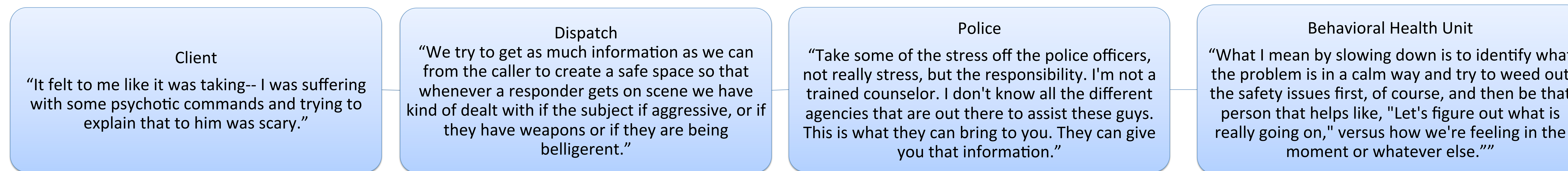
"This is something we're literally investing in being a community that gets this and does care about relationships and does see relationships as being the answer to how you eventually, over time, reduce incidences like this."

### Legal Recourse

"There's only so many different things that I can offer like court order, supervision, probation or bail supervision and whatnot. It's really depending on someone in the community in law enforcement that has that mental health background that can say "All right, this is what's available. This is what that person needs to make those calls and get services lined up." "

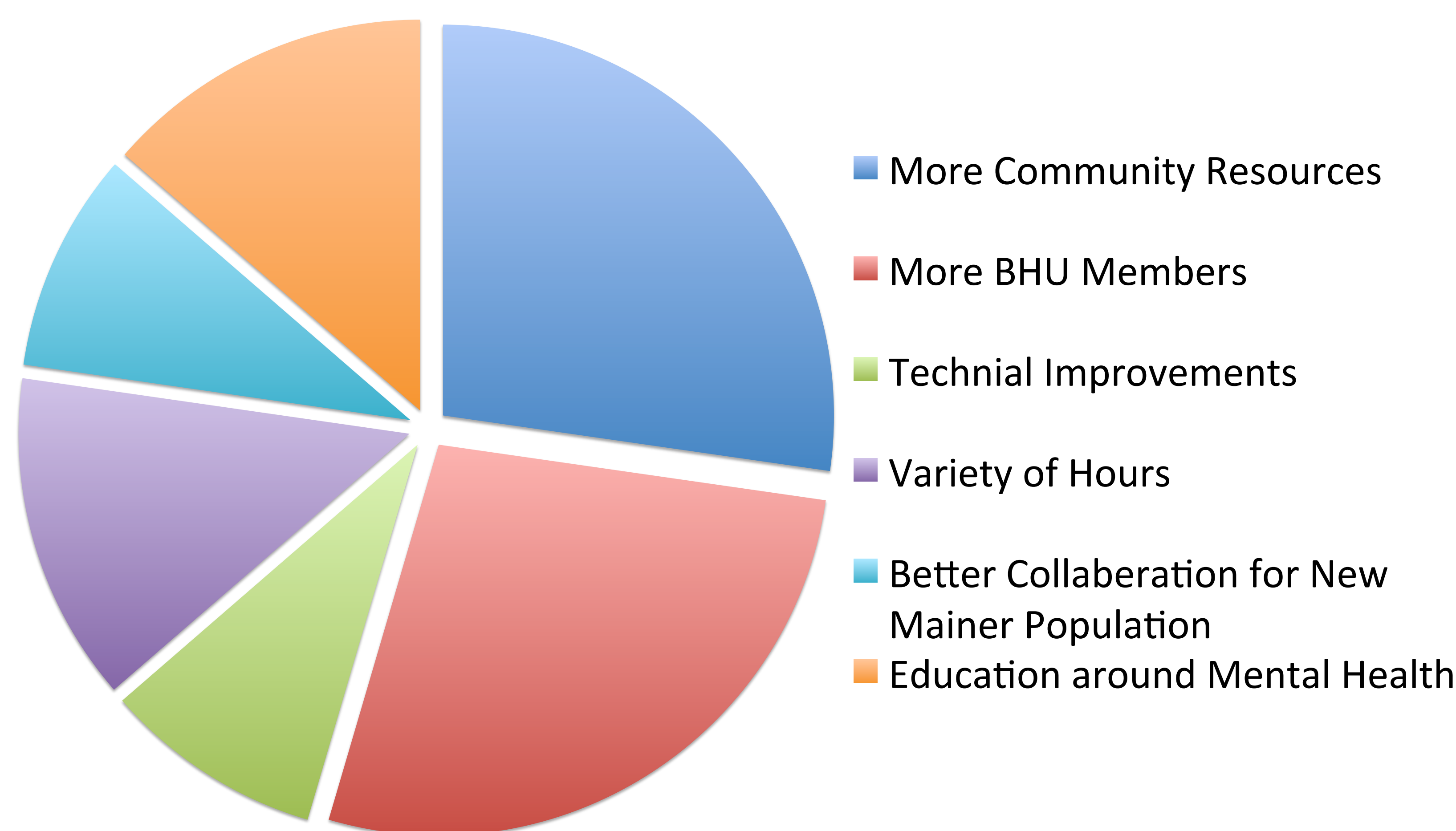
## Results

### Flow of Services



## Results

### Limitations to the program



## Results

### Adherence to Mission

1. Collaboration
  1. "I think the biggest thing that I see is, our team really can bounce around and connect with all the major players in the community. While they don't necessarily talk to each other that well, we talk to everybody. Because we're mobile, at least in my position, I physically go to a lot of places and see people in person so I can connect the dots. Also, we are known in the community at this point."
2. Crisis Calls
  1. "It's people who are looking for help who maybe don't have the words or the tools to ask for it the right way. And the BHU are kind of helping them have those words or to have those tools or maybe the BHU is speaking for them and giving us that information so that we are not reacting as aggressively as we normally would who we think might be danger to themselves or others."
3. Follow Ups
  1. "Creating consistent follow-ups with people that they know are prone to crisis has reduced the amount of times that first responders and the police officers have to go to these residences."
4. Training for Police Officers
  1. "Then beyond that helping people self realize that they have coping skills and that they they have some tools. That sometimes while you're in crisis you often forget about it. Again because of the Behavioral Health Unit, you learn a softer approach. You dig a little bit deeper and I've been able to help people."

## Discussion

There are only six learning sites in the United States that are dedicated to a true co-responder model, which pairs mental health professionals with police officers. There is not a lot of research out there so this study was meant to be a cursory look at how the Behavioral Health Unit operates and how close it gets to meeting their mission.

The Portland Police Department's Behavioral Health Unit seems to be making the best with what they have. The times that it misses it mark, like not having 24 hour coverage, are issues with funding not with operation. All of the interviewees spoke to the success the program has with collaboration and connecting clients with already established resources.

## References

Creswell, J. W. (2007). Qualitative inquiry and research design: Choosing among five approaches (2nd ed.). Thousand Oaks, CA: Sage  
 Council of State Governments. "Law Enforcement Mental Health Learning Sites." *CSG Justice Center*. 2017.  
 Freedman, Jo. "Behavioral Health Response Program." *Behavioral Health Response Program*. City of Portland, 2016.

## Acknowledgements

I would like to thank Jo Freedman and the entire team over at the Behavioral Health Unit for agreeing to be involved in this research. In addition to the unit, I would like to thank all those who gave their time to be interviewed, life is busy and I truly appreciated the time you gave. I would also like to extend my deepest gratitude to Paula Gerstenblatt – she is a true mentor and has been a critical resource in this process. I would finally like to thank Diane Rhodes for imparting her countless wisdom on case studies.

## Next Steps

There are currently 6 established learning sites in the United States with four more in the process of being approved. There are over 8,000 law enforcement agencies.

It is vital to continue to conduct research on all six's programming to establish what works, what doesn't and to get more education out there about the potential support that these programs could provide to a community.