Where is sanctuary for people in crisis?

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May is mental health awareness month, a time to consider one's own mental health, the health of others, and issues important to people with mental illness.

There is no issue more important to people with mental illness than state violence. That includes the immediate violence of law enforcement when someone is having a crisis, as well as the ongoing institutional neglect to prevent violence where safety, de-escalation, and care are needed.

Over the past 49 years, Portland police shot and killed 84 people. By Chicago standards, or Houston, or even Seattle, 84 might not seem like a large number. When you average it out, it's 1.7 people a year. Some of those 84 people posed an immediate threat, such as holding hostages, or firing shots at civilians and police officers. However, even high risk situations don't justify the system of response that ends with even one preventable death.

And though there were comparably less deaths than other cities in this time frame, the rates of killings and the consistent demographics of those who faced lethal force caught the attention of the U.S. Department of Justice.

Since the settlement agreement to U.S. DOJ v. City of Portland was signed in 2012, 13 people have been killed by Portland police. That's an increase to 2.2 people killed by police each year. If you add the three people who committed suicide in front of officers while being arrested, the mortality increase is 2.7 per year. All persons killed by Portland police since additional training and resources were made available by the settlement agreement were people in a mental health crisis.

Just like John Elifritz.

On April 7, John Elifritz was chased down and killed by cops inside a busy homeless shelter during a meeting of Alcoholics Anonymous. This is a sacred place for the residents and people who visit it daily. Dozens of people witnessed his quick and brutal death. Two witnesses quickly transferred shaky cell phone videos to local media. Both videos show John, a big man, agitated and frightened, clearly in crisis, surrounded by cops, and shot down.

According to media reports, John Elifritz had a long history of addiction and alcoholism.

The names of the seven police officers and one sheriff's deputy who killed John have been released. Several of them had been identified as using force against people with mental illness in the past, such as Officer Bradley Nutting who used his Taser on our friend Matt Klug six times while Klug was pinned to the pavement. The Police Review Board, the Citizen Review Commission, and City Council all determined Officer Nutting acted within policy. None of the officers who beat and Tasered Matt Klug received any discipline for harming him.

Officers who use lethal force are interviewed by their colleagues – other police officers – within 48 hours. Those transcribed interviews, along with witness, expert and physical evidence, are presented by the district attorney to a grand jury. The district attorney asks the grand jury to decide if criminal charges should be filed against any of the eight men for killing John Elifritz.

History shows the odds will favor the officers who killed John. No grand jury in Multnomah County has recommended charges be filed against law enforcement for causing a death in 49 years.

Further, no disciplinary recommendation is expected by Chief of Police Danielle Outlaw, Police Commissioner Ted Wheeler, the Police Review Board, the Citizens Review Committee – which is not allowed to review deadly force cases – the Independent Police Review or from City Council. Because one of the men involved in John's killing is a Multnomah County Sheriff's deputy, we also expect no discipline from the sheriff or the County Commissioners.

But we're uninterested in punishment. Punishment of individuals – for a variety of reasons – is ineffective to change institutions. It's counterproductive in recruitment of better officers in the future. It's demoralizing to the current bureau. It would be fought in court and in the media by the Portland Police Association, who won major concessions to the ongoing contract in the 1990s which give strong protections in arbitration.

Clearly there are missing pieces of this puzzle.

Police training, accountability and oversight as they have been discussed and implemented have proven ineffective. With 54 percent of the city's general funds already going toward the Portland Police Bureau, more 'training,' or more police officers, a 'solution' Ted Wheeler recently offered, would only add to what is already imperfect at best.

What does the puzzle piece look like? It is no more people in mental health crisis killed by police in Portland, and where other vulnerabilities that often intersect with mental health crises are not responded to with policing.

What clinicians with street experience will tell you is that people in a mental health or addiction crisis need sanctuary – not the streets, jail or even hospitalization. Institutions not built around patient satisfaction are likely to add further stress and traumatization to an already difficult and often frightening experience for someone in need of care. They need sanctuary.

Portland has many places for people with mental illness, and for those in crisis, scattered around the city. Hospitals, clinic day rooms, halfway houses, inpatient treatment centers, public libraries, soup kitchens, jail cells, detox, church basements, even street corners where abnormal behavior is normalized among police and pedestrians. But all of these have either significant limits on what safety they can offer, and/or they have significant barriers for someone in crisis to access.

A sanctuary is non-medical, barrier-free, centrally-located, warm and welcoming, peer-led and clinically advised, safe for police and EMS, with showers, toilets, blankets, food – comfortable, not clinical. Sanctuaries by definition do not function through coercion.

An intentional sanctuary, also known as a walk-in center, was called for in the DOJ settlement agreement. However, both parties – attorneys for the U.S. Department of Justice, now headed by Jeff Sessions, and attorneys for the city of Portland, now headed by Ted Wheeler – have let that agreement slide; they agreed to not build it. And Federal Judge Michael Simon has, with his silence, also agreed to not build the sanctuary.

Instead of starting work on a sanctuary for people with mental illness, the city of Portland chose non-action; it chose to wait and see what happened. And something did.

Coincidental to the settlement agreement, the highly profitable hospital chain Legacy did some figuring and found they could likely yield profits from people who were undertreated for mental illness and addiction and in crisis. They and other hospitals had been roundly criticized in the media by advocates for leaving sick psychiatric patients waiting for hospital admission for hours, sometimes for days. Legacy had a piece of surplus hospital-certified property – the old Holladay Park Hospital which had grown derelict while rented to the state for an annex to the Oregon State Hospital.

Fundraising and public relations professionals swarmed the problem and invented Unity Behavioral Health – a psychiatric crisis center for the whole city. To make Unity pencil out financially, Legacy came to agreements with OHSU, Adventist and Kaiser to send all of their patients in mental health crisis to Unity. OHSU and Adventist liked the agreement so much they subsequently closed their own busy psych wards. Further, Legacy stepped into the Settlement Agreement, offering Unity – a locked, restricted medical ward – as an equivalent to a sanctuary. In exchange, Unity received accolades from elected officials and a half a million dollars from the Portland City Council.

Legacy selected an unusual treatment model for Unity. Almost everyone brought to Unity starts their experience in a large open room with heavy reclining chairs bolted to the floor. Security and nurses are screened off at one corner. The idea is a larger number of people can remain safe and observed while they weather their crisis. But many – most – mental health crises do not require a restrictive medical model where a person seeking sanctuary might be held for an indefinite period against their will and potentially lose access to friends, family and private legal counsel.

The treatment model Unity selected has a flaw. Over 500 patients assaulted staff members in the first year of operation. Turns out people in mental health crisis don't respond well to restrictive environments. Environments that don't prioritize patients leave the staff in compromising and often unsafe positions. It is not a sustainable model.

Ultimately, the Portland Police Bureau was found to use excessive force against a protected class of people. The institutional response to this was ineffective and, largely, purposely negligent. Despite the training officers received for responding to mental health crises, deaths and violence increased. Despite the creation of Unity, deaths and violence increased. Police are still the first-responders for people in mental health crisis, rather than medics, or other potential forms of trained crisis responders. We need to turn towards trauma-informed, peer-led and therapeutic approaches for the difficulties that come with immediate mental health needs. We should be turning away from ineffective, and often deadly, responses that places people in unfit institutions, such as jail or hospitals.

The missing piece of the puzzle is a city and county funded, privately operated sanctuary for people in crisis. A sanctuary is non-medical, barrier-free, centrally-located, warm and welcoming, peer-led and clinically advised, safe for police and EMS, with showers, toilets, blankets, food – comfortable, not clinical. Sanctuaries by definition do not function through coercion. This includes how a space is operated, but also the ways in which people have access to a space. Police would ideally not be first responders, and structures of accessibility would not solely rely on a moment of legal threat where the main reaction would be to jail, forcibly hospitalize or kill someone in severe need of immediate and competent care.