PRIORITY 03 · ATIIM BOYKIN · CITY COUNCIL AT-LARGE 2026

Keeping Us Safe

Safety starts with connection — knowing whom to call, feeling heard, and getting help before things break down.

1,300+	7	$240K	5–15%
PORTLAND BHU CALLS, 2025 (PARTIAL YEAR)	CURRENT BHU STAFF FOR A CITY OF 70,000+	CO-RESPONDER SAVINGS, GAINESVILLE FL YR 1	OF 911 CALLS ARE MENTAL-HEALTH RELATED (NATIONAL)

WHAT PORTLAND ALREADY HAS

Portland is not starting from zero — the infrastructure exists, but it is understaffed, underfunded, and operating without the formal recognition or dedicated budget it requires. The Portland Police Department's Behavioral Health Unit (BHU) is already a co-responder model: a 7-person team responding to mental-health calls alongside officers or independently. As of mid-2025 they had handled more than 1,300 calls for the year. BHU staff are certified Mental Health First Aid facilitators; coordinator Bridget Sliwak describes the unit as "connective tissue — trying to connect people to the resources."

Maine is one of only seven states to implement Crisis Intervention Team (CIT) training statewide — and the program started in Portland, with the Police Department, NAMI Maine, Ingraham Crisis Services, and Spring Harbor Hospital. NAMI Maine received the 2007 SAMHSA Science to Service Award for this work.

> A BHU response can stabilize someone in the moment — but where do they go after? I wrote about that this week, and what a real day-center answer could look like: **The Portland Advocate — "One Door"**

THE GAP — WHAT PORTLAND IS MISSING

GAP	CURRENT STATUS	IMPACT
Staffing	7 BHU staff for 70,000+	1,300+ calls in 2025 — unsustainable caseload
Formalization	Case-by-case basis	No co-equal structure; no protected budget line
Hours	No confirmed 24/7 coverage	Mental-health crises happen at 2 AM too
Independent dispatch	Police still primary for most MH calls	Escalation risk; stigma; misuse of police resources
Day-center destination	No referral destination	Clinicians stabilize and release — cycle repeats

THE THREE CO-RESPONDER MODELS — BEST PRACTICES

Research identifies three proven models. Portland needs elements of all three.

MODEL 01 — MOBILE CRISIS TEAM (NO POLICE)

Unarmed mental-health professionals respond independently to non-violent calls; police only if safety requires. National model: CAHOOTS, Eugene OR (since 1989) — handles 17–20% of Eugene's 911 calls without police. Best for welfare checks, substance use, emotional distress.

MODEL 02 — CO-RESPONSE (OFFICER + CLINICIAN)

A licensed clinician rides with a patrol officer; clinician leads assessment, officer ensures safety. National model: San Mateo County, CA — a Nov 2025 study in Nature Human Behaviour found co-responders significantly reduced involuntary psychiatric detentions. Best for calls with unknown safety risk.

Sources: Portland Public Health 2025 · NewsCenter Maine / Bicycle Coalition of Maine (Dec 1, 2025) · Portland Press Herald (Mar 11, 2025; Jun 23, 2026) · Maine Public (Mar 5, 2025) · Julota 2025 · Nature Human Behaviour (Nov 2025) · NAMI Maine · SAMHSA · Maine DHHS · City of Portland Vision Zero · MaineDOT. All crash figures verified to named Maine sources.

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PRIORITY 03 · SAFE STREETS KEEPING US SAFE

Pedestrian & Bike Safety

Walkable should mean safe. For everyone. Four neighbors were killed walking Portland's streets in 2025. This is the follow-through.

4	~80	26	2025
PEDESTRIANS KILLED ON PORTLAND STREETS 2025 — IN FOUR MONTHS	PORTLAND PED & BIKE CRASHES AND FATALITIES, 2025	PED/CYCLIST DEATHS STATEWIDE 2025 — DEADLIEST ON RECORD	YEAR PORTLAND ADOPTED VISION ZERO

WHAT WE KEEP HEARING AT THE DOORS

From daily bike commuters to a teacher afraid to drive for fear of hurting someone, neighbors keep saying the same thing: we love this city's walkability, but the streets don't always keep us safe. And the loss has been real. In 2025, four pedestrians were killed on Portland's streets in the span of four months — among them Cynthia Karst, struck crossing Franklin Street at Congress; Joe Lewis, killed at India and Middle; and Justin Mitchell, near the Homeless Services Center on Riverside. More followed. These were neighbors — parents, workers, people simply trying to cross the street.

The scale, honestly stated. Portland recorded nearly 80 pedestrian- and bicycle-related crashes and fatalities in 2025. Statewide, as of late November there had been 413 crashes involving people walking or biking — 26 of them fatal, putting Maine on pace for its deadliest year since these records began in 2003 (Bicycle Coalition of Maine).

THE ACCOUNTABILITY FRAME — DELIVER WHAT'S PROMISED, SOONER

Portland adopted Vision Zero in 2025 — the goal of eliminating traffic deaths and serious injuries. Councilor Kate Sykes introduced a resolution, passed unanimously, calling for a streetlight audit, stepped-up enforcement in high-traffic areas, a public-awareness campaign, and consideration of red-light and speed cameras. The goals are on the books; what too often goes missing is the urgency to carry them out. Atiim's job won't be to reinvent the wheel — it will be to make sure the city delivers on the commitments it has already made, sooner.

WHAT FOLLOW-THROUGH LOOKS LIKE IN PRACTICE

1. Permanent traffic-calming infrastructure — the built kind that actually slows cars, prioritized where crashes happen most.
2. Brighter crossings at parks and schools — flashing beacons and clear signals where children cross.
3. Repaint crosswalks and bike lanes in early spring — the moment the plows are done, not months later.
4. Better visibility near schools — pull parking back from crosswalks so families crossing can be seen.

THE PLANK NO ONE ELSE IS NAMING — DATA INTEGRITY

"Maine crash data is hard to analyze and may not present the full story," says Paul Drinan of the Bicycle Coalition of Maine. The point: you cannot fix what you cannot measure. Honest, public crash data isn't a technicality — it's the foundation of every safe-streets decision. Atiim will make data integrity a safety issue: measure it right, publish it, act on what it shows.

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PRIORITY 03 · DIVERSION KEEPING US SAFE

Diversion Before the Tenth Crisis

Every diversion program in Maine screens out the person a neighborhood fears most. Maine already has a legal tool built for exactly that gap — and it is sitting almost unused.

78
MAINERS ON A COURT-INITIATED PTP FROM THE TWO STATE PSYCHIATRIC HOSPITALS (OCT. 2024)

$272K
COST ESTIMATE THAT KILLED A 2022 PTP TRAINING & DATA-COLLECTION BILL IN AUGUSTA

0
OF 20+ HRS OF ACADEMY MENTAL-HEALTH TRAINING COVERS PTP SPECIFICALLY

48 mo
VIOLENT-BEHAVIOR LOOKBACK WINDOW UNDER NEW YORK'S KENDRA'S LAW

WHAT DIVERSION LOOKS LIKE UP CLOSE

Before Maine, Atiim worked at San Francisco's Family Service Agency (now Felton Institute), alongside the city's Law Enforcement Assisted Diversion program (LEAD) — routing people struggling with substance use disorder or chronic homelessness, one infraction from jail, into treatment and support instead of a cell.

> I watched LEAD work. I also watched it end — not because the model failed, but because a two-and-a-half-year state grant ran out right as COVID hit, on top of a persistent struggle getting officers themselves fully behind it. Places that kept the funding and the training in place, like Los Angeles County, kept expanding theirs instead of losing it. Portland's own Behavioral Health Unit is busy, but not stretched — the bottleneck isn't headcount, it's having somewhere real to send someone once they're in front of you. I'd bring diversion here the way I actually know it needs to be built: funding that outlasts one grant cycle, and officer buy-in built before launch, not chased after.
>
> **— Atiim Boykin, on his time supporting LEAD case management in San Francisco**

THE GAP EVERY DIVERSION PROGRAM SHARES

Every model Atiim has worked inside or studied closely screens out anyone with a violent charge or history. They're good programs — and not built for the person a neighborhood fears most: someone who has cycled through crisis, jail, and the street until no program in town will take them.

PROGRAM	MODEL	WHO IT MISSES
LEAD (San Francisco, Seattle, and elsewhere)	Pre-booking diversion into treatment, in lieu of arrest	Anyone with a violent charge or history
Miami-Dade Criminal Mental Health Project & **Layman Way Recovery Center** (York County, ME)	Jail diversion / residential recovery placement	Anyone with a violent charge or history
Progressive Treatment Program (Maine)	Court-ordered outpatient treatment	Built for exactly this population — and barely used

THE TOOL MAINE ALREADY HAS — SITTING UNUSED

Maine's PTP is court-ordered outpatient treatment for someone with a serious mental illness who has shown a real likelihood of harm and won't follow a treatment plan voluntarily. As of October 2024, only 78 people statewide were on one initiated by Maine's two state psychiatric hospitals. Academy cadets get 20+ hours of mental-health training — none of it on PTP. A 2022 bill to fund basic training and data collection died on the legislature's appropriations table over a $272,000 price tag.

Atiim isn't asking Augusta for a new law. He's asking why the one Maine already has is sitting unused — and would push Portland to train officers and clinicians on it, refer people into it, and track whether it works. New York's Kendra's Law counts violent behavior as one path to court-ordered treatment; California's SB 43 (Jan. 2026) went further, with real civil-liberties concerns attached.

What does it say about us that the law meant to catch someone before the tenth crisis has only ever caught seventy-eight people in the whole state?

Sources: Portland Press Herald, Oct. 18, 2024 ("4 key findings about Maine's law to compel mental health treatment") · Maine DHHS, Progressive Treatment Program · 34-B M.R.S. §3873 · NY Mental Hygiene Law §9.60 ("Kendra's Law") · California SB 43 (2023), effective Jan. 1, 2026 · Atiim Boykin's direct professional experience: Family Service Agency of San Francisco / LEAD case management; forensic case management, York & Cumberland Counties, ME.

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