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Oregon Dept. of Human Services Shared Services Office of Adult Abuse Prevention and Investigations OAAPI.CMHP.PSI@state.or.us

Serious Event Reporting Form (SERF)

1 County:

Multnomah

2. Date OAAPI notified:

5/22/2018

Reporting Person Information

3. Name of Reporting Person:

Anonymous

4. Relationship to Alleged Victim:

SW Unity

5. Telephone Number:

Investigation Information

6. Name of investigator and CMHP assigned

Multnomah

7. Telephone No of Investigator:

8. Date Case Assigned for Investigation:

9. Person completing this form:

Darcy Kennedy, LCSW

10. Staff's telephone number:

(503) 988-8170

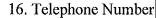
11. Date Report Taken by CMHP:

Alleged Victim Information (AV)

- 12 Name:
- 13. Gender
- 14. Date of Birt
- 15. Full Address



homeless



17. Does the AV have a Guardian:

18. Is the AV enrolled in: MH

- 12 Name:
- 13. Gender
- 14. Date of Birt
- 15. Full Address

General Delivery:

- 16. Telephone Number
- 17. Does the AV have a Guardian:
- 18. Is the AV enrolled in: MH

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Service Element

19. What Service Provider was responsible for the Alleged Victim(s) at the time of the alleged incident?:

Community MH Program Service

Type:

MH - Licensed Residential Treatment Facil

MH - Licensed Secure Residential Treatment Faci

MH - Licensed Residential Treatment Ho

MH - Licensed Adult Foster Hom

x Other Court Committed in Tillamook (Kyle)

20. Provider Name

21. Site, Address, City, ST ZI

1225 NE 2nd Avenue

Portland, OR 97232

Alleged Perpetrator Information (AP)

Alleged Perpetrator (AP) #

22. Name:

Unity Center for Behavioral

- 23. Gender:
- 24. Date of Birth:
- 25. Address:

1225 NE 2nd Avenue

Portland, OR 97232

- 26. Telephone Number:
- 27. Relationship to AV: Psychiatric Unity

Incident Information

28. Date:

29. Location:

Unity Center for Behav

30. Description of Incident:

is the DHS worker assigned to AV. It was noted that the commitment monitor reported to the hospital that AV2 has a history putting other's and himself in "very dangerous situations." AV2 is diagnosed AV2 had been on the unit on and AV1 had been on the unit since the AV1 and AV2 met on the unit. Caller reported that AV1 and AV2 were found in a bathroom in a patient room and initially claimed that they hadn't engaged in a sexual act and then both individually

whether AV1 knew AV2 was . Caller reported that she was informed that AV1 stated he did not know AV2 was . There were no known injuries and there was a conversation with AV1. Safety plan: One patient was moved to another floor. Consulted with Tim Musgrave, Karla of OAAPI, and Joan. Recommended opening as an extended screening. Police report may need to be made per Karla and Tim Musgrave.

Extended Screening Note by Glen LaFollette: Per Unity documents, AV and AP met with hospital staff prior to AV's discharge. In the meeting, AV stated he was aware of AP's before engaging in sexual activity with AP. Both stated they were aware of prior to the sexual contact. The documentation states AV and AP "seemed quite amicable with each other and mentioned talking together on Facebook again in the future." Per AV's DHS caseworker, AV has the capacity to make decisions for himself in all aspects of life, including the choice of sexual partners.

There was no mention of hypersexual or sexually aggressive behavior in the admission notes for AP. There was mention of AP presenting a danger to self or others, but it was in the context of the NMI and was primarily focused on threats AP made toward his mother. There were some sexual themes in the delusions AP reported experiencing at admission, but the themes did not have a predatory or aggressive tone.

Since there is no evidence that Unity staff were informed that AP was hypersexual or predatory, there is no basis for an allegation of neglect against Unity. Furthermore, AV had the capacity to consent and knew AP's before the sexual encounter, The call is screened out.

31. Type of Allegation: (check all that app

DEATH:

Accidental

Natural

Homicide

Suicide

SERF - revised August 2017

33. Date of Contact:

Print Name: Glen LaFollette, MA

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*ACNAT, Accidental/Natural Death being screened for possible abuse or neg

ABUSE: x Neglect
 Physical Abuse
 Sexual Abuse

Law Enforcement Contact

32. Is there a reason to believe a crime was committed?

34. Agency/OfficerName:	
Staff Signature:	Date: