

Behavioral Health Unit Advisory Committee

Meeting Minutes

March 23, 2016

Committee Members

Lt. Tashia Hager, PPB; **Sgt. Bob McCormick**, PPB; ***Sgt. Chris Burley**, PPB; **Ofc. Amy Bruner-Dehnert**, PPB; **Emily Rochon**, PPB SCT; ***Shannon Pullen**, National Alliance on Mental Illness; **Bill Osborne**, Multnomah County Behavioral Health; **Cristina Nieves**, Commissioner Fritz's Office; ***Felesia Otis**, Volunteers of America; **Floyd Pittman**, Community Representative; ***Jan Friedman**, Disability Rights Oregon; ***Joe Hagedorn**, Metropolitan Public Defender's Office; **Kathleen Roy**, Central City Concern; ***Beth Epps**, Cascadia; ***Maggie Bennington-Davis**, Health Share of OR; **Cpt. Mary Lindstrand**, Multnomah County Sheriff's Office; **Mike Morris**, Oregon Health Authority Addictions and Mental Health Division; **Melanie Payne**, Bureau Of Emergency Communications; ***Hiroshi Takeo**, Peer Support Specialist; **Janie Marsh**, Mental Health America of Oregon

Guest:

Jared Hager, United States Attorney's Office

[* Indicates Committee Member was absent]

January Report, February Minutes & Monthly Report

January report was reviewed and Bill Osborn moved that the report be accepted & Floyd Pittman seconded. The motion passed.

M/S/P

The February minutes were discussed. Floyd Pittman moved that the minutes be accepted and Capt. Mary Lindstrand seconded the motion. The motion passed.

M/S/P

The February report was reviewed. Melanie Payne noted that it should read "BHUAC accepts the BOEC ECIT dispatch protocol presented with the following recommended changes:" Capt. Mary Lindstrand moved to accept the change to the wording, Kathleen Roy seconded the motion. Melanie Payne abstained. The motion passed.

M/S/P

The February report was then accepted with changes. Bill Osborn moved to accept, and Floyd Pittman seconded the motion. The motion passed.

M/S/P

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ECIT In-Service training

BHUAC has helped develop the curriculum for the 2015 classes as well as the previous classes in 2013 and 2014. This curriculum has changed over time. The BHU has put together an ECIT In-service for the students who attended training in 2013 and 2014 to ensure they have the information from the updated curriculum. The schedule will be a full day and include program and policy updates, risk assessment case study, trauma informed care, crisis communication refresher, and skills exercises. The trauma informed care class will be taught by a new instructor but will have the same information as given to the 2015 ECIT class. There will be a refresher of crisis communication skills class and in the afternoon the students will participate in the same scenarios that were added to the 2015 ECIT class. This will bring all ECIT officers up to date and training will be consistent for all ECIT officers.

Kathleen Roy moved to approve the curriculum of the 2016 ECIT In-service class and Floyd Pittman seconded the motion. The motion passed.

M/S/P

Portland Police Bureau SOP discussion

SOP 3.3 ECIT Team

In the handout of SOP 3.3 there are several recommended changes from BHU. The changes are in RED. The changes in the SOP are intended to capture requirements from the DOJ. There were a number of suggestions from the committee that were integrated into the changes.

Under Procedure and Responsibility #1 the change captures the criteria and selection process of ECIT officers that were previously discussed and approved by the BHUAC.

Under Procedure and Responsibility #2 the changes outline the oversight of the ECIT officers by BHU to evaluate their continued participation as an ECIT officer. Lieutenant Hager explained that in the Police Bureau ECIT officers answer directly to their chain of command which includes different supervisors. To ensure the Lieutenant of the BHU is aware of any issues the Professional Standards Division created their own SOP (#43 included in the handouts) which requires them to notify the BHU Lieutenant if there is an Employee Information System (EIS) alert sent to the precincts or if an officer has a sustained complaint of misconduct against a person with mental illness. Lieutenant Hager explained to the members of the BHUAC how EIS works. The EIS system is the Bureaus way to track complaints, commendations, and day to day work of officers. A "flag" occurs when specific situation arise. For instance a flag could occur when an officer uses force at a specific percentage over other officers on their shift. This is just one example. EIS is responsible for looking at the flags and sending any concerns out to the precinct. It is then looked into by the supervisors of that precinct. After notification from EIS the Lieutenant of BHU will monitor EIS and communicate with the precinct Lieutenants if the flag causes concern about the officers continued participation with ECIT. Internal Affairs will notify the BHU

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Lieutenant if there is a sustained complaint of force or mistreatment against a person with mental health issues against an ECIT officer. At this point no ECIT officer has had such a sustained complaint. Any sustained complaint will likely lead to the removal of the ECIT officer from the team. This decision will be coordinated with the Central Precinct Commander.

Under Procedure and Responsibility #4 the changes will reflect the change in the dispatch protocol for ECIT officers. This section will mirror the wording in the policy once it has been approved.

Under Procedure and Responsibility #5 the changes reflect the change in the policy that ECIT officers will be dispatched as the primary officer to calls meeting the criteria in #4. Lieutenant Hager explained that this would not change the protocol of BOEC to send the closest officers to the call and if neither of them are ECIT they will send an ECIT officer in addition. This would eliminate any issues with a delayed police response if an ECIT officer was not close. The intent is to give ECIT officers control over the mental health aspect of the call but not allow other officers to dump work on ECIT officers such as having to complete all reports. A member asked "is there more than one report done on a call?" It's a mix, depending on the call type. Main report writing is very labor intensive and a supplemental report can be done quickly. Many times the officers on a call will all write something, the district officer writing the original report and the other responding officers adding a supplemental.

Clarification: **Policy** in the Portland Police Bureau applies to everyone. **SOP's** in the Portland Police Bureau apply to the unit the SOP came from.

There were recommendations on a couple wording changes throughout the discussion. In section #2 changing "Communicate with ECIT officers Lieutenant" to "Communicate with the Lieutenant of the ECIT officer". Also in section #2 changing "Any decision to remove an ECIT officer from the team will be coordinated by the Central Precinct Commander" to "Coordinate any decision to remove an ECIT officer from the team with the Central Precinct Commander.

Kathleen Roy moved to accept the revised version of SOP 3.3 with the addition of the suggested changes and Melanie Payne seconded the motion. The motion passed.

M/S/P

SOP 1.1

SOP 1.1 was handed out. It is the SOP that states how SOP's are written. Bill Osborne moved to accept it as written and Floyd Pittman seconded the motion. The motion passed.

M/S/P

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SOP 3.2 BHRT

In the handout of SOP 3.3 there are several recommended changes from BHU. The suggested changes are in RED. The term Mobile Crisis Unit (MCU) will be changed to Behavioral Health Response Team (BHRT) throughout the document to reflect the changes that occurred some time ago in the title for the officer/clinician teams.

Under Procedure and Responsibility #2 the changes discuss the criteria and selection process for the BHRT officers. Lieutenant Hager explained the BHRT position is a specialized position different from ECIT officers and the selection criteria should reflect that (such as excellent report writing skills and strong investigative skills). One of the other differences to note is that the BHRT officers must go through an interview prior to selection. There was a question raised about how to make sure the BHRT officer can interact with the clinicians & health care professionals on an equal level? How to make sure the officer has “strong interpersonal skills?” Sergeant McCormick explained that the interview panel included the supervisor of the clinicians along with a citizen (sometimes selected from the BHUAC) and that this was the part of the process to look at the motivation of the officer to work in BHU and if they have the skills to work with a clinician. Also, BHU hopes the clinicians picked for this position will want to work with the police.

Under Procedure and Responsibility #3 Training: BHUAC is tasked with approving BHRT training. This section should be further discussed to determine if there are additional or different recommendations about training for the BHRT. The BHU would like to add Threat Assessment to the list. Something to consider is the availability and cost for training. This will have to be further discussed at a future meeting.

Under Procedure and Responsibility #5 the change included removing the line about a one year commitment as a BHRT officer. This is already listed in the criteria and didn't fit in the paragraph. The paragraph talks more about where and how they will work.

Under Procedure and Responsibility #6 corrections system was changed to criminal justice system. It is more inclusive of the various systems people come in contact with.

Under Procedure and Responsibility #7 the changes reflect more accurately the role of the referral system (BERS) and how sergeants will make assignments.

Under Procedure and Responsibility #11 the changes reflect an attempt to make the flow of the paragraph easier and change some of the wording.

Procedure and Responsibility #14 is an addition to the SOP. This section covers the oversight and continued participation as a BHRT officer. Please review this section to discuss any recommendations at the next meeting.

Please review this SOP and have suggestions by the next meeting so it can be approved.

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Preview for upcoming meetings

Several SOP's to go over.

BOEC presents training.

Presentation on ECIT training from 2015.

There is quite a bit to go over and timelines are coming up. The next few meetings should be filled with many items that will need recommendations and approval from the BHUAC. Also, due to schedules for several members of BHU we will be looking at the potential to change next month's meeting to the week earlier or later than the regularly scheduled meeting. Please look for the email that will come out in regards to that.

**April 20, 2016 at 2:00 PM at the Portland Police Bureau's Central Precinct, 11th Floor,
Behavioral Health Unit Meeting Room**