

# Behavioral Health Unit Advisory Committee

## Meeting Minutes

September 27, 2017

BHUAC previously reviewed Committee Members

**Lt. Chuck Lovell** BHU; PPB, \***Sgt. Todd Tackett** PPB; \***Sgt. Casey Hettman** PPB; **Ofc. Jason Jones**, PPB CIT; **Emily Rochon**, PPB SCT; **Shannon Pullen**, National Alliance on Mental Illness; **Bill Osborne**, Multnomah County Behavioral Health; **Cristina Nieves**, Commissioner Fritz's Office; \***Maggie Bennington-Davis**, Health Share of OR; **Felesia Otis**, Volunteers of America; **Jan Friedman**, Disability Rights Oregon; **Kathleen Roy**, Central City Concern; **Beth Epps**, Cascadia; **Katie Burgard** Multnomah County Sherriff's Office; **Mike Morris**, Oregon Health Authority Addictions & Mental Health Division; **Melanie Payne**, Bureau Of Emergency Communications, **Janie Marsh**, Mental Health America of Oregon, **Alex Bassos**, Metropolitan Public Defender's Office; **Leticia Sainz**, Multnomah County Mental Health & Addiction Services; **Wyndham McNair**, Case Manager CCC

Guest: Tanya Jones and O'Nesha Cochran Peer Support Specialist

[\* Indicates Committee Member was absent]

### August & August Minutes & Report

The August minutes were discussed. Melanie Payne moved to approve them, Kathleen Roy seconded the motion. Bill Osborne abstained. The motion passed.

**M/S/P**

The August report was discussed. Christina Nieves moved to approve the report, Melanie Payne seconded the motion. Bill Osborne abstained. The motion passed.

**M/S/P**

### Peer Support and Experience

Tonya Jones and O'Nesha Cochran shared about their experiences as Peer Support Specialists. They both have personal experience with mental health and substance abuse issues and the criminal justice system. They use this lived experience to help advocate for and assist individuals facing similar experiences.

O'Nesha works with the IMPACT Team at OHSU. The OHSU IMPACT (the Improving Addiction Care Team) program is a national model for treating opioid and heroin epidemic and is an initiative that brings together physicians, social workers, Peer-recovery mentors and community addiction providers to tackle the root causes of addiction when patients are admitted to the hospital. The IMPACT Team reviews each patient on a case by case basis to determine which of the team interacts with the patient first, depending on the patient's needs. O'Nesha is there to engage and support the patient throughout their hospital stay. She also advocates and helps patients transition back into the community and build their resiliency and self-sufficiency. Her biggest suggestion to people is to know that change is possible. Someone who has a difficult past can thrive, work and give back to society.

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Tonya Jones helps advocate in Mental Health court and works with people who have dual diagnosis. The Multnomah County Mental Health court serves people who have been charged with low level crimes (not severe person to person crimes) and also have a recent diagnosis of a mental health issue. In lieu of going to jail, they go agree to go into the Mental Health Court Program, which is a specialized treatment court that takes one year to complete. Tonya is part of multidisciplinary team, including representative from the DA's office, Public Defender's Office, Mental Health Department, Department of Community Justice and the Sheriff's Office.

The group meets on Tuesdays to review cases set for Thursday. Needed referrals are made and then contact with the person is established. Tonya tries to meet with all assigned individuals once a week. Many of the people she works with are set to go into group homes. Tonya uses her knowledge and understanding of personal and institutional barriers to assist the people she works with and she does a lot of skill building to increase their independence and resiliency. Tonya believes people are not their diagnosis.

### **Caseload**

O'Nesha's caseload changes depending on the type of care the patient needs. There are two Peer Support Specialists at OHSU. Most of her work is done as patients are released, and then O'Nesha can spend 8 hours a day up to 8 weeks with them. After that, it depends on what barriers they face when they try to re-enter the community. "You are asking them to give up a lot when you ask someone to get clean. Not only do they have to face the physical trauma, they have to face the trauma that led them to drugs in the first place."

Tonya's mental health court caseload varies. She usually advocates for 18-20 people at a time.

### **Budget**

O'Nesha would like to increase the Peer budget at OHSU to include a Peer Support Specialist at the skilled nursing facility. Skilled nursing facilities can handle many of the people who are in recovery and the cost of care is less than at the hospital.

IMPACT has a budget for Peers to use when supporting patients.

Mental Health court has a fund set up to help with bus passes, clothes and other barriers that we encounter.

### **Self-Care**

O'Nesha described that it is important to keep a mental balance and have healthy outlets. "Rest, nutrition, down time and calling in when you know you need to is all very important. Having lived experience and being near situations that are close to our experiences can be challenging. Many Peers

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know what life they left behind and that they are one relapse away from it. The ability to ask for help and learning to do so early on is a must.”

One committee members said they could see that it is a heavy burden to be the symbol for hope and change in a system and that there has to be an outlet for stress and support network for those working as peer advocates.

### Supervision

The Peer Support program is a very fragile network. It runs well because of the people who are working in it and the advocacy that has happened for the program itself. Having supervisors with lived experience makes a very large impact on the program. Supervisors who are also Peers understand what it means when a Peer Support Specialist feels “they are reacting as if they were in the prison yard” and can help support and guide the Peer Support Specialist through their professional development.

It is imperative to have someone who understands Peers in the role of supervisor. A committee member recognized that as a supervisor of Peers, she knows it is not her area of expertise (she likened it to supervising a doctor), she doesn't know the job but understands the system needs support and help both ways. Advocating for Peers is a necessity in the system. It has changed the way communication is handled in hospitals and this committee member hopes to have more Peers elsewhere.

Central City Concern has developed different levels of Peer work. They are looking at how to get people out of the “box” with training and match them with groups to encourage more supervisors. Having those with lived experience as supervisors is also a big piece. Incentivizing the community and building relationships is a must.

### Recommendations to the PPB and BHUAC

O’Nesha had a son who attended Camp with the Portland Police Bureau and related how it made a difference. “If you ever get the opportunity to spend time with kids in the community, spend that time. It makes a difference.”

Tonya said that “nobody wants to grow up to be a criminal, bad choices are made, but most of them are not bad people.” Also, there needs to be professional trauma therapy in jails and hospitals. It needs to be expanded to other languages and the legal terms need to be explained to those who have a TBI or ESL in language they can understand.

### Strengths/Opportunities/Challenges

A committee member stated that it sounded like both O’Nesha and Tonya had a significant impact on the systems they work in and asked how they think it happened and could it be recreated? They made the following comments:

- 1) You have to be “kick-ass” advocates.

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- 2) Having people who champion you and know what needs to happen makes all the difference.
- 3) There needs to be someone with privilege to break down barriers.
- 4) Having a conduit to someone who is in charge matters.
- 5) Having Peers who are passionate and have the attitude needed for Peer support matters.
- 6) Peer supervision piece is KEY. There is currently an issue with the Health Authority and how payments are made, but they are working on it.
- 7) Getting peer supervisors in rural areas will be more difficult. The Health Authority is using the Peer support network for training and support of more Peers.
- 8) Have you thought of integrating the Peer program in BHU?  
BHU is always changing and growing and they have looked at including Peers but have not reached that point yet.

*Due to time the discussion on Unity will be tabled to a different meeting*

### **Directive 850.20**

Directive 850.20 was up for annual review, but the review period is closed and the DOJ and PPB have agreed on the current language. BHUAC previously reviewed 850.20. Lt. Lovell wanted to bring this before the BHUAC because it is what PPB uses to train staff. The committee discussed that it would like to spend more time on how this policy works in actual practice. How does the definition of mental health crisis effect interactions between PPB and mental health providers? This will be added to the planning list for the December meeting. The committee agreed, a discussion of Directive 850.20 should be put on the calendar for next year, before the review process is opened so any future recommendations can be submitted during the open review period. A committee member suggested it would be useful to see the Committee's previous recommendations during this discussion.

**The next BHUAC meeting will be on October 25, 2017 at 2:00 PM at the Portland Police Bureau's Central Precinct, 11<sup>th</sup> floor BHU Meeting Room.**