

Behavioral Health Unit Advisory Committee

Meeting Minutes

August 25, 2021

Committee Members

Lt. Casey Hettman, PPB BHU; Emily Rochon, PPB SCT; Beth Epps, Cascadia; Capt. Nicholas Jarmer Multnomah County Sherriff's Office, Melanie Payne, Bureau Of Emergency Communications (BOEC), ***Janie Gullickson, Mental Health & Addiction Association of Oregon (MHA AO)**; Barbara Snow, Multnomah County Mental Health & Addiction Services; ***LaKeesha Dumas, Office of Consumer Engagement-Multnomah County Mental Health & Addictions Services Division**; Melissa Eckstein, Unity; Myrlaviani Perez-Rivier, POC-Led Cross Disability Coalition, DRO (Disability Rights Oregon) Representative/Disability Refugee Community of Oregon; ***Sgt. Benson Weinberger, PPB BHU**; ***Sgt. Stephen Mirau, PPB BHU**; ***Mary Claire Buckley, PPB Office of Inspector General**; ***Jill Archer, Care Oregon**; ***Grant Hartley, Multnomah Public Defender's Office**; ***Darion Jones, Commissioner's Staff Representative**; ***Donald Meyers, American Medical Response (AMR)**; Juliana Wallace; Central City Concern (CCC); ***Jared Hager, Department of Justice**; ***Tom Christoff, Department of Justice**

[* Indicates Committee Member was absent]

Report & Minutes

July Minutes – Melanie Payne motioned to approve and Beth Epps seconded. M/S/P Juliana Wallace and Emily Rochon abstained.

July Report – No recommendations made. Melanie Payne motioned to approve and Juliana Wallace seconded. M/S/P

Note: Currently there are 13 voting members with 7 required for a quorum. (Sworn PPB are non-voting)

Updates

- **BHU – Lt. Casey Hettman –**

Additional restructuring within the Bureau has taken place and the BHU is now placed in the Special Resources Division.

An Enhanced Crisis Intervention Training (ECIT) course is being offered in November. There are 38 applicants total. Previously, the ECIT training courses were limited to 20 members, however, a larger ECIT course is being developed to account for attrition and retirements. The ECIT course will entail 50 hours of curriculum. A curriculum overview will be presented to the BHUAC for any input.

The Department of Justice and the City of Portland are going into mediation next month regarding the Police Bureau and City's compliance with the US DOJ Settlement Agreement. Federal Judge Simon has scheduled a check-in to occur on November 09, 2021.

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The third Community Engagement Meeting for the BHUAC is scheduled to take place on September 22, 2021. A request was made to the Committee to brainstorm topics to provide to the public that will be of interest and have relevance.

Presentation/Discussion:

- **Portland Fire & Rescue - Portland Street Response, Robyn Burek, Program Manager**

The Portland Street Response (PSR) finished their six-month milestone of their pilot program recently. On October 05, 2021 Robyn Burek is slated to provide a presentation to the Portland City Council from 9:30am to 11:30am. Portland State University (PSU) will present their PSR program evaluation as well.

Data is currently being collected on cities creating Mobile Crisis Response Teams (MCRT). New York City, Anchorage, Oakland, Missoula, Colorado Springs, Columbus and San Francisco are the most similar to PSR. Most MCRT's are a combination between public and private partnerships.

Based on data collected in the past, mental health calls typically consist of 30% involving weapons and the other 70% are lower acuity. Work is continuing, to developing what this ratio looks like in Portland.

Per PSR Data: Based off the data collected in the last six months regarding PSR cases, 46% originated from 911 calls, 42% originated from Non-emergency and 13% were self-dispatched.

The Program Outcome goals for PSR consist of:

1. Reduce the number of calls responded to by Police in which no criminal activity is present.
2. Reduce the number of transports to the Emergency Department in which pre-hospital care in the field could be performed.
3. Reduce the number of mental health/behavioral health calls to Police and Fire.

An example of a two-week mental health (MH) call snapshot was provided to the Committee. There were 1,556 PPB calls in the Lents pilot area, 100 PPB MH calls in the Lents pilot area, 44 MH calls during PSR operational hours and out of the total calls received, 16 qualified for current PSR criteria.

A slide was then presented which broke down these numbers into percentages. Out of 1,556 PPB calls in the Lents pilot area 6.5% (100) were MH calls. 44% (44) calls were during PSR operational hours. 36% of the 44% received were calls which met PSR criteria. This translates into 16 calls total which met PSR criteria during a sample two-week period.

The Mental Health call categories from the same two-week snapshot consisted of:

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PSR has five MH call types: Non-emergency, outside, no weapons present, no criminal activity and no violent behavior. This makes up 36% of calls.

ECIT calls consist of five types: Subject is violent, weapon present, threatening or attempting suicide, residential mental health facilities and risk of harm to self or others. This makes up 14% of calls.

A middle, "other" category makes up the remaining 50% of calls. Examples of calls that fall into this other category are: substance use/intoxication, welfare checks, trespass, suspicious person, unwanted person, illegal burns and behavioral.

PSR is unable to be dispatched to residential calls for service at this time. But if they were able to be dispatched to residential this would greatly increase call volume that can be addressed from BOEC. The main goal is to increase PSR service. PSR is currently looking to change their criteria for eligible calls. This means that 50% of MH calls could potentially be taken during PSR regular working hours.

A breakdown of different Mobile Crisis Response Models was provided. The Cahoots model has the criteria that the call for service must be non-emergency, no weapons present, no criminal activity and no violent behavior. The First Responder Model has the criteria of sitting organizationally outside of Police, responds to all levels of acuity – some alone; some in co-response and utilizes lights and sirens. A Co-Responder Model has the criteria of being a Mental Health Crisis Responder embedded within the Police Department.

Out of 1700 calls only 100 met the Cahoots model criteria. The way the Cahoots Model is set up is limiting for Portland's needs. PSR is not a co-responder model, they are more of an unarmed First Responder model approach for mental health.

PSR plans on hiring a Data Analyst in the future to see what the scale looks like city-wide. For example, welfare checks are a wide array of calls, they would like to drill down this data for a better idea of what types of calls fall under this umbrella. Unwanted person calls have dropped by 30% since 2019 and PSR is trying to figure out why.

In September of 2021 PSR will be implementing a second team which will consist of one Firefighter EMT, one Mental Health Crisis Responder I and two Peer Support Specialists. The shifts will cover Thursday through Sunday from 5:30pm – 3:30am. PSR has already had 40 applicants for the positions thus far.

Questions and Concerns Posed by the Committee:

How does PSR work with the rest of the MH crisis system already in place - for example, Project Respond (PR), BHU and shelter teams which are already valuable resources within the community? PSR would like the opportunity to partner more with PR so that the teams can staff

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individuals who have multiple touches with systems. To date PSR has not been notified of someone's discharge from the hospital. PSR would like to improve upon this process with the hospitals. PSR does frequently refer to PR and the Multnomah County Crisis Line as a first response. Bridged services are proven via data that they are more effective and impactful.

When you're talking about criteria for expansion and having meetings regarding these criteria – is there room at the table for Multnomah County and other crisis providers? We have a fairly robust offering now and the concern is that we want to make sure that this is an integrated and collaborative approach. How will it be determined which appropriate first responder gets dispatched when it comes in to 911? The response was that these are all still plans in process and in reference to the expansion timeframe they are just unsure at this time.

What is the vision for suicide calls with constraints? How does PSR fit? PSR wants the best response for the individual in need. If it is the Multnomah County Crisis line than that is what should be utilized. If there are weapons and it is residential then ECIT is the best response. PSR is interested in the possibility of assisting with the response. PSR will have to wait until the pilot program is over in December/January timeline to implement more of a co-response approach.

The question was posed, "What or who is the overarching source that is making these decisions? Is it every entity for themselves?" It appears that PPB, BOEC, PR, PSR and the City of Portland are not partnering very effectively at this time. PSR is looking into hiring a consultant to review this but this solution could be potentially years out.

BOEC ensured that someone will always respond when needed. 911 is the overarching source for service in the community in practice. BOEC wants to ensure consistency. There has been some discussion regarding sending PSR in addition to police to some calls. Currently BOEC is working on hiring a dedicated PSR dispatcher.

The Committee discussed the appropriateness of sending a letter requesting the City of Portland and Multnomah County to ensure there is an overarching body and a comprehensive approach when it comes to responding to mental health crisis. It is concerning because, as it stands, the approach feels disjointed.

The committee would like to voice its concern for the need of additional advocacy to take place to address an integrative approach with the resources already on hand.

Multiple committee members were also members of PSR's advisory group to help create the pilot project. There were numerous recommendations on PSR's operations standards that appear to have been diverted/changed. For example, the PSR's advisory committee were very clear that PSR will not have, "lights and sirens," and now PSR is advocating for the teams to have lights/sirens. The Committee's consensus was that PSR's original mission and vision needs to be revisited as the day-to-day goals do not seem to match the overall vision. There was agreement amongst all to revisit this topic again next month.

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Committee made a suggestion to invite the PSU researcher for PSR to the BHUAC meeting in order to present the data from the community and what his project is finding regarding the impact PSR is having.

Recommendations and Votes:

SOP #2-1

Behavioral Health Unit Electronic Referral System (BERS) - edit suggestions and/or updates and finalize

PPB's Public Records Request contact confirmed that BERS information is protected health information and as such will not be released to anyone except the individual, ROI or legal representative for the individual.

*The Committee lost quorum mid-meeting.

SOP #3-1

Service Coordination Team (SCT) – edit suggestions and/or updates and finalize

The Committee agreed to postpone the review of this SOP for next meeting with quorum.

A Committee member brought up some salient points in preparation for the upcoming September BHUAC Community Engagement Plan Meeting:

- In the spirit of community participation, it would behoove us to offer reflections on the community concerns voiced during the community meetings. It goes towards trust building. We might ask the community what would make the difference in trust building.

Five Committee members confirmed they will attend the September meeting.

On Wednesday, September 22, 2021 the third BHUAC Community Engagement Plan Meeting is scheduled to take place from 6:00 – 7:30pm.

**The next BHUAC Meeting will be September 22, 2021
2-4 PM via Zoom Meeting**