

Behavioral Health Unit Advisory Committee

Meeting Minutes

January 27, 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; **Jared Hager**, United States Attorney's Office; **Janie Marsh**, Mental Health America of Oregon

[* Indicates Committee Member was absent]

Updates & Notes

The Portland Police Bureau's Behavioral Health Unit was selected to present at the CIT International convention in Chicago. This is a great opportunity for the BHU.

There was a late email from Jan; you should receive it after the meeting. There is a question on updating the Mission Statement of BHU. This would be a long process and could be brought up at a later date. There was also a suggestion to add the word "Team" to crisis intervention training. The DOJ made a recommendation to the Police Bureau that we stop using the acronym CIT to refer to training as the "T" in CIT refers to Team which is not applicable to our core training. We will continue to use the acronym ECIT since this does refer to a team. This should help avoid confusion.

STS beds – The new 6 beds are up and running and the program is currently doing well. We have had 2 people stabilize and transition to other, longer term services. The program could be changed a bit depending on needs that arise; right now they stay for between 30-90 days to stabilize and then transition to longer term care and services. Emily Rochon will bring more updates as they are available.

December Minutes & Monthly Report

The December monthly report was reviewed. No changes to the report were suggested.

Bill Osborn moved to adopt the December report, Hiroshi Takeo seconded the motion. The motion passed.

M/S/P

The December minutes were discussed.

Some of the ECIT observations were kept very general. The detailed observations will be put into another document and shared with the committee so they can be viewed and given as recommendations at a later date when ECIT training is discussed. Beth Epps proposed that the minutes be adopted, Mary Lindstrand seconded the motion. The motion passed.

M/S/P

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The December minutes will be posted on the BHU website once approved. The BHU pamphlet that is discussed in the minutes is available to the public on the BHU website.

Review of BOEC Policy

DOJ Task 113. PO – Suicide RG – 01202016 Purpose: Defines procedures to process calls involving suicidal threats, attempted suicide and suspected or actual deaths by suicide using the call type SUICD, SUICDW, and MCCL (Multnomah County Crisis Line).

BHUAC has reviewed this in the past but no formal recommendations were made last time.

Melanie Payne gave a brief history of 911. She also encourages anyone on the committee to do a “sit along” with a 911 call taker and/or a Dispatcher. Please email her if you are interested. BOEC (the Bureau of Emergency Communications) brought examples of calls to explain what happens during a call and to give the committee members a feel/sound for an emergency call.

BOEC dispatches for the entire County. Each entity within the County has their own policy & procedures for handling emergencies. BOEC takes 2500/3200 calls a day. All the call takers are employees with the City (no volunteers). Employees go through a rigorous training and certification process that can take up to 2 years to work independently as call takers and dispatchers. Call takers answer 911 and Non-Emergency calls. Dispatchers send emergency responders to the scene. Responders can hear the all of the radio traffic that goes out on the channel (not just the calls when the dispatcher is talking to them).

The MCCL is the Multnomah County Crisis Line. The partnership with the MCCL, BOEC and PPB came out of an interest to minimize unnecessary police contact with people in crisis. Before partnering with MCCL, every suicidal call in Portland got a police response. Since 2012, some suicidal callers are transferred to the MCCL which can offer different help to those in crisis and can connect them to services that police cannot offer. (MCCL dispatches Project Respond, not BOEC.)

BOEC handled 2500 suicide calls in 2015; BOEC transferred 400+ calls to MCCL. Process: BOEC can only transfer a call to MCCL if BOEC is talking to the person or someone with the person. They cannot transfer to MCCL if the person calling is a passerby or witness and not involved or near the person in crisis.

BOEC will offer to connect a caller to MCCL via 911 or the Non-emergency line if they meet all the criteria for a warm handoff (BOEC stays on the line and introduces the caller to MCCL). A call is transferred to MCCL when someone in crisis has no means, no method and no manner in which to take their life. If that situation changes while on the phone with MCCL, the caller will be transferred back to BOEC for police dispatch or MCCL will follow-up with BOEC directly.

There were 65 kickbacks to BOEC in 2015. If MCCL can't set up a safety/action plan with the caller, those callers will also be kicked back to BOEC for assistance. It was asked if the kickback calls were audited by BOEC to see why the callers needed police. When the program first started these calls were audited on a regular basis to ensure the program was working as it was designed. After determining the program was working the audits were no longer needed however the manager of BOEC and MCCL still have a line of communication if an issue arises.

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BOEC updates training on a regular basis. Of the 2500 suicide calls BOEC has received, the calls are usually from either the person in crisis or someone close to that person (2nd party) looking for a well check on them because they have received messages from the person in crisis. BOEC does not receive many calls on deaths related to suicide.

The BOEC procedure to process calls involving suicide (PO – Suicide RG – 01202016) has been reviewed by the BHUAC before. It was lacking descriptions and needed to be written in a manner that non-BOEC employees could understand. There have been a couple of changes since this was reviewed by the BHUAC. The General Box on Page 2, MCCL was added as a call type as an example. Also, added 2 f. “ECIT Response” in calls (this is only for Portland).

Someone asked, “Is there a different way of interacting with someone who has suicidal tendencies? Not, just going down a list?” “What is the training like?” There is a call taker policy on how to handle this; this and many other directives are covered in a much larger group of standard operating procedures not being discussed today. This PO is just on how to transfer suicide call types. BOEC Call takers and Dispatchers have a high level of training that includes rapport building and information gathering. They have ongoing training on how to interact with someone in crisis. The questions listed on this policy highlights what information should be acquired to dispatch calls related to suicide. Employees can click on link on the Computer Aided Dispatch (CAD) mask to check current policies and keep up to date on any changes.

Tashia Hager watched a BOEC dispatcher compete in a competition of crisis negotiation teams and the BOEC team did an excellent job taking 3rd place. They are always updating their training techniques. A sit along with dispatchers is encouraged if you have not had one.

“Has BOEC had conversations outside of Multnomah County about utilizing the crisis line?” The answer is yes, they have and many other agencies show interest. Initially, some wanted to push all suicidal calls to the MCCL but that is not possible due to circumstances and staffing.

It was suggested that the word “Or” be added to the dispatcher note #2 so it would read “Dispatch an ECIT officer, if available, when a call involves a mental health crisis and/or...” This would make the policy more clear about when to dispatch ECIT officers.

“How does BOEC handle language barriers?” There is a language line that BOEC utilizes to translate when needed.

It was asked if consumers of the Crisis Line have been asked how they feel about the process and does it work? Some were contacted when the program was implemented. Most agreed this program was better than having police show up at their door. Many callers asked for just an ambulance transport the hospital and did not want police. BOEC has to follow partner agencies protocol which dictates how responders are dispatched. Medical crews require police assistance if there is an element of danger in the call. Sometimes the police uniform itself can escalate a crisis to the caller. Now that BOEC can send ECIT if in Portland, these situations are much better. With the MCCL transfer protocol, Portland Police don't have to respond to every call, and people can receive the help they are seeking. This program was proactively put into place pre-DOJ and based on what the community wants.

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Someone asked if it was possible to solicit letters of feedback about how this process is working? That is a great way to document, on top of the committee notes and measures that are passed, for the DOJ agreement. Can that be done? What HIPAA laws would be at issue? Might there be some way to know if there was a positive or negative outcome from the call? BOEC rarely knows the outcome of calls; they transfer or dispatch and move on to the next call. A statement about the process is what might be most important, is it working? More about issues than the outcome (some consumers may not want to be contacted).

Bill Osborn moved to recommend that the committee accepts the document with the addition of “/or” to dispatcher note #2 to read:

“Dispatch an ECIT officer, if available, when a call involves a mental health crisis and/or”

Captain Mary Lindstrand seconded the motion. The motion passed.

M/S/P

The committee members thanked the dispatchers for doing their job so well and asked what kind of help was set up for the call takers? Over the years, and very recently it became clear to BOEC that the call takers needed to be cared for and know how taking 911 calls can affect them. There is the ability to go off the operations floor right after a difficult call, PEER support group that checks on their co-workers, EAP and wellness is engrained into the training from day one.

The next BHUAC Meeting will take place on

February 24th at 2:00 PM at the Portland Police Bureau’s Central Precinct, 11th Floor,

Behavioral Health Unit Meeting Room