

Behavioral Health Unit Advisory Committee

Meeting Minutes

April 20, 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, Hagedorn Law; 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:

Adrian Brown, United States Attorney's Office; Emma Covelli, PPB Training Division; Captain Bryan Parman, PPB Training Division; Mary Claire Buckley, PPB

[* Indicates Committee Member was absent]

March Report & March Minutes

The March minutes were reviewed by the committee. Kathleen Roy moved that the minutes be accepted and Floyd Pittman seconded the motion. Hiroshi Takeo, Jan Friedman & Felesia Otis abstained. The motion passed.

M/S/P

The March report was reviewed by the committee. Bill Osborn moved to accept the March report and Christina Nieves seconded the motion. The motion passed.

M/S/P

Updates

The DOJ and COCL have both sent Technical Assistance Letters to PPB after attending ECIT training in November 2015. The review of the Technical Assistance letters will be added to the June or July agenda. The mission statement of BHU will be reviewed in conjunction with the review of BHU SOP #1-2 during the June or July meeting.

SOP 3.2 BHRT

The committee began the review of BHU SOP 3.2 which covers the Behavioral Health Response Teams (BHRT) during the March meeting. The review of BHU SOP 3.2 was continued during this meeting. BHU members provided input prior to the meeting on program changes that were not reflected in the SOP,

Behavioral Health Unit Advisory Committee

Meeting Minutes

April 20, 2016

such as the name change from “Mobile Crisis Unit” to “Behavioral Health Response Team”. Committee members were able to review the recommended BHU changes. One member requested clarification for the definition of “high risk” regarding BHRT referrals. It was explained “high risk” involved violence or weapons were involved in the incident police were called to respond to.

A committee member recommended the stated qualifications for the officers of “Must not have a sustained use of force or mistreatment complaint involving a person with a mental illness within the last three years” be changed to longer than 3 years. There have been previous discussions on this by the committee on this topic and it was determined to leave the requirement as it currently reads. It was reiterated that this is a minimum requirement to apply. It was also noted that that the “sustained” (when the bureau has found a policy has been violated) issue has never come up in BHU when hiring for BHRT. Adrian Brown, DOJ, stated the DOJ views the 3 year requirement as the base line and does not take a stand on if it should be more stringent or robust. It was suggested the committee discuss the topic if it becomes an issue during the next SOP review cycle.

The committee discussed whether the qualification requirements got to the necessary skills a BHU member needs to possess. Several committee members felt the ability to collaborate with their clinician partner as well as community partner collaboration was not addressed in the minimum qualifications.

The following recommendations were made to improve the minimum qualifications:

- 1) Under #2, add the word “minimum” to read “Officers must meet the following minimum qualifications to apply for the position:”
- 2) Also under #2, add “Strong collaborative skills” to list of minimum qualifications

The committee had several recommendations to apply throughout the document:

- 3) Change all references of “Project Respond clinicians” to “clinicians” throughout document
- 4) Change all references of “client” or “consumer” to “individual” throughout document
- 5) Change all references of “social service resources” to “community resources” throughout document

BHRT training requirements were reviewed and it was noted the COCL had concerns the BHU was not providing enough training for the BHRTs. BHU members requested input from the BHUAC on what additional training would be beneficial for the BHRTs. Currently the DOJ settlement agreement states the BHU “shall specially train BHRT members”. Currently the BHU provides ECIT training for BHRT members and sends them to numerous trainings within the community to ensure they become better educated on the services available and mental health systems in order to work with the people referred to them for follow up. SSD is in conversation with the COCL regarding the training requirements.

The following recommendations were made by the committee:

- 6) Under #3, Remove the 3rd sentence and bullet points and replace with the following: “Portland Police Bureau has a strong commitment to ensuring BHRT officers and clinicians attend the following training based on availability and funding:

Behavioral Health Unit Advisory Committee

Meeting Minutes

April 20, 2016

- Applied Suicide Intervention Skills Training (ASIST)
 - Trauma Informed Care
 - Civil Commitment Investigator Training
 - HIPAA and Law Enforcement
 - Threat Assessment”
- 7) Under #6 (3rd bullet) Change “Connect to community mental health services” to “Connect to appropriate community services”
 - 8) Under #7 (1st sentence of 2nd paragraph) Change “mental health services” to “community services”
 - 9) Under #8 MCU Officer responsibilities and #9 MCU Clinician responsibilities, add the following bullet: “Assist in engaging the individual.”
 - 10) Change the order by moving the entire paragraphs #10 and #11 to follow #7 and come before #8
 - 11) Under #13 (1st sentence) Change “are mentally ill.” to “have actual or perceived mental illness.”
 - 12) Under #14 (3rd bullet) Change “a person with mental illness.” to “an individual with actual or perceived mental illness.”

Bill Osborn made a motion to accept the SOP with the above changes outlined above as 1) – 12), Felesia Otis seconded the motion. The motion passed.

M/S/P

Training Division Presentation on November 2015 ECIT Training Survey

The Training Division presented a brief overview of the 2015 ECIT training student survey results. These results were based off of the two student surveys delivered during the training event itself, which are used to help gauge training quality, the relevancy and level of challenge provided in the training content, where improvements can be made, and future training needs. Twenty-six people responded to the first survey and twenty-seven people responded on the second survey. Results for 2015 were more complicated than 2014, making interpretation of some of the scores more difficult.

Many of the 2015 results were lower, compared to the 2014 cohort, such items pertaining to training quality, relevance, and learning. However, the results do suggest that overall the students still found value from the training. The main factors for consideration for improving future ECIT trainings are:

- Officers coming into the ECIT program may have a higher knowledge of ECIT than in previous years. As ECIT is established more officers are utilizing ECIT and the initial training content may need to be advanced accordingly in the future.
- There were many changes in the instructors and speakers from 2014 to 2015. The results would suggest it would be beneficial to review these changes, to ensure the instructors and speakers are the most effective.

Behavioral Health Unit Advisory Committee

Meeting Minutes

April 20, 2016

- The scheduling of the experimental sessions may benefit being reviewed. It is possible having so many back to back may have contributed to a reduced positive impact. Splitting them up more may be useful.
- The 2015 training session had more observers, as well as a greater variety of observers involved in oversight bodies. This caused significant distractions to the learning environment, reduced student participation, and likely reduced learning. The Training Division is aware of the research on the impacts of observation and is working on finding ways to maintain an effective learning environment while also meeting the needs of others related to being informed on training content and delivery. The challenge of balancing the impact of observers is not unique to the ECIT training or observers whom are external to law enforcement.

Training is working on expanding upon the evaluation process and additional outcome measures focused on the utilization of skills on the job.

The committee provided some reflection on the topics of observation, the use of internal versus external instruction, panel discussions, and the evaluation process. The committee suggested additional time to continue the conversation would be beneficial.

Upcoming meeting

**May 25, 2016 at 2:00 PM at the Portland Police Bureau's Central Precinct, 11th Floor,
Behavioral Health Unit Meeting Room**