

Behavioral Health Unit Advisory Committee

Meeting Minutes

June 22, 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; ***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 & 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, **Frank Silva** PPB BHU

[* Indicates Committee Member was absent]

May Report & May Minutes

The May minutes were discussed. Melanie Payne moved that the minutes be accepted and Floyd Pittman seconded the motion. The motion passed.

M/S/P

The May report was reviewed. Melanie Payne moved that the report is approved and Christina Nieves seconded the motion. The motion passed.

M/S/P

Updates

Joe Hagedorn no longer works for the Public Defender's Office and has resigned from the committee. Since representation from this organization was important to committee members the Chair and the BHU Lieutenant are reaching out to look for a replacement.

The Regional CIT Conference is coming up in September in Tacoma. If you need more information please contact Amy Bruner-Dehnert about what is covered at the Conference.

SCT had a successful graduation which was an emotional celebration. Also, a big congratulation goes to Floyd Pitman for his 7 year anniversary.

In April, Jan Friedman brought up placing the mission statement on the agenda and would still like to see this happen.

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SOP # 1-3 Crisis Intervention Team Coordinator

The most significant change to this SOP was the addition of the qualification and oversight sections. The position itself has remained fairly stable and the job description remains the same.

There was discussion about the SOP being structured like a job description. This is not unusual for the SOPs in BHU. This led to a discussion about what role the CIT Coordinator has regarding situations that involve a mental health component and/or a substance abuse component. Although the BHU handles situations involving both mental health and substance abuse issues, the CIT Coordinator's job centers on the mental health component while the SCT program centers on the substance abuse component. While there is significant coordination between the programs, SOP #1-3 attempts to clarify that the CIT Coordinator will focus efforts on situations involving mental illness. This helped the committee determine several language changes in the SOP.

Although the SOP can read like a job description it is not all inclusive of the tasks given to the CIT Coordinator. For example the person in this position reviews residential facilities to ensure they are flagged appropriately in the system so they receive the correct police response (which includes an ECIT officer). They review mail received by the BHU and when appropriate document this in a police report and submit the letter into property.

There was also some discussion about acronyms in an SOP. Since this is an internal document there is an expectation the people reading it will understand any acronyms commonly used internally.

Recommended changes:

In the Policy section, first sentence; remove "or drug or alcohol abuse" after "mental illness" to read "The Crisis Intervention Team (CIT) Coordinator will have a primary role in the Portland Police Bureau's response to individuals who are experiencing behavioral crises that may result from mental illness."

In the Procedure section #1, first sentence; replace "mission" with "role", "citizen" with "persons", and "suspected" with "perceived" to read: "The role of the CIT Coordinator is to develop training and resources in support of the Enhanced Crisis Intervention Team to identify and assist persons having frequent contact with police due to known or perceived mental illness."

In the Procedure section #2 change the first sentence to read, "The position of CIT Coordinator will be filled by an officer..."

Melanie Payne moved to approve these changes and Maggie Bennington-Davis seconded the motion. The motion passed.

M/S/P

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SOP 2.1 BERS

BHU's Electronic Referral System enables anyone in the bureau to make a referral to BHU. Referrals are evaluated by a sergeant and can be assigned to a BHRT or not assigned. The system allows for BHU personnel to note what they have done.

The substantial change to this policy was section #8 which lists the reasons a sergeant may not assign a referral for follow up. The discussion on this section was about the first sentence discussing limited resources. Although the unit does not have the ability to work with every referral this is covered in this section under "workload capacity". The recommendation was to strike this sentence.

There was discussion in the Purpose section about "BHU assist people with mental illness or people in crisis" and potentially adding language to include perception. The BERS SOP is directly related to the mental health side of BHU. If the perception is mental health but the reality is there is a substance abuse issue then the referral is passed on to the SCT side of BHU. Although the members of BHU participate in changing perception about mental health in the community the purpose is to work with members of the community who do have mental illness or are in crisis. It was recommended this sentence be struck and the language "and the referral process" be added to capture this.

There was discussion about the language in 7c with a recommendation to use statutory language "civilly committed or accepted a 14-day diversion as a result of a notice of mental illness."

Recommended changes:

In the Purpose section, first sentence; add "and the referral process" to the end of the sentence to read: "To define the BHU Electronic Referral System (BERS), the nature of the information it contains, and protection and dissemination of the information, and the referral process."

In the Purpose section, remove the second sentence "The BHU assists people with mental illness or people in crisis."

In the Procedure section 1A Referral Information Management # 1; replace "suspected" with "perceived" to read "Only referrals that contain information indicating an individual has a known or perceived mental illness will be accepted."

In the Procedure section 7C Civil Commitment; replace the current language with "The person was civilly committed or accepted a 14-day diversion as a result of a notice of mental illness."

In the Procedure section 8 remove the first sentence that begins "Due to limited resources...." so that the section starts with the sentence "The following are reasons the BHU....."

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Bill Osborne moved to approve these changes and Floyd Pittman seconded the motion. The motion passed.

M/S/P

SOP 1.2 BHU

The policy portion of this SOP is currently the mission statement of the BHU. There has been a request to put the mission statement of the BHU on the agenda. The BHU Lieutenant noted that a discussion about changing the mission of the BHU would not be a short conversation. The recommendation was made to change “mission” to “purpose” so that the SOP could be discussed separately from the mission of the BHU. There was further conversation about this section which included changing the word “suspected” to “perceived” as has been recommended in other SOP’s. Another language change that has been discussed is replacing drug and alcohol addiction with substance abuse.

Several committee members found Procedure #2 to be confusing. There was discussion on how to make this paragraph clearer. The intent was to articulate the very broad view of the role of leadership in the BHU. There were numerous suggestions on changes to this paragraph.

Recommended changes:

In the Policy section, replace “mission” with “purpose”, “suspected” with “perceived” and “or drug and alcohol addiction” with “and/or substance abuse” to read: “The purpose of the Behavioral Health Unit (BHU) is to coordinate the response of law enforcement and the behavioral health system to aid people in behavioral crisis resulting from known or perceived mental illness and/or substance abuse.”

In the Procedure section #2 replace the current language with “The BHU will have a designated Central Precinct Captain (or Commander), Lieutenant, Sergeant and Service Coordination Team Program Manager, who will coordinate with the Training Division, Precinct Command, mental health system providers and community partners.”

Melanie Payne motioned to accept these changes and Bill Osborne seconded the motion. The motion passed.

M/S/P

The SCT SOP will need to be discussed next meeting. It was suggested that since many of the members had read it, and had suggestions, that they email those to Emily and she can make the changes before the next meeting. Hopefully that will speed the approval process of the SCT SOP.

Upcoming Meeting

**July 27, 2016 at 2:00 PM at the Portland Police Bureau’s Central Precinct, 11th Floor,
Behavioral Health Unit Meeting Room**