

Behavioral Health Unit Advisory Committee

Meeting Minutes

July 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; **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,

[* Indicates Committee Member was absent]

June Report & June Minutes

The June minutes were discussed Bill Osborne moved that the minutes be accepted and Floyd Pittman seconded the motion, the motion passed.

M/S/P

The June report was reviewed Floyd Pittman moved that the report is approved and Bill Osborne seconded the motion.

M/S/P

Updates

There will be a Portland Police Bureau sponsored DOJ progress Meeting at the Portland Building 1120 SW 5th Ave. on the 2nd floor Wednesday August 3, 2016. Please come by, we will be discussing paragraph 150 which covers our annual force report and the stops report, among others.

CIT Training for Dispatchers

Task 114 of the DOJ Agreement directs the City to complete "crisis triage" training for all Bureau of Emergency Communications (BOEC) Dispatchers. Dispatchers play a vital role in crisis intervention and response by gathering key information and taking steps to de-escalate the situation. Therefore, the DOJ has recommended that CIT training be provided to all dispatchers. Traditional CIT training for officers is a 40-hour course, which includes content that isn't relevant to dispatchers who are not physically at the scene with someone experiencing crisis. BOEC has been developing dispatcher specific CIT training over the last few months, with many of the objectives borrowed from ECIT training.

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An outline of the proposed class was presented to the BHUAC board for review and approval.

A board member asked if BOEC has received any complaints from either people in mental health crisis or their families. BOEC does not track complaints to this level of detail about calls relating to mental health crisis. Complaints are not categorized in this manner and are dealt with individually on a case by case basis.

In general, BOEC asks comprehensive questions of all callers, trying to gather the most accurate information necessary for a proper emergency response. There is a tug of war over the amount of information BOEC can obtain and the amount of time they have to gather it. In the incidents involving people with mental health concerns, BOEC believes that they are gathering good information currently. However, BOEC can only benefit from having a documented curriculum that will promote more consistent expectations of performance.

The training objectives for this new course are: "Expand knowledge, skills and abilities with interacting with people with mental illness. Identify mental health related calls and appropriately assign responders. Recognize and reduce stigma of mental illness to improve service delivery for the community." This CIT training for Dispatchers is built on existing training from other cities around the country. BOEC has a committee of supervisors and dispatchers who will fine tune this CIT training program to be more specific to the needs of Multnomah County.

Given the very low staffing for BOEC, employee training is only conducted on overtime. While BOEC was planning to conduct a 16-hour CIT training program this Fall, the current collective bargaining agreement (contract) with employees restricts BOEC to only mandating eight (8) hours of training on overtime every six months. BOEC was hoping that the current bargaining for a new contract, which includes as much DOJ-related training time as needed, would be settled by this point. Unfortunately, they are still in negotiations so this initial class can only be eight hours. More training can be offered in the Spring.

A board member asked if the wording throughout the training document can be changed from "mental illness" to "real or perceived mental illness"? BOEC agreed to make this change.

Another board member suggested that the one of the scenario based exercises be modified from "person with schizophrenia off medications" to a "person with schizophrenia hearing voices"? BOEC agreed to make this change.

There was a discussion on how the words we use makes a difference in the perception others. Saying "person experiencing mental health challenges and/or substance abuse" is preferable to other using other ways to describe people. BOEC agrees that the vernacular they use needs to be more inclusive. They currently use shorthand codes to quickly share information with officers. However, these codes are not specific enough to communicate the complexities of an incident. Unless everyone has the same understanding of when and how to use shorthand appropriately, valuable information can be lost. BOEC is seeking some feedback from the BHUAC about better ways to convey information in an

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accurate, brief and concise manner. This is a topic that should be discussed more in depth at a later date.

Evaluating the effectiveness of the CIT training is an important component of implementation. BOEC will be using an attitude questionnaire as way to measure stigma reduction. BOEC provided a copy of those questions for review during the meeting. This questionnaire was used by the New Jersey CIT program and has been validated as a measurement tool. This specific questionnaire was recommended by the Compliance Officer/Community Liaison Dr. Amy Watson.

In addition, BOEC will follow the course evaluation model used by PPB for the ECIT training. First, students will provide their initial reactions to the training. At some time in the future, BOEC will follow-up to evaluate any learning and behavior changes that came as a result of this training. BOEC is planning to conduct more CIT training in the Spring to reinforce retention from this course.

One board member suggested that BOEC modify the emphasis of Clinical States and Communication Strategies course. Instead of using clinical terms like Anosognosia, BOEC should create awareness around recognizable traits. In this case, Anosognosia describes an individual's lack of insight about their real or perceived mental illness. The Committee agreed that technical terms were not needed. BOEC agreed as they want to create awareness while avoiding diagnosing mental health issues.

With only eight hours of training time available this Fall, there was a discussion about the peer and family member panels. The proposed training combined the family members and peer groups together. The ECIT training hosted separate panels as the two groups have different objectives for the student. After talking about the best course of action, the board suggested that BOEC include a peer panel/Lived experience panel for this training and Family Member Panel in the Spring. BOEC agreed with this recommendation.

BOEC was asked to clarify why one scenario included a person with delusions calling for a medical issue? Specifically, the board member wanted to know why the delusional aspect was included. First, BOEC clarified an error. This scenario should be about a person having an hallucination, not a delusion. Secondly, BOEC explained that the main goal of this scenario is to teach the dispatcher to focus on listening to and slowing down. They want to reinforce the idea that the mental health condition may not be the top priority for responders. While the hallucination is valuable information to gather/share with responders, the medical issue requires immediate attention. If the responders get to the scene and find out they aren't just dealing with someone in crisis, but someone who is also bleeding, then the response time for medical crews is delayed. BOEC wants to promote empathy and good listening skills over automatically sending ECIT to every call involving someone experiencing a mental health crisis.

Looking at the overall course objectives, someone asked how many students would be in each class? Ideally, BOEC would like to keep classes to 10 – 15 participants per each session. The smaller class size may help with getting through the material. There will be at least seven different sessions.

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The CIT for Dispatchers class will be previewed at the end of August for a small group of supervisors and dispatchers. BOEC will deliver the live training in October. BHUAC observation will be possible, more to come as the dates get closer.

BHUAC recommends that the course objectives and outline be approved for training BOEC employees.

Kathleen Roy motioned and Felisia Otis seconded & Melanie Payne abstained. The motion passed.

M/S/P

BHUAC recommends that 8 hours of training is not sufficient for this topic and that a minimum of another 8 hours is needed.

Beth Epps moved to accept this proposal and Floyd Pittman seconded the motion. The motion passed.

M/S/P

SOP 3.1

Service Coordination Team Program Manager distributed copies of SOP 3.1 to the BHUAC member, which included suggested changes/updates.

There was a robust discussion about the language describing the population the Service Coordination Team serves as, "chronic offenders." The discussion included suggestions ranging from changing language to be less labeling to keeping the language, as it is an apt description. It was also pointed out that sometimes brevity is necessary; turning a two word phrase into three sentences convolutes the meaning and makes it difficult to read. Most of the members agreed on replacing, "chronic offenders," to, "individuals who are chronically arrested."

In the Procedure section #2, it was suggested to replace, "...can be traced to addiction from the following referral sources," to read, "...is related to substance use disorders. Individuals are referred from the following sources, including but not limited to: the Department of Community Justice (DCJ), Multnomah County District Attorney's Office, Multnomah County Sheriff's Office, Central City Concern (CCC), Transition Projects Inc., police officers, Portland Patrol Inc., hospitals and other service providers."

It was also suggested to add the word "also" to the sentence in a) and make it a second paragraph within section #2 to read: "In collaboration with partner outreach case manager, SCT officer also provides outreach services on the street and to community agencies in order to identify and offer services to potential participants."

Bill Osborne made a motion to change, "chronic offender," to "individuals who are chronically arrested," throughout SOP 3.1 and accept the SOP with the formatting changes. Melanie Payne seconded the motion. Emily Rochon abstained. The motion passed.

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M/S/P

There is a lot of work that has been done in the last several months with more to come. The DOJ references the BHUAC five (5) different times in its report card. This committee is also mentioned several times in the COCL report. There have also been several requests from committee members to include things such as: data presentation, overall systems issues, mission statement, and having an ECIT officer panel come speak. Two hours a month is not a sufficient amount of time to get to all these items right away and there is a need to prioritize. One of these priorities will be to address the responsibilities of the BHUAC as laid out in the settlement agreement and the DOJ report card. Thank you for coming to the meetings and making sure BHUAC can make quorum to do its work.

**August 24th, 2016 at 2:00 PM at the Portland Police Bureau's Central Precinct, 11th Floor,
Behavioral Health Unit Meeting Room**