Behavioral Health Unit Advisory Committee
Meeting Minutes
September 28, 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**, *Cmdr. Chris Davis**, Portland Police Bureau, **Sgt. Todd Tackett**, PPB

Guest: **Adrian Brown**, United States Attorney's Office

[* Indicates Committee Member was absent]

August Report & August Minutes

The August Meeting Minutes and Recommendation Report were reviewed and Floyd Pittman moved that they be accepted as is. Melanie Payne seconded the motion. Hiroshi Takeo abstained. The motion passed.

M/S/P

Updates

SGT Todd Tackett was introduced as the new PPB BHU Sergeant. He will be taking over for SGT Robert McCormick who will be retiring in October 2016.

In-Service training on 850.20

SGT Robert McCormick reviewed the "PPB Directive 850.20, Police Response to Mental Health Crisis" in-service course he is teaching during the 2016 PPB In-Service. Every sworn Portland Police Bureau member will attend this in-service training. In-service training provides PPB sworn members updates on the current policies and practices.

SGT McCormick's in-service class includes providing information on the upcoming changes to police transports of an involuntary peace officer or director's custody with the opening of the Unity Center. This will be more thoroughly covered in training when PPB Directive 850.21, Peace Officer Custody (Civil) and PPB Directive 850.22, Police Response to Mental Health Director's Holds and Elopements are finalized and approved. Prior to in-service training all PPB sworn members were required to read PPB Directive 850.20 and watch a training video which included knowledge check questions to ensure every member was up to date on the policy before the training began.

The core message in training PPB Directive 850.20 is the Portland Police Bureau is trying to get people referred to community based treatment in lieu of jail when appropriate. PPB members are not expected to be able to diagnose mental illness when interacting with people but are expected to recognize signs and symptoms that may suggest someone has a mental illness as well as behaviors that are indicative of mental health crisis.

This training also covers the expectation for members to use their training to attempt engagement without escalating the situation, manage the scene and develop a reasonable disposition plan. This includes training from PPB Patrol Tactics lead instructors reviewing with sworn members ROADMAP (Request Specialized Units, Observe or use surveillance to monitor the situation, Area containment, Disengage with a plan to resolve later, More resources request, Arrest delayed, and Patience) as a guide in devising a response plan and safely resolve the incident.

There are questions regarding when PPB officers should consider disengaging and what are the expectations if officers do disengage from an incident. Disengagement is a tactic to be considered to reduce undue safety risk to the member, involved persons, or others. Prior to disengagement, members will make reasonable efforts to resolve the incident and are required to develop a plan which will include notifying a supervisor, notifying the Multnomah County Call Center of the situation and documenting the follow up plan in a police report. In order to clarify the requirements surrounding disengaging with a plan, members are given an in-class quiz on scenarios they are likely to encounter.

SGT McCormick discusses the benefits of contacting the Multnomah County Call Center (MCCC) when members encounter a person in crisis. Members are presented the information the MCCC will need in order to assist in linking people to appropriate services. This is a new process with the MCCC so members are to expect some initial challenges in developing the process. It is also explained to members the Bureau of Emergency Communications (BOEC) is currently diverting specified crisis calls to the MCCC to link people to resources in lieu of a police response.

SGT McCormick reviews Enhanced Crisis Intervention Team (ECIT) responsibilities, which are covered in this directive. The directive states ECIT members will respond as the *primary* member on a mental health crisis call. The ECIT member is the primary on the mental health component of the call but the dispatched officer remains the responsible for the overall call, just as K9 or other specialty skills are utilized on calls.

The update made to mental health crisis calls ECIT members are automatically dispatched to is also highlighted (*"subject is threatening or attempting suicide")* A committee member positively commented that the ECIT dispatch protocols have been rearranged to reflect "Upon the request of a citizen" and "Upon the request of a responding member" to be listed first. The committee member felt this better highlighted that anyone can request an ECIT member when calling BOEC.

SGT McCormick also discusses the definition of *designated* residential mental health facilities and that this does not include every facility that treats people with mental illness in the community. Sergeants or

officers can always request for an ECIT officer to assist at any facility if needed. Also highlighted is that ECIT members do not take the place of the Crisis Negotiation Team (CNT) but ECIT members can assist in transitioning a call to CNT. Finally, supervisors are responsible for managing the dispatch and use of ECIT members on their shifts.

BHUAC members were curious how SGT McCormick's training is going and if PPB members are using the MCCC. This training began in early September so the information is just getting out to everyone in PPB and there is not a lot of data to go on yet. The plan is for MCCC to be able to designate which calls are coming from PPB so we can assess how the process is working.

A committee member positively acknowledged the policy highlighting that police should not diagnose but should acknowledge there could be mental health issues involved in a situation.

There was also a discussion on some wording in the directive and a committee member asked if the language can be changed at this time. The Chair reminded the committee that the BHUAC gave recommendations in 2014 about Directive 850.20. Since that time, Directive 850.20 underwent an extensive review process by PPB and the DOJ for over a year and the final product has been approved and agreed upon by both parties. The DOJ included an approval letter, which addresses recommendations that were not included in this version of PPB 850.20 and this letter should be provided to the BHUAC for review. All directives will be open for review on a cyclical basis, at which time recommended changes can be submitted.

In the meantime, the BHUAC recommends that when PPB trains officers about Directive 850.20, the following is highlighted:

- Under **About Mental Health Section 1:** Mental health is important (as opposed to indispensable) to personal well-being, family and interpersonal relationships, and contribution to community or society. Many people live with mental health issues AND are successful in life, have positive and health relationships, and contribute to community or society.
- Under **About Mental Health Section 4:** Mental illness is distinct from intellectual or developmental disabilities but they may be co-occurring.

Jan Friedman made a motion for the above recommendation and Maggie Bennington-Davis seconded.

M/S/P

At the next review, the committee will plan to make these formal word changes as well.

Another committee member asked that training include co-occurring disorders to recognize that often the behavior is driven by mental illness and substance abuse. The committee member was curious if PPB members ask about substance abuse and co-occurring issues. SGT McCormick clarified this directive specifically covers police response to someone experiencing a mental health crisis. There are numerous other directives that cover other types of police responses. For instance, if a person is overdosing, and it

is clearly substance abuse related, this directive would not address the response. However, if the person is on a substance and threatening to jump off a bridge, the mental health response directive actions would be appropriate.

A committee member asked how we make sure officers are not being biased towards drugs and alcohol, for instance, making an assumption that it is substance abuse related and not mental illness. SGT McCormick explained the intervention for a crisis, whether it is mental illness related or substance abuse related is very similar. The challenge for police remains working with the system we currently have to get them the proper care in lieu of jail. Officers also have the challenge of determining where our legal right to intervene is, balancing getting the person assistance with their civil rights. Officers work through this problem every day and PPB's hope is that we can continue to work our local community services to get people appropriate care.

Data Presentation

Frank Silva, a Crime Analyst assigned to the BHU, gave a presentation on the current data and information that the BHU utilizes, and where the BHU hopes the data will take them.

Where did we start? What are we doing today? What does the data look like now? Where are we going? BHU is currently in its second year of looking at the data. Frank stated that it is reasonable to have at least five years of data to get good information for program evaluation. When the BHU started collecting data, there were a number of issues and little data. Frank collects his data from various places. He utilizes police call and police report data, ECIT related data, BHRT/BERS related data, and SCT.

In general, PPB responds to about 1,000 police officer/director's custodies per year; approximately 250 suicide and attempted suicide reports per year; and approximately 1,570 suicide related calls per year.

Frank has also used various measures to look at ECIT related data calls for data. There have been many moving parts that had to change in order to get the needed data. At first, the BHU was just looking at calls that BOEC coded that reached the ECIT dispatch protocol. When PPB and BHU noticed that there was some under-reporting that was occurring, the BHU instituted a template that captured information on any call where an ECIT officer used their crisis skills. The numbers collected from this template iteration of data gathering can potentially serve as the baseline for future numbers.

BHU standardized the referral system for anyone in the Portland Police Bureau to refer someone to the BHRTs for follow-up. Referrals are either assigned or unassigned by a Sgt. The criteria used for Assigned: risk to others, frequent calls, escalating behavior, risk to self, or "other". Unassigned criteria can be: already has services, infrequent police contact, workload capacity, suicide outreach, low safety concern, reached capacity of BHU care, and "other". When the BHRTs have coordinated a resolution for a referral, they become Inactive. These criteria are not stagnant and someone can move from unassigned, to assigned, to inactive, and back to assigned.

A BHUAC member was impressed that PPB is facilitating this type of analysis and coordinating aid for someone who may have never had these types of connections before.

The current reality: Frank related a story on a client who utilized all aspects of BHU, PPB and the system. He relapsed, and called BHU for help when he did. It's still journey and we are attempting to connect all the dots. Everyone is in this together.

To get to where we are now, from where we came from has been amazing. Data and information is one of our biggest challenges right now and collecting this information is exciting and needed. Please keep in mind that five years of data is needed until we can really say where there is an impact. "Is there some way to have those who've had contact with BHU to fill out a questionnaire on service?" BHU will be doing more case studies and getting responses from mental health facilities is being worked on. "Is LEAD: Law Enforcement Diversion out of Seattle, going to be implemented here? This is currently in discussion.

PPB served numerous people that, if we had a fully functioning funded mental health service, would be people that would potentially not had to have contact with the police. Mental health facilities are going to have to improve and how can this data be used to leverage the rest of the system to level up? That remains to be seen, once we have enough data. We can measure the success piece until we have more data.

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