

Behavioral Health Unit Advisory Committee

Meeting Minutes

December 7, 2016

Committee Members

Lt. Tashia Hager, PPB; **Sgt. Chris Burley**, PPB; **Sgt. Todd Tackett**, PPB; ***Ofc. Jason Jones**, PPB CIT; **Emily Rochon**, PPB SCT; **Shannon Pullen**, National Alliance on Mental Illness; **Bill Osborne**, Multnomah County Behavioral Health; ***Cristina Nieves**, Commissioner Fritz's Office; Maggie Bennington-Davis, Health Share of OR; ***Felesia Otis**, Volunteers of America; **Floyd Pittman**, Community Representative; ***Jan Friedman**, Disability Rights Oregon; **Kathleen Roy**, Central City Concern; **Beth Epps**, Cascadia; **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, **Mary Claire Buckley**, PPB; ***Cmdr. Chris Davis**, Portland Police Bureau

Guest: Tom Christoff, COCL

[* Indicates Committee Member was absent]

October Report & October Minutes

Kathleen Roy moved to approve the minutes. Floyd Pittman seconded the motion. The motion passed.

M/S/P

Kathleen Roy moved to approve the report. Bill Osborne seconded the motion. The motion passed.

M/S/P

Upcoming agenda

In this meeting we will look at the next year and what agenda items we need to be focusing on. Hopefully you've been able to look at all the documents that have been sent.

Included in one of the documents is a list of all the work the committee has accomplished. The BHUAC Chair, Shannon Pullen, took the time to thank the BHUAC for the committee's great work over the last few years, going from not having a BHU to today. We will keep making things better and moving forward.

The information provided to the committee includes topics the committee has wanted to address but have yet to make it onto an agenda along with work recommended by both the COCL and the DOJ that specifically mention the BHUAC. We will spend the meeting reviewing these items, discussing any additional items committee members may have, and then decide which items should be addressed in 2017 and prioritize them. Lt. Hager stated that there is expectations the BHU address any recommendations from the DOJ. This does not require the committee to make these recommendations a priority however if they are not, there should be a committee discussion as to why.

Behavioral Health Unit Advisory Committee

Meeting Minutes

December 7, 2016

A committee member said she noticed with her work in other meetings that people can get lost in the technical aspects of the issue and forget that these decisions impact people. They are usually the most vulnerable and that the committee should focus on things that will make the biggest impact.

Action Item #95

The committee discussion revolved around the DOJ recommendation to the BHUAC to “assist in developing and planning” opportunities at the PPB training center for members of the community. The committee recognized this as a previous recommendation they had made to the PPB as an opportunity for community engagement and education about the new training center and how PPB does training. Several members discussed being further involved with this was somewhat outside the scope of the BHUAC and was not a priority for next year.

Also discussed was the statement attributed to a committee member of wanting to “move on from ‘checking the boxes’ and get into more substantive issues. One of the members stated that ‘checking the boxes’ is not always a bad thing, a substantial amount of thought and had gone into making recommendations and it was not all about compliance. The committee did want to look at some larger issues and how gaps in the mental health system affect law enforcement. This directly applied to “working on system challenges” which has been on the list of potential work for some time.

The committee added “*Intersection of law enforcement and the community mental health system*” to the list of potential work for 2017.

Action Item #96

The committee discussion revolved around the DOJ recommendation on getting an update on “dispatch protocols”, “providing status reports”, and “direct dispatch of community service providers”.

Melanie Payne is willing to discuss the dispatch protocols and how they are working for feedback from the BHUAC. As far dispatching community service providers, that is outside of BOEC’s protocols. Who can be dispatched is set by the agencies that BOEC provides the dispatch service to.

Lt. Hager thinks that there are several BOEC topics that could be grouped together for the BHUAC to review. There is a need for clarification from the DOJ on the subject of “BHU is tasked with providing reports”. It is unclear if this is the report they are referring to or if they are expecting some other report.

There was a reminder that the BHUAC is an *advisory body*, not an *oversite body*.

Several committee representatives of service providers expressed reservations around the barriers that may exist in direct dispatch. However, the committee agreed transferring calls to the Multnomah County Call Center is positive and having a conversation around this topic should be considered.

Behavioral Health Unit Advisory Committee

Meeting Minutes

December 7, 2016

The committee added *“BOEC: direct dispatch to community mental health providers, dispatch protocols-achieve more fully developed crisis triage, overall update on protocols implemented to date”* to the list of potential work for 2017.

Action Item #101 & #108

The committee discussion revolved around the DOJ recommendation to review the ECIT and BHRT Standard Operating Procedure (SOP) and add language to ensure the removal of an officer upon a sustained complaint of force or misconduct against a person with mental illness.

One of the committee members stated that these SOP’s have been reviewed twice and very robustly. The committee member did not want to take this topic up again. Several of the other committee members agreed. The process of removal from ECIT or BHRT has been discussed previously and was part of the SOP of which the committee had already approved. The question was asked if they were required to take it up.

Lt. Hager asked the committee to include this as potential work for 2017. If after the vote the committee did not wish to include this then she requested the committee have some discussion and official recommendation that the DOJ could review.

The committee added *“Modify SOP’s (ECIT/BHRT)-removal criteria”* to the list of potential work for 2017.

Action Item #111

The committee had a robust discussion around the DOJ recommendation for their involvement in reviewing and giving recommendations on the interaction between Unity and the Portland Police.

The committee has not done much work in this area for a couple reasons. One is simply the work load of the BHUAC for 2016. The other was the magnitude of system change required to allow ambulance transports consistent with a medical model versus the traditional police transports. Several member expressed interest in having further discussion around this noting that some people do not like the idea of an ambulance transport and being “strapped down”. There is also the potential for additional costs.

Lt. Hager also advised the committee that they did not have an opportunity to review Directives 850.21, 850.22, and 850.25. These directives support the main mental health directive 850.20 which the committee did review some time ago.

One of the committee members asked about getting more information on disengagement. This may be a good topic to discuss as it is part of the Directives.

There was further discussion about the interactions between Unity and the police and also how certain changes may impact the Providence system with is not part of Unity. Having a presentation from Unity would be helpful for committee members.

Behavioral Health Unit Advisory Committee

Meeting Minutes

December 7, 2016

The committee added *“Unity: transport/police officer hold, how unity fits into the larger mental health system, Providence/ER’s”* to the list of potential work for 2017.

The committee added *“Mental Health Policy(ies) 850.20, 850.21, 850.22, 850.25”* to the list of potential work for 2017.

The committee added *“Disengagement Policy”* to the list of potential work for 2017.

Action Item #113

The committee discussion revolved around the DOJ recommendation to assign calls directly to community service providers and directly dispatch BHU.

The committee discussed this was similar to the earlier discussion on action item #96. The addition here was the direct dispatch of BHU. Portland currently does not use the BHRT teams as a direct dispatch resource.

This led to a larger committee discussion on crisis response and the Memphis Model. A committee member asked if the committee agreed with the DOJ assessment that the PPB has not met the Memphis Model. The Chair is currently waiting for data from the DOJ on the effectiveness of the Memphis Model. There was further discussion among committee members about evaluating the Memphis Model and how that fits into Portland’s approach.

The committee added *“Direct dispatch of BHU”* (to be included under “BOEC”) to the list of potential work for 2017.

The committee added *“Effectiveness of Memphis Model”* to the list of potential work for 2017.

There was a discussion of any other work the committee would like to add to the list based on their review of the DOJ reports. Melanie Payne noted she may have additional work under action items #114 and #115. Since the BOEC items were all listed as a group the committee felt anything additional could be covered under the main topic of BOEC.

COCL Compliance

The COCL created a technical letter of assistance regarding the ECIT training and many of their recommendations were adopted by BHU. There was no specific mention of work the COCL expected from the BHUAC however it would be beneficial for the BHUAC to review this report and the response to it from the BHU.

There were several items that BHUAC members have asked to have added to the agenda which include:

- Discussion on the technical letter of assistance, COCL report card, DOJ report card
- Work on system challenges

Behavioral Health Unit Advisory Committee

Meeting Minutes

December 7, 2016

- ECIT officer panel
- Juvenile mental health
- Mission statement

The committee discussed these topics. Several members still want to hear back from ECIT officers about how things are working for them. They also believed that juvenile mental health is important and the committee has not spent much time discussing this. The larger part of the conversation revolved around the mission statement. This topic was brought to the table by a committee member who was not able to attend this meeting. Although the committee member was not able to attend she had expressed that this was not a topic she thought the committee should review in 2017. Several members found the conversation previously had by the committee on this topic was enough.

The committee added "*ECIT Officer Panel*" to the list of potential work for 2017.

The committee added "*Juvenile mental health*" (to be included as part of the "intersection of law enforcement and the mental health system") to the list of potential work for 2017.

The committee added "*Mission Statement*" to the list of potential work for 2017.

There were no other recommendations to add any potential work for 2017 to the list. The BHUAC used an agreed upon method to prioritize the following list of potential work:

- *Intersection of law enforcement and the community mental health system/juvenile mental health*
- *BOEC: direct dispatch to community mental health providers, dispatch protocols-achieve more fully developed crisis triage, overall update on protocols implemented to date, direct dispatch of BHU*
- *Modify SOP's (ECIT/BHRT)-removal criteria*
- *Unity: transport/police officer hold, how Unity fits into the larger mental health system, Providence/ER's*
- *Mental Health Policy(ies) 850.20, 850.21, 850.22, 850.25*
- *Disengagement Policy*
- *Effectiveness of Memphis Model*
- *ECIT Officer Panel*
- *Mission Statement*

There were four items that did not receive any votes. There was then a discussion on each of these items to determine if the committee wanted to include them in the work for 2017. Committee members still felt that if there was time they would like to have an ECIT panel and to review the Directives. There were no arguments from any committee member to review the SOP's or add the mission statement. One committee member noted that just because something was not added at this

Behavioral Health Unit Advisory Committee

Meeting Minutes

December 7, 2016

time did not stop a committee member from bringing it back in the future. The Chair asked for motions on each topic.

Modify SOP's (ECIT/BHRT)-removal criteria

Melanie Payne made a motion that BHUAC will not take up review of Action Item #101 and #108 because the committee has reviewed these items and made recommendations to the related SOPs previously. Bill Osborne seconded the motion. The motion passed.

M/S/P

Mission Statement

Bill Osborne made a motion that the BHUAC will not review the BHU Mission Statement in 2017 unless, based on our conversations in 2017, we need to revisit it. The BHU Mission Statement meets the need of the BHU as it stands. Floyd Pittman seconded the motion. The motion passed.

M/S/P

Mental Health Policy(ies) 850.20, 850.21, 850.22, 850.25/ECIT Officer panel

Kathleen Roy recommended that reviewing Directives 850.20, 850.21, 850.22, & 850.25 and having an ECIT Officer panel presentation remain on the list of priorities in 2017, as time allows. Floyd Pittman seconded the motion. The motion passed.

M/S/P

Following are the top five topics (listed from the most votes to the least) the BHUAC would like to work on in 2017:

- 1) *Intersection of Law Enforcement and the Community Mental Health System/Juvenile Mental Health*
- 2) *Unity: transport/police officer hold, how Unity fits into the larger mental health system, Providence/ER's*
- 3) *Effectiveness of the Memphis Model*
- 4) *BOEC: direct dispatch to community mental health providers, dispatch protocols-achieve more fully developed crisis triage, overall update on protocols implemented to date, direct dispatch of BHU*
- 5) *Disengagement Policy*

Bill Osborne moved to accept the priority list above for BHUAC's 2017 agenda. Capt. Mary Lindstrand seconded the motion. The motion passed.

M/S/P

The next BHUAC meeting will be on January 25th, 2016 at 2:00 PM at Portland Police Bureau's Central Precinct, 11th floor BHU Meeting Room.