Behavioral Health Unit Advisory Committee
Meeting Minutes
March 22, 2017

Committee Members

Lt. Tashia Hager, PPB; 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, ***Janie Marsh**, Mental Health America of Oregon, **Alex Bassos,** Metropolitan Public Defender's Office; **Leticia Sainz,** Multnomah County Mental Health & Addiction Services

Guest: Ebony Clark, MHASD Deputy Director and Neal Rotman, CMHP Manager

[* Indicates Committee Member was absent]

Minutes & Report:

The January Minutes and Report were reviewed and Melanie Payne moved to approve them as presented. Bill Osborne seconded the motion. Kathleen Roy, Felesia Otis & Leticia Sainz abstained. The motion passed.

M/S/P

The February Minutes and Report were reviewed and Leticia Sainz moved to approve them as presented. Mike Morris seconded the motion. Shannon Pullen, Bill Osborne, Cristina Nieves, Felesia Otis, Jan Friedman, Kathleen Roy, Beth Epps, Melanie Payne, Alex Bassos all abstained. The motion passed.

M/S/P

Multnomah County Mental Health and Addiction Services Division Overview

Ebony Clarke and Neal Rotman were present to give an overview of the Multnomah County Mental Health and Addiction Services. They gave an overview of the MHASD including statutory responsibility, state and federal contracts, County-contracted services, and direct services provided by the County. The focus is on a continuum of care including: Prevention & Early Intervention, Community-based Treatment, Intensive/Residential Treatment and Safety Net/Crisis Services. 90% of the services provided by the County are contracted out to mental health providers and other partner organizations. Only 10% of County services are provided directly by the County.

By law, Multnomah County's Board of County Commissioners is designated as the Local Mental Health Authority. The Board of County Commissioners choose Mental Health and Addiction Services to operate the Community Mental Health Program. Community Mental Health Program is defined by ORS 430.630 as an entity that is responsible for planning and delivery of services for persons with mental or

emotional disturbances, drug abuse problems, and alcoholism and alcohol abuse in specific geographic area of the state under a contract with the Oregon Health Authority or local mental health authority.

The Community Mental Health Program includes:

- Crisis Services
- Commitment Services
- Residential Services
- Jail Diversion Services
- Uninsured Safety Net Services
- Care Coordination/Support Services
- Prevention Services

These services play a key role in the system and help to fill the gaps between providers and insurance. These programs span from early childhood into adulthood. There is a 24/7 mental health crisis system of care in Multnomah County. Making sure people receive the right care at the right time is the goal.

Commitment Services make sure those who need to be at the Oregon State Hospital, get to the OSH. They are attempting to keep more people out of OSH and moved through the residential treatment programs.

Residential Services provide residential treatment and housing programs for adults with severe and persistent mental illness. The average stay is 6 months to a year. Due to affordable housing shortages, people served by these programs are often reluctant to leave. There is a need to move people through these programs once they are ready into more permanent housing so that more people can ultimately be served. Aligning Innovative Models for Health Improvements in Oregon (AIMHI) is the model the County is working with to accomplish this goal.

Jail Diversion Services attempts to keep those with mental illness out of the jail system.

Uninsured Safety Net Services includes the Multnomah Treatment Fund (MTF), a county general funded resource for use on a time-limited basis for uninsured individuals at high-risk of hospitalization or incarceration due to the symptoms of their mental illness.

Care Coordination/Support Services are the adult mental health initiative to get people out of the State hospital as soon as possible. This includes peer care coordinators who help with the most vulnerable section of the population. It also covers Mental Health 1st Aid, an education program that helps educate the population on mental health issues.

Prevention Services include services such as Job Corps and employment support.

Crisis Services are actually a number of systems that are connected to each other. The Mental Health Crisis Call Center is staffed 24/7 and received 80,000 calls last year. Some of these calls are transferred

from 911 however a majority of them come from family, friends and the person in crisis themselves. Project Respond is a part of the program and they serve about 3,000 people a year. Peers are now connected to Project Respond and can do more outreach to help individuals get connected to treatment. The Urgent Walk-in Clinic is designed to assist people and avoid unnecessary hospitalization. 97% of the people who show up to the Urgent Walk-in Clinic do not need to go to a hospital. CATC is one step down from a hospital stay, and is also designed to help people who do not need to be in a hospital.

The Children System of Care covers:

- Prevention & Early Intervention
- Community-based Treatment
- Facility-based Care
- Safety Net/Crisis Services

These programs include: alcohol and drug prevention for children 12-16, suicide prevention school based mental health, addiction treatment for youth, wraparound and care coordination, youth residential addiction treatment, acute care and many other children based services. The goal is to provide services in the community.

"What is the line that connects Family Care & Health Share?" The individual consumer picks the plan, the County is pushing for a county wide coverage that, no matter which plan you pick, you would get the same care.

"What gaps in the system do you see?" There is need for a mental health shelter. 60% of the folks going through Unity are homeless. "A Home for Everyone" committed an award of $600,000 for mental health shelter beds. The issue is there is no location for a new shelter. Seattle has a 200 bed mental health homeless shelter, we are looking for 20 beds. This shelter would differ from other shelters because it would stay open. Most shelters close in the morning and open back up at night. This one would be open 24/7 and provide medication support and possibly meals. It would allow mental health professionals to engage with the individuals in the shelter. Ideally it would be a referral shelter.

Currently when people are ready to leave residential treatment centers, there is really no place for them to go. Transitional housing is needed. Stabilized individuals need somewhere to go. Permanent housing is difficult and take a long time to get into. "Are shelters and transitional housing two different things?" Yes. Shelters are emergency housing; transitional housing would be next step. "What about the Federal rule change on monies?" We can no longer use vouchers for the same amount of time as we had, the time has been cut. Bridgeview is a great transitional model. 85% of its residence move on to more permanent housing.

"How do we prevent people from becoming very mentally ill, and how do we help families navigate the system early on?" The children's program attempts this. EASA and NAMI are amazing resources but we still need to give thought to the family. Sometimes the road block is the patient themselves. They do try

to reach out as much as possible. We can do better. EASA could be a model to support families of all ages. To know the family can be engaged, even if the client doesn't want it. The County can use general funds to reach out and identify family members and get them help.

"Can the crisis line take more calls?" They just added to the call center and are always evaluating what they can and cannot do. They are now taking Portland Police calls where the officers are not going to engage the person in crisis at that time. They are part of the plan of de-escalation.

A committee member pointed out the BHU Supportive Transitions and Stabilization (STS) Program is an excellent example of a program that bridges the gaps in the system that have been highlighted. We need more of this service available.

BHUAC Bylaws

The following changes (in bold and underlined) were recommended to the BHUAC Bylaws:

Article 3:
The Behavioral Health Unit Advisory Committee membership is established and maintained solely by the Portland Police Bureau **with input from the BHUAC Chair** and shall include representation from…

Article 4:
Committee members shall serve for two years and may be appointed for an additional **two**-year term. It shall be the responsibility of the Behavioral Health Unit leadership **with input from the BHUAC Chair** to select a replacement member.

Article 5:
The Chair term shall last two years and may be appointed for an additional **two**-year term.

Article 6:
A **simple** majority of the BHUAC's **voting** membership shall constitute a quorum.

Article 7:
The BHUAC Chair will submit a monthly report including any recommendations made by the BHUAC. The BHU Lieutenant will forward the monthly report to the appropriate parties as described in the Settlement Agreement and respond to the committee in writing regarding each recommendation.

Jan Friedman moved to accept the revisions to the BHUAC Bylaws as stated and Felicia Otis seconded the motion. The motion passed.

M/S/P

The next BHUAC meeting will be on April 26th, 2017 at 2:00 PM at the Portland Police Bureau's Central Precinct, 11th floor BHU Meeting Room.