

Behavioral Health Unit Advisory Committee

Meeting Minutes

May 24, 2017

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; **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; **Wyndham McNair**, Case Manager CCC; **Katie Burgard** Multnomah County Sherriff's Office

Guest: Frank Silva, BHU & Micky Reed BOEC

[* Indicates Committee Member was absent]

Intros & Updates

The committee welcomed Katie Burgard, Program Administrator at the Multnomah County Sheriff's Office, who is taking the place of Lt. Mary Lindstrand, who retired last month.

April Minutes & Report

The minutes were reviewed and Bill Osborne moved to accept them as they are. Mike Morris seconded the motion. Melanie Payne abstained. The motion passed.

M/S/P

The report was reviewed and Beth Epps moved to accept them, Bill Osborne seconded the motion. Melanie Payne abstained. The motion passed.

M/S/P

BHU Data Update

Frank Silva was present to give a quarterly update to the committee on BHU's current data. The BHU continues to collect data, looking at efficiency and effectiveness, and tracks several data points, including: number of referrals, number of referral assigned, and number of days a person spends on the BHRT caseload. The challenging aspect is to determine what the data means. There needs to be 3 to 4 years of data collected to begin to do comparative analysis. The Portland Police Bureau is not aware of any other department collecting the same data that would allow us to compare to other agencies in other cities. As the data begins to become more meaningful, the goal will be to focus BHU's resources where they are most needed.

Behavioral Health Unit Advisory Committee

Meeting Minutes

May 24, 2017

BOEC In-Service Update

Melanie Payne gave an update on BOEC's CIT trainings as part of DOJ Settlement Agreement Task #114. Previously the BHUAC reviewed BOEC's proposed In-Service Training curriculum and gave recommendations to help shape the Fall 2016 and Spring 2017 CIT Trainings (16 hours total).

BOEC's Fall 2016 training included 8 hours and covered the following:

- Clinical state communication strategies
- Lived experiences
- Active listening skills
- ECIT officer perspective
- Scenarios

Training Successes:

- Crisis cycle and de-escalation techniques
- Meeting mental health providers
- Engaging videos
- Dialog about policies and procedures

Training Challenges:

- Difficulty scheduling speakers led to:
 - No consumer panel
 - Various speakers for the clinical states
 - Had to rely on internal staff to fill in
- Inconsistent understanding of current policies, which created a barrier for policy discussions and participation in the scenarios. To address this issue, BOEC is looking at developing a Quality Assurance program.

As part of the training, call takers were required to complete an Attitude Questionnaire recommended by the DOJ. The questionnaire was completed pre – training and post – training in order to measure stigma reduction. Post –training test scores indicated a positive shift, however, there were some issues with the questionnaire.

Initially, BOEC could not change the questions asked in the questionnaire per DOJ requirement. BOEC is different than many work environments where these test have been used, making some questions difficult. BOEC would like to change some of the questions to make them more appropriate for the work being done by call takers. For example one question asked if the call taker would want to be next to the person in the scenario, however, call takers are not in the same room as the person on the phone. It was unclear to participants if they should answer the questions from a personal or professional lens.

Behavioral Health Unit Advisory Committee

Meeting Minutes

May 24, 2017

For future trainings, the COCL was open to changing some of the questions and scenarios based on BOEC feedback. Additionally, it was agreed to use this tool after the full 16 hours of training.

DOJ and COCL Feedback re: Fall 2016 Training:

- Utilize more outside speakers with CIT experience rather than BOEC staff
- Ensure class content and materials are consistent for each session
- Include consumer panels
- Promote more participation involvement and interactive learning

BOEC's Spring 2017 In-Service Training was markedly improved.

Training Successes:

- Hearing about lived experiences from peers
- Hearing peers' perspective on what they want to hear, what they need and/or how they want to be treated when they call 911
- Engaging topics and speakers
- Clear objectives that were easy to communicate to different speakers
- Reinforced active listening skills
- More conversational than lecture which helped the learning process and participation goals
- Increased participation in facilitated scenarios
- Participants shared their own stories involving mental illness
- Deeper understanding of trauma
- Feedback indicated that people wanted more training
- Great feedback in reviews

Melanie thanked BHUAC members Leticia Sainz and Janie Marsh for their help and the time they volunteered to make BOEC's In-Service training a success. Having ECIT officers present was also very helpful. It allowed the call takers to connect with those who are on the other end of the phone. It helped them understand where they fit in the system and understand more of the resources available to the caller once they were off the phone with the call taker.

What's Next for Future BOEC CIT In-Service Trainings:

- Redesign 16 hour course for new staff
- Vital to have peers and mental health professionals involved in the training
- Invite DOJ and COCL to review August training
- Develop 1 hour Continuing Education Development (CED) for follow-up and review of CIT course

Behavioral Health Unit Advisory Committee

Meeting Minutes

May 24, 2017

Central City Concern & Cascadia – Overview Discussion from April

The Committee did not have time to discuss the overviews given by Central City Concern or Cascadia at the April meeting so the remainder of the meeting focused on those presentations.

There was a conversation regarding Cascadia's new Certified Community Behavioral Health Clinic (CCBHC) and how it is different from a Federally Qualified Health Center (FQHC) or a Behavioral Health Home. Organizations such as Central City Concern or Outside In are FQHCs, which primarily assess medical needs and maybe some mental health needs. For clients of a Behavioral Health Home, the primary need is a *serious* mental health condition.

With CCBHC clinics the primary need is ANY mental health condition. CCBHCs will address both physical and mental health, offering services "from cradle to grave". As part of a Substance Abuse and Mental Health Services Administration (SAMHSA) demonstration project, CCBHCs are responsible for directly providing nine required types of services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination, and integration with physical health care.

Cascadia is required to collect data on the medical needs of everyone in the program. They are doing so in hopes of creating a data driven process when addressing the population's needs.

Another benefit is that same day access is required. Cascadia will be required to serve anyone who walks through the door, with a special commitment to serve Veterans. If you don't have Medicaid, you may not get the full service Cascadia will provide to those who are covered by Medicaid, but you will be assessed and connected to other providers.

The hope is that CCBHCs receive more robust funding like FQHCs.

There was further discussion around the challenges a navigating a complex system. Someone who is self-referring or does not understand the language or terms used in the field will find getting help challenging. Available resources and services are not consistent across provider organizations and are impacted by insurance and program limitations and requirements. Some resources discussed were "211" and "Care for Us" and the Multnomah County Crisis Line.

There was also discussion about how the lack of information exchange can also have negative impacts. The system has not found a way to break down the silos they are in and share information with each other in a way that is useful to care, but still keeps privacy intact. There was conversation about the Emergency Department Information Exchange, a system that the hospitals use to share information. Also, the Disability Accommodation Registry <https://www.portlandoregon.gov/police/article/141124> which is a voluntary registry for people with developmental, mental health, or physical disabilities who may have difficulty communicating their need to an officer because of an acute crisis or a continuing disability.

Behavioral Health Unit Advisory Committee

Meeting Minutes

May 24, 2017

Discussion Take Aways

- Having good care coordination is the key indicator to increasing positive outcomes for people with mental health issues.
- We are collecting a lot of information but systems are still very siloed.
- Navigating our mental health system is very complex, however resources like “211” and “Care for Us” and the Multnomah County Crisis Line can assist people and help connect to services.
- Mental health resources and services are not consistent across provider organizations and are impacted by insurance and program limitations and requirements.

The next BHUAC meeting will be on June 28th, 2017 at 2:00 PM at the Portland Police Bureau’s Central Precinct, 11th floor BHU Meeting Room.