

Behavioral Health Unit Advisory Committee

Meeting Minutes

July 26, 2017

Committee Members

Lt. Tashia Hager, BHU; PPB; ***Lt. Chuck Lovell** BHU; 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; ***Katie Burgard** Multnomah County Sherriff'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; ***Wyndham McNair**, Case Manager CCC

Guest: Julianna Wallace from the Unity Center and Jarred Hager from the DOJ

[* Indicates Committee Member was absent]

May Minutes & Report

The May minutes and report were not approved as the committee did not have quorum.

BOEC Training & Crisis Triage

Melanie Payne from BOEC reviewed the triage system developed with the Portland Police Bureau for newer members of the committee. This topic was reviewed in-depth by the committee in January and February of 2016 with a review of BOEC's Mental Health and ECIT Dispatch Protocol RG. The committee discussed the kinds of calls that may be transferred to the Multnomah County Crisis Line along with calls that meet criteria for dispatching an ECIT officer. This conversation gave committee members a foundation to discuss the DOJ recommendation that BOEC look at directly dispatching calls to service providers and to the Behavioral Health Response Teams (BHRT).

Lieutenant Tashia Hager said that dispatching BHRT's to calls in progress would be a change to the current function of BHRT. Currently, the BHRT's are proactively trying to diminish the potential for the next police call by working with members of the community who may need assistance in getting care from the mental health system. Since there are only three BHRT teams the additional work of responding to calls in progress would negatively impact their ability to be proactive. The question we should be asking is what is the most appropriate and effective use of the BHRT's as a resource. There are other police agencies who use a co-responder model for calls in progress, however Portland officers have Project Respond as a resource where these agencies may not.

Melanie Payne said that the limited number of BHRT's would be a challenge since the number of calls on the street are many and would quickly exceed the capacity of the BHRT's. Currently ECIT officers are being sent to mental health crisis calls and they have access to Project Respond if they need input from

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a mental health clinician. There does not seem to be anything obvious as to why a BHRT officer would be preferable to an ECIT officer.

During the discussion, one of the committee members noted that responding to crisis calls and doing follow up required a person with different skill sets and it is important for the police and the crisis line to have people who can do both. Although there was not quorum to take a vote, the consensus of the committee members who were present was that the BHRT's should remain focused on follow-up and ECIT remain the resource for in-progress crisis calls.

The committee did not have time to discuss the recommendation that BOEC directly dispatch calls to social service providers.

Unity Center

Julianna Wallace gave a presentation on the Unity Center for the BHUAC. The Unity Center is a collaboration between Legacy, OHSU, Adventist Health and Kaiser to provide behavioral health crisis services to the region. Some of the goals of Unity are: providing 24/7 access to psychiatric care; using trauma informed care; implementing culturally competent care, including peer support; removing police from transporting people to its facility; and providing an alternative to jail.

Unity includes 102 in-patient beds (80 adult and 22 adolescent) along with Psychiatric Emergency Services (PES). The model also includes collocating services such as Lifeworks, Moda, Care Oregon and Hooper Detox on site.

Currently the average length of stay for people in the PES is 26 hours. Unity has noticed a higher number of walk in patients than it expected. EMS is not able to drop off at Unity 24/7. There were 796 total people seen in June. Out of that number 21% were admitted to in-patient beds.

The committee members asked numerous questions regarding how Unity is being used by the State of Oregon, the number of repeat visitors and where people go after discharge. Julianna said Unity has taken people sent for commitment from some distant counties which adds challenges to discharging. She has also noted an increase in civil commitments within Multnomah County. There are a small group of people who have had repetitive visits and Unity is working on getting better data along with extrapolating information from their system on where people are discharged to.

Julianna also explained how Emergency Medical Services (EMS) transport works. Medics complete an evaluation prior to determining if a person can be transported to Unity. Unity is not set up for acute medical or trauma patients, acute intoxications or drug/alcohol withdrawal, abnormal vital signs or physical findings, or chemically restrained patients. They have a medical stability criteria that must be met before the patient can be seen. If the patient does not meet this criteria, they are sent to a regular Emergency Department.

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There was an article in a local paper about Unity not allowing the Police to enter because they carry a weapon. Julianna explained that police have not typically entered the psychiatric units at the hospitals. Unity however has both the in-patient units and the PES and there have been several police calls to the facility. When this issue arose Unity worked with the police to develop a practice that addressed the safety of patients, staff, and officers along with addressing the potential trauma some patients may experience by an officer in uniform. The desire is that Unity will not need the police to respond. If it does occur during typical daily operations, Unity staff will try to bring the patient out of the unit to talk with police. In emergency situations Unity staff understand that police may need to enter a secure area and will bring all their tools with them. Lieutenant Hager explained that Unity is one of the Portland Police Bureau's designated mental health facilities. This means that for a priority call BOEC will dispatch 4 officers (one of them ECIT) and a sergeant to respond to the call. Unity and the police continue to openly communicate on their interactions.

The next BHUAC meeting will be on August 23rd, 2017 at 2:00 PM at the Portland Police Bureau's Central Precinct, 11th floor BHU Meeting Room.