Behavioral Health Unit Advisory Committee
Meeting Minutes
January 24, 2018

Committee Members

Lt. Chris Wheelwright BHU; PPB, **Sgt. Todd Tackett** PPB; **Sgt. Casey Hettman** PPB; **Ofc. Jason Jones**, PPB CIT; ***Emily Rochon**, PPB SCT; ***Shannon Pullen**, National Alliance on Mental Illness; **Cristina Nieves**, Commissioner Fritz's Office; ***Maggie Bennington-Davis**, Health Share of OR; ***Felesia Otis**, Volunteers of America; **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 Gullickson**, Mental Health Association of Oregon (MHAO), **Alex Bassos,** Metropolitan Public Defender's Office; **Leticia Sainz,** Multnomah County Mental Health & Addiction Services; **Wyndham McNair**, Case Manager CCC

[* Indicates Committee Member was absent]

Guest: Megan Mohler, COCAL

Just a quick note to say that there are big changes coming between Medicaid and FamilyCare Oregon. There will be challenges in the short term, may be anxiety with clients who are transitioning and could be provider issues with your clients. Please be patient and attempt to work with them as much as possible.

December Minutes & Report

Leticia Sainz moved to approve the October minutes and Jan Friedman seconded the motion. **M/S/P**

Cristina Nieves moved to approve the December Repot. Alex Bassos seconded the motion. **M/S/P**

BHU SOP #3-2

The Behavioral Health Unit has been asked to change the wording on SOP #3-2 by the DOJ so it is more in-line with the wording elsewhere. The current SOP language states;

- "Review any sustained IA investigation involving force or misconduct against a person with mental illness".

The change would read;

- "Review any sustained IA investigation against any ECIT member involving force or misconduct against a person with mental illness. No officers may participate in the ECIT program if they have been subject to disciplinary action based upon use of force or mistreatment of people with mental illness within the three years preceding the start of ECIT service, or during ECIT service."

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There was an in-depth discussion about when a force complaint is found sustained out of policy finding against an officer and if BHU was holding all the officers to the same standard when the force complaint is found against someone with a mental health issue vs. someone who isn't in crisis and/or does not have a mental health issue. The group was wondering why the SOP singled out mental health if it could be worded to include those with and without mental health issues (e.g. individuals with or without perceived mental illness").

Lt. Wheelwright stated that a sustained force complaint, against anyone, is rare. The language change is what is in line with the DOJ agreement. The DOJ agreement is specific to how the Portland Police Bureau has handled interactions with individuals in mental health crisis in the past and they have asked that the language reflect what was agreed on by the City of Portland and them. They [DOJ] do not want the BHU SOP to be as broad as it has been.

There was an understanding that the group wanted to make the language broader, but there were other opportunities in SOPs to call out the use of force and this language is specific to the BHU and the DOJ agreement.

This change is a technicality that was noticed by one of the lawyers. The BHU is not asking the group rubberstamp this, it can be reviewed when it's back up for review.

The group decided to say that when the SOP is up for review that "Any sustained force complaint is strong reason against acceptance into the ECIT program" Beth Epps moved to accept this motion and Wyndam McNair seconded the motion M/S/P

Then a person in the group asked "what is the definition of person with mental illness" in the Portland Police Bureau? How is mental illness defined? That is defined elsewhere in Directive 850.20.

ECIT In-Service 2018

The next in-service for ECIT will be at the end of January/beginning of February. Ofc. Jason Jones has looked at all the officer surveys and attended conventions to look for best practices nationally. What has not happed with the Portland Police Bureau before is COMTEX. It will be applied to ECIT officers starting with this training. Crisis Negotiating teams have use this with great success. They will cover all the different ways to use this method while dealing with people in crisis. During in-service that will also cover *Juveniles in Crisis*, *Helping Person with Autism in Crisis*, *Stress and Resiliency for Crisis Responders, Mental Health Template and Data Updates, and System Change and Challenges.* *full itinerary is attached*

Katie Burgard motioned to accept this training as is and Leticia Sainz seconded the motion **M/S/P**

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February Meeting

Please think ahead and look at what you want to tackle for the upcoming year. Last year's work is going somewhere and connection with the community partners and officers are happening.

Ideas for the BHUAC work moving forward were:

Bring forward any items from 2017 that were tabled or cancelled.

Continue to have community partner presentations-determine where the gaps have been in presentations. Is one of our jobs to identify gaps in the system?

BHUAC public interface. Has there been any feedback from the community regarding BHUAC minutes? Is there a feedback loop?

Questions brought up by the group were:

Is our [BHUAC] scope anyone in the City of Portland who would encounter police? Someone's ONE mistake can cost their whole lives. Can that be looked at? Would that be a review of the Criminal Justice System as a whole? Too big a scope?

Portland Police Bureau officers have been using discretion and are mindful of how they impact the lives they touch. There are times when they don't have a choice but to take someone to jail. How does this all intersect? If there is an awareness and we can solve the problem, shouldn't we look at it?

One of the committee members asked about a situation that came up in a previous meeting. One of the scenarios being used in training had a drunk with a knife and under the influence of meth. Are the officers trained to deal with that person differently than if they are experiencing a mental health crisis? It needs to be discussed more in training that in a situation like this, to know that the person in crisis is not in their right mind and it doesn't matter if it's due to mental health or substance abuse. There is no way for an officer to know what is driving the situation, they can only base their reactions off the signs and symptoms in front of them. They are not there to diagnose. If the person in crisis can't articulate, then training kicks in. Has the culture shift of how the Portland Police Bureau responds to mental health extended to drug additions?

Dual diagnosis is huge and this maybe a process discussion for later. There is a large gap in the system regarding individuals with co-occurring mental health and substance use issues. In the court system, you will be sorted into one of two slots and treated VERY differently depending on which issue is predominant.

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Multnomah Intensive Transitions Team

Rachel & David from the Multnomah intensive transitions team arrived to give the committee an overview of who they are and what they do.

ITT Team is run by Cascadia and serves people who do not have a mental health provider. In 2017 they used a metric of 7 days from the point of contact to having someone connected with a provider, 2018 is changing. They will still work with the same people and get referrals but their 6 clinicians will have a shared case load and decide who needs to be seen that day. They usually work with those who are in the hospital and in-patient care, but are now expanding to others. It will be interesting to see how that change works for them. You still have to meet the criteria: Must have a diagnosis (any diagnosis), must be willing to engage, have a high risk of no follow up, be 18+, no neural cognitive disorder, need to know where they can be found and only uninsured patients. They work closely with all sorts of providers.

They meet with the client and discuss how they got referred. Primary focus is getting folks connected to mental health services – they do not do housing case management, but can refer to others. They can help patients get many different services and will do what needs to be done to get them to engage. Bus tickets, coffee, wheelchairs, etc. They advocate for the patient and make sure the mental health provider fits the situation and that they connect with each other. They are designed to be robust.

There have been conversations on connecting to more PEERSS but there is no funding at this time. Will be taking community referrals in the future, but not there yet. Only taking referrals from psych units.

They only have 30 days authorization, the hope is that the patient gets connected by then. They currently have leeway in how long they hold a case but that could change with all the changes they are implementing in February. They can take re-referrals, there is no limit to the number of times they work with someone. There is also no official capacity yet. ITT is modeling itself after the ACT teams and want the 6 clinicians to handle 10 cases or less. Over that number becomes difficult.

Do you have or are you part of the discharge plan? Yes, ITT works closely with the hospital social workers and they support each other in making a discharge plan that will work for the patient. “How do you know when to step out?” It varies depending on the patient. Usually when they have made it to their appointment once or twice or when we are asked to stop.

ITT is unsure how many people will be transferring from FamilyCare or how that change will impact them. FamilyCare had 70,000 members.

The next BHUAC meeting will be on February 21th, 2018 at 2:00 PM at the Portland Police Bureau’s Central Precinct, 11th floor BHU Meeting Room.