

Behavioral Health Unit Advisory Committee

Meeting Minutes

August 22, 2018

Committee Members

Lt. Chris Wheelwright BHU; PPB, **Sgt. Todd Tackett** PPB; **Sgt. Casey Hettman** PPB; ***Ofc. Jim Stegemeyer** PPB CIT; **Emily Rochon**, PPB SCT; ***Cristina Nieves**, Commissioner Fritz's Office, ***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); ***Leticia Sainz**, Multnomah County Mental Health & Addiction Services; **Wyndham McNair**, Case Manager CCC; **LaKeesha Dumas**, Office of Consumer Engagement-Multnomah County Mental Health & Addictions Services Division (MHASD); **Cheryl Cohen**, Health Share of Oregon; ***Tim Case**, AMR; **Juliana Wallace**, Unity; **Kathleen Roy**, Central City Concern; **Myrla Perez-Rivier**, POC-Led Cross Disability Coalition

[* Indicates Committee Member was absent]

Guest: Jared Hager of the US DOJ & **Mary Claire Buckley** – PPB DOJ Compliance Team

July Minutes & Report

July minutes & Report: Kathleen Roy moved to accept the minutes with the changes seconded – by Myrla Perez-Rivier (Cheryl Cohen was absent and a word on the second page 3rd paragraph and a question on the last page (this spurred a discussion on clarification on PES entry and hold criteria and the new State law requiring warm handoff and follow up in 7 days and how certain teams will have the ability and model to handle the new rules). Cheryl Cohen Wyndham, McNair Abstained **M/S/P**

BHU success stories

On the 16th of August Central officers responded to a call at the mid-span of one of the bridges, where a passerby was holding a man down on the ground, preventing him from jumping. The man had been in touch with the crisis line and North officers were relooking for him due to the high likelihood of suicide. After about 20 minutes they were able to talk him into going to the hospital for a mental health evaluation.

Central officers responded to a naked male on the roof of an old building on the waterfront. The male was screaming and yelling at nobody. The male admitted to using meth recently and officer attempted to talk to him with little luck. CNT officers took up a position observing him for some time. There was no safe access for officers to reach him, the officers decided to disengage. They were later called back once he had come off the roof and took him to jail.

UNITY

Juliana Wallace from Unity was here and wanted to address questions brought up during last month's meeting. Jared Hager says that he met with her after the meeting and he and the DOJ are satisfied with the answers to how many people are arrested and funding. There is really no way to track that

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information so she's asked her staff to send her an email when someone at Unity is arrested. There have been some pretty usual ways, warrants and ankle bracelets being tampered with, and there have been others. 10 people since they've been open while at Unity, they don't have the numbers that state what is going on in the neighborhood once they are released. Jared found that there were 30 arrested outside of the building. Not all seem to be Unity related, the Blazers are close, some were never patients at Unity. Five had no affiliation with Unity, 10 had been discharged and the rest were other. The data doesn't hold out the community concerns that Unity is unsafe for the neighborhood. The DOJ also didn't find that people were being taken to jail on a regular basis, The DOJ was concerned that Unity wasn't being used as an alternative to jail and it was being used as a holding place for jail. Unity is required to assess anyone that walks in, how long they stay is up to them and why they are there.

ED rules: Continued from the conversation during the minutes... they will now require a warm handoff and some kind of caring outreach contact within 48 or 72 hours if they have presented with suicidal ideations. There will need to be a follow up appointment/contact in 7 days. The rural hospitals are going to have a harder time in completing the rules. Juliana Wallace will follow up with the PDF of the new rules. There will be many workforce issues to follow the requirements, all of this is already "best practices." Was there going to be a peer support contact after suicide issues? Yes, the caring contact can be a peer.

Is there a capacity issue? Yes, the questions are not linear or clear because it's all based on who is being treated at the time (medical, memory care, etc.). This stems from "Is Unity sufficiently funded?" It all depends on who is paying and how and when funding can start and stop. Unity is funded similarly to other hospitals. Juliana shared she would need a large flow chart to describe the web of funding. The DOJ is not going to come down and say that Unity is or isn't funded or if they need more or less money. Juliana says that nobody in the Behavioral Health system will say they are well funded. The DOJ will probably say that the ability to see 10,000 people in 15 months is a bonus for the community.

Juliana will be able to come back at a later time and give a presentation on Unity. What's the difference between walk in and transported? They track homelessness but it's all based on self-reporting 30% are homeless, but it's not catching those that are couch surfing or who don't want to identify as homeless. The number jumps to 45% when those are added in. 100% of those transported to Unity from the jail in March were homeless. The numbers over the last few months from the jail have also varied greatly from 14% to 60%. Some are also staying for very short times (15 minutes). Hooper detox is close and they have had a working relationship and are attempting to get people who need to get to Hooper there. The warm handoff with Hooper has been very successful. You can refer to Hooper anytime but the warm handoff works well. The doctors even sat down with Hooper to align the medications up so both were using like medications to help the transitions. Can peers walk them over? That could be a possibility. Unity says they need more peers.

There have been more diverts lately. Does the jail end up booking more when this happens? They are probably going to other hospitals? Per Sgt. Hettman's experience once the ambulance is looking where

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to take someone the person is already on a hold and on the gurney so they won't take them to jail at that time. Police don't tend to know when a hospital is on divert unless an ambulance is there.

Do you track people who might come on holds from Hooper's sobering station? They very rarely send anyone from there. Kathleen Roy says that it's an ongoing situation on how to get people housed and services. Continuity of care is a big issue. There is a new director and improvement efforts are currently in the works. Hooper is attempting to not turn anyone away due to the substances they are using, unless they have too many medical complexities based on detoxing. They are working on doing more ambulatory detox. Unity doesn't tend to track how and where everyone is coming from, they are hand graphing data when the questions arise. It would be good to have a presentation on this from Hooper.

Juliana will schedule a time later to give a deeper discussion on funding. There is an ongoing investigation with Unity and the County is doing an internal audit on their own community complaint process. In terms for those who use the services, there is no change in the community being able to utilize Unity's services. There will be more of an update and idea on this probably next month. They are doing good things and will continue to do so while this review takes place

BHU SOP's

SOP #1-3: Crisis Intervention Team Coordinator

BHU is not recommending any changes at this time. Jared recommended some clerical typo fixes. The advisory board would like to see some of the language changed to lean more towards a more recovery based language, but if the language in the SOP has to mirror the DOJ agreement then it should stay as is. Consistency is necessary. It will be helpful to see the same language throughout. This could be worked on as a whole. Current update language, we can go through and make the updates. These are policy and job descriptions so it has to be direct and specific.

Everyone has the SOP's in their email. Please take a look at the language and think about the verbiage you would like to see. If we can get something constant that would work with the SOPs and their focus.

One committee member would like to see mental health challenges instead of mental illness and would like to see substance abuse also included with mental illness. Language issues are so multi-faceted that it's a difficult area to discuss.

There was a discussion of what a CIT Coordinator does and what his focus is. Behavioral health is a broader umbrella and there might need to be a larger discussion about the limited language being used. This change would reflect what is happening because there is no way an officer can diagnose what is wrong with someone they encounter. It seems to be perpetuating a myth that there is one thing driving the person's crisis. There seems to never be a consensus on language in many meetings. If we dedicate time to this can we come to a consensus on language? Is that going to reflect those who we are serving? We would need to make sure we don't come up with a new PC term that would need to be changed in a

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year? Can this be addressed by a subcommittee? This should reflect the values of the community that PPB is serving.

Kate Burgard moved to accept the SOP as is, with grammatical errors fixed, and Myrlaviani Perez-Rivier seconded the motion.

Katie then withdrew the motion and table the discussion so the email group can update the language to what the BHUAC thinks would reflect the current reality to mental health and substance abuse.

SOP # 1-4: We did not get to this SOP.

Leticia Sainz gave a quick shout out to Sgt. Hettman for helping her during a crisis at her building and wanted to say Thank you for such a good job and amazing response.

The next BHUAC meeting will be on September 26th, 2018 at 2:00 PM at the Portland Police Bureau's Central Precinct, 11th floor BHU Meeting Room.