

Behavioral Health Unit Advisory Committee

Meeting Minutes

June 27, 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; **Cheryl Cohen**, Health Share of Oregon; ***Tim Case**, AMR; **Juliana Wallace**, Unity.

[* Indicates Committee Member was absent]

Guest: Mary Claire Buckley – PPB DOJ Compliance Team

Notes & Updates

This is Juliana Wallace's first meeting. She is a new committee member. She gave a small introduction of what she does at Unity.

May Minutes & Report

Katie Burgard moved to accept the May minutes with the talked about changes and LaKeesha Dumas seconded the motion. Melanie Payne abstained **M/S/P**

The May report was not available. It will be available electronically and will vote on it next month.

BHU success stories

On June 9th at 5:40 in the morning Central night shift officers responded to an ECIT call. Throughout the night a person in crisis had caused damage to a number of areas. He was found in a locked lot and his head was bleeding. After 2 hours of ECIT, Project Respond and AMR talking with him, he still refused to come out of the lot. A plan was made to enter the lot and the person was safely taken into custody, then transported to a hospital.

BHU SOP's

BHU has a number of SOP's that are coming up for review. SOP 1-1 Lt. Wheelwright has no recommendation for changes. SOP 1-2 talks about the structure of the unit, on #3 where it talks about the structure, BHU has been authorized to have 2 more teams. This will let BHU go to 5 days a week. Lt. Wheelwright is unsure of the timeline, so updating the wording to "at least each precinct" might not work.

Melanie Payne move to accept the SOP 1-1 or 1-2 and Katie Burgard seconded the motion. **M/S/P**

Behavioral Health Unit Advisory Committee

Meeting Minutes

June 27, 2018

ECIT Training

Officer Jim Stegemeyer provide an overview of the upcoming ECIT Training. BHU has 114 operational ECIT PPB members with a total of 130 sworn ECIT PPB members. ECIT Dispatch Protocol is Directive 850.20, the number of ECIT calls that officers have been dispatched to from 1164 ECIT calls 10-1 to 3-31.

ECIT Training will be held in August from the 7-10, 2018. They have 18 Police Bureau members who have signed up to teach this round and are currently vetting those volunteers for the classes. Ofc. Stegemeyer then went over the training that will be given.

On the first day they will start with an ECIT Overview and Crisis Communication taught by Sgt. Troy King. They will also cover Peer recovery Movement and Consumer Panel Discussion both taught and facilitated by Janie Gullickson. The Brain, Mental Illness and Treatment and Mental Health Risk Assessment are taught by Dr. Octavio Choi, and the Psychosis and Communication taught by Angela Petrjanos from EASA.

Day 2 Sgt. Todd Tackett will talk about the Multnomah County Targeted Threat Team, Cascadia's Cindy Hackett & PPB's Jason Jones will cover Trauma Informed Care. Kerri Melda will be giving an over view of NAMI and facilitating the Family Member panel discussion. Ofc. Jason Jones and Stegemeyer will cover the mental Health Facilities Response and they will take up to 5 members out on site visits and then they will debrief.

Day 3 will see Sgt. Troy King and Ofc. Bill Ollenbrook covering Crisis Response for ECIT. Ofc. Ollenbrook and Silverman will cover the newly added COMTEK kit for the communication team. There will be a community resource forum from MCDC, MCICP and CCC. Lysa Webb will cover Suicide Intervention and there will be 3 hours of Crisis Communication Skills Exercises with joint instructors from BHU, CNT, LFL & Training.

On the last day there will be a Behavioral Crisis Calls Tactical Options taught by Ofc. Leo Harris, Sgt. Brad Yakots and Ofc. Laura Wiley and then they go over the Lukus Glenn Table Top Exercise. For the last 6 hours of the class they go over various ECIT scenarios and they have the last hour and a half is dedicated to survey and assess the class and graduation.

Are cultural components woven into the training. Not specifically in this particular training, but this in on top of all the other CIT/ECIT training. Many of the components in PPB training have equality woven into the training. Is there a need for an equity lens? Will that be covered in the trauma informed care portion? Is there a substance abuse component? Since BHU doesn't try to diagnose, that is thought of as being included in the overall behavioral health crisis and is taught at all levels. NAMI does bring in family member experience on the panels and many of the personal lived experience panels also encompass these subjects. Does anyone ever sit in and audit the classes? Yes, we have the happen in the past.

Behavioral Health Unit Advisory Committee

Meeting Minutes

June 27, 2018

Add/update the ECIT dispatch protocol slide. Check into how the ECIT training has culturally appropriate information woven into the trainings and get back to the committee next month.

Commissioner Sharon Meieran

Commissioner Meieran is the commissioner for District 1 which covers SW Portland and over the river to SE Caesar Chaves. She has been on many meetings and was a member of the COAB for 2 years, she is also an Emergency Room doctor. She has seen many people who are in crisis who fall through the cracks or end up in the most expensive least helpful areas of the system and she wants to improve the system. There should be a good place for these people to go and get the help they need. To understand what is happening, she is trying to figure out what is being provided and where the funding streams are coming from. She pushed for a deep systems analysis for funding streams analysis. HSRI did both a qualitative and quantitative approach to look at the issues. They held community listening sessions where 200 – 300 people provided information. It took 6 months but they have a final report that will be released tomorrow.

There is a large disconnect between how we think the system is working and how users of the system think it is working. Funding is also a large issue. The State and Feds need to help out more, there is also a need to look at how the funding is being used. Data sharing in general needs to get better, everyone should speak the same language. There are also about 15 – 20 other issues that are covered in the analysis. It will be available tomorrow morning. The themes that arose often were Housing, Workforce, and Pipeline of providers/Culturally specific providers. We also need to look at and track the outcomes. There are a number of types of measure that can improve the system.

In the gap analysis is it in line with the Health Authority's project? How is that going to be in-line with the State? Some of the recommendations came out were regional health collaborative. There is a sense of frustration over talking about the same things for decades and nothing getting done. This project can help align with the State and she is hopeful that a third party assessment will help spur momentum, also the fact that this is coming from a Political point of view and not from within the health care system should help.

How do you implement? Who will move forward? There are the small easy implementations, then there are the longer term items that need a team that will help guide it. Develop a vision & get there. Always need to keep moving forward, I think we have the right people from various areas to do this.

Resources? Do you see funding? The financial outlook of the County is bleak. They didn't have to cut anything this year, but probably will next year. The State and Federal Government need to step up, but that doesn't look hopeful. There are possible ways to utilize the funds we are currently getting in a better more cost effective manner.

Is there a cost benefit model? It's hard to quantify. Behavioral health workforce is the workhorse of the system. Medicaid could be used better "the head is connected to the body" and the system should

Behavioral Health Unit Advisory Committee

Meeting Minutes

June 27, 2018

reflect that. The payouts do not currently support mental health in the way they need to. If we do less costly intervention than jail, DHS and meet the person in their home, it could keep them out of the ER and cost less.

Having a shared database that everyone can view outcomes would be very beneficial. Something like the ER EDDI would be a good start. It doesn't have their whole history that you have to dig through, but would have the pertinent notes. Actionable information. "Everyone on the same page" is the goal. It's traumatizing to users to have to repeat why they are in crisis over and over. Until regulators rules change, that will keep happening. Hospitals, jail mental health, residential treatment facilities are all required to ask the same set of questions.

The paper will be released on June 28th and should be available to those who are interested.

The next BHUAC meeting will be on July 25th, 2018 at 2:00 PM at the Portland Police Bureau's Central Precinct, 11th floor BHU Meeting Room.