Behavioral Health Unit Advisory Committee
Meeting Minutes
October 24, 2018

Committee Members

A/Lt. Casey Hettman BHU; PPB, ***Sgt. Todd Tackett** 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; ***Kathleen Roy**, Central City Concern; **Myrlaviani Perez-Rivier,** POC-Led Cross Disability Coalition

[* Indicates Committee Member was absent]

Guest: Officer William Kemmer and Clinician Sara Attal – BHRT Team from BHU

Updates

There is no meeting in November; December's meeting is on the Wednesday December 5th.

Interviews have been completed and the 5th BHRT officer has been selected for the new position. Officer Fraser will be filling the new position in the next few weeks. She is a strong advocate for BHU and will bring good energy to the work BHU is currently doing.

September Minutes & Report

September minutes & Report: LaKeesha Dumas moved to accept the minute's with the suggested edits. Emily Rochon seconded – Mike Morris and Katie Burgard abstained **M/S/P**

Beth Epps moved to accept September's monthly report with edits, Juliana Wallace seconded, Leticia Sainz and Katie Burgard abstained **M/S/P**

BHU success stories

Gentleman has been living outside for several years and has been generating many calls for years. He's been arrested around 30 times in the last year and he is banned from most businesses on Hayden Island and Janzen Beach. He has been pretty resistant to services and police help. When Officer Kemmer came to BHU this person was high on his list to get connected to services. The BHRT made contact with him and found that there is a different baseline from his mental illness and when he's using meth. They were able to get him food and build a rapport with him over several months. They were able to get TPI housing assessment with him on a housing list (he's around 65th on the list). They have continued to contact him and make sure he had what he needed to keep him interested. They contacted him recently and found that he had been assaulted. They convinced him to go to the hospital and they found he had a brain bleed and fractured skull. They coordinated with the trauma team and service coordinators.

They helped set up a transition plan for when he was released and he had two nights covered until Monday. BHRT provided him with blankets, EBT card, prescription (both for the assault and his psychological medications) and other needs. He went back to his campsite and today they found him and got him screened to go into STS and shelter beds. There have been a number of systems working together and really functioning in a way that he is the most lucid that Officer Kemmer has seen him in years.

It is a great way to see how the systems work and how hard it is to navigate the system. The advocate at the hospital was the difference between him leaving after they sewed up his face and him staying as getting more intensive help. The team spent around 8 hours at the hospital getting his medications, which he probably wouldn't have if it wasn't for their time and effort.

Questions:

Are those they find while doing outreach have a PO/ are they on probation? Sometimes, it's one of the things the BHRT people check and they work closely with the PO's if there is one. Can you tell if they are under a Mental Health PO? Yes, we have a meeting that parole & probation shows up to and we collaborate with on a regular basis. There are a number of people in the system that show up to the meeting, but there are those that still slip through the system. Mental Health PO's aren't doing the follow up that this particular BHRT was able to accomplish with as in this story.

Mike Morris updates on State

Effective July 1st the State went through reorganization. They reconstituted the Behavioral Health section within OHA. They hope that this will give a more coordinated front on the Behavioral Health side. The Behavioral Health Director is stepping down; Mike Morris is the interim director and currently his own deputy. They are a bit stretched for work and they have interviews going on for a new director. There will be two candidates that will have to go through 6 panels of interviews. The decision should be made in November and they will probably not come on board until sometime in December. Mike is retiring in February and is hoping to have his deputy director spot filled before he leaves. There is direct connection between Behavioral Health and the director and that is a big change organizationally.

The panels are made up of different representations of the community and there are consumers on the panel.

CCO's 2.0 – they are in their 5th year and they have one more year in the current structure. They placed the mental health benefit and the physical health benefits were together. There have been some improvements, but not all of the level of integration occurred. They have to put the bid back out and they are looking at changing how the benefit works. There are broad concepts of how the benefit will work, the CCO will be fully accountable for the behavioral health benefit. In past, they have had other people manage that aspect of the benefit. Often times they CCO will contract behavioral health out and then clean their hands of it. If problems arise, they point to who they contracted out to. This change will

make the CCO more accountable to the benefit. IE – Healthshare of Oregon is a Risk Accepting Entity. The main goal is to get rid of the "carve outs" (carving out behavioral health and contracting it out), they weren't sure that would solve the problem but are trying to define what they are responsible for and have a greater level of accountability. Mike spoke to a consultant who explained that Washington specified no carve out and it caused many issues. So they are looking at the language on how to define how CCO's can use the funding to get the best possible resource. Instead of putting the money, they are given in different silos, they are working on getting CCO's to share the money more between behavioral health and physical health. Savings in one should show up in the other, both are connected.

They are also working on access. They are working on getting so many appointments in XX number of days. Say, getting your first appointment in the first 7 days. They are also developing standards for appointments. They are also developing standards for care coordination. They will be defining what care coordination is.

They are putting out request for applications soon. Any entity can apply for a CCO and that will be huge. OHA will be assuring greater accountability from their CCO's. What kind of "teeth" will the OHA have? There will be ongoing monitoring and monitoring of complaints. There will be follow through, and plans of correction for compliance. There would have to be something egregious for a contract to be pulled, but they normally get a good response once an issue arises. They hope the contracts will be in place for 2020. Awarding of those contracts will begin in January of 2019.

Could there be a potential for two CCO's in an area? It's possible. There are currently 16. There is much more support in Oregon for homegrown efforts. There can be issues with having two CCO's in an area. There will be planning requirements and they will ensure that they don't overlap. There are many who are excited about these changes and there is support for what is happening.

Adult mental health residential will not be included in this round of CCO's. They are going to try to standardize the rates and make sure the rates are contingent financially. That won't happen in 2020, most likely 2021 or 2022. Currently if someone goes to the OSH, the state pays. They are working out with the CCO's to have that cost put on the CCO's and have them manage that payment. This could help keep the CCO's engaged with the client and fix the current disconnect.

The disconnect between care and client can happen in the jails also. It is all dependent on what the facility has. You need a waiver if they are in jail. There is a Federal law that they have to work around.

There is a group working on behavioral health reinvestment through the criminal justice system. They have spent the Spring/Summer finding out what services Oregon has and they are working on suggestions and recommendations they will be taking to the Governor's office and Legislature.

Janie Gullickson will be part of the steering meeting where that group will be presenting their data. What does the BHUAC see as a group that needs to go back to them?

Housing is such a critical issue. At the State level OHA is attempting to piggy back on their money from the legislature and develop housing. There is a lot of collaboration between the entities and they are trying to leverage rental assistance with housing projects.

Regional Behavioral Health Collaborative saw an opportunity with Health Share & Family Care change and the Metro area being such a large population center. They focused their efforts on the Metro Regional behavioral Health Collaborative, which will kick off on November 6th. The CCO 2.0 and what can they do in the short run in the next year to have the best impact? There has been consistent support for PEER services. That will be its first focus, what they can do to help expand & impact those services.

There are many different 7 day follow ups that they track. Depending on what type of care the person is receiving. There is interest in 7 day follow up after the Emergency department, prescriptions & such. There is a focus from the Legislature on this. There are a variety of thing happening.

Mike would like to thank the committee for bringing in what IS working in the system and how things are improving. It's good to bring forward what does work, to remind those of us in the meetings that there is change occurring. There is still a lot of work to be done and there are gaps in the system, but it is good to know there are things happening that are helping.

BHU SOP's

#3.3

ECIT

There was dissuasion over the language and disciplinary history language. Is there discretion on who's accepted in the program? The BHU Lieutenant is able to exercise discretion overall, but Use of Force Complaints and IA complaints are not. A/Lt. Hettman described what are considered Use of Force events (resistive handcuffing and pointing of firearm are considered Use of Force) and described nuance that can be present at times. Some BHRT officers also have other roles in the PPB. One is on the Rapid Response Team and the other is on the SERT team. To not have the discretionary language for outliers such as SERT or RRT, may be a detriment to BHU. There is also the higher likelihood that BHU officers could have complaints filed against them due to the nature of their clientele (i.e. Officers assisting AMR in facilitating a transport to a hospital for a Police Officer or Director's Hold). Having discretion is necessary, but those that work in BHU take the program seriously and want to see it succeed. It's important that you ensure that you get the right people for the vulnerable population you serve. The SOP does state that there must not be a sustained force complaint against someone with mental illness.

Recommendation in January 2017 was "any sustained force complaint is strong reason against being accepted into the BHU. " The two bullets point can work well together. You don't want to write it so that someone who had 3 ½ years that would let someone you don't want in. The discussion was about taking out the "last 3 years" but that is DOJ language exactly and can't change.

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Is SOP# 3.3 fine as written or does the recommendation from January need to be discussed more?

Is there a motion to add the bullet? The last one isn't going to change. Do we table it? We've tabled it before, what new data is there. We cannot change the last bullet. What happens to the recommendation? Is the catch all good enough? The BHU Lieutenant has a vested interest in making the program work and they do view their ECIT applicants with great discretion.

We had to table the vote because there was no longer quorum.

The next meeting will be on December 5th 2018 2pm - 4pm