Behavioral Health Unit Advisory Committee
Meeting Minutes
December 5th, 2018

Committee Members

Sgt. Todd Tackett PPB; ***A/Lt. 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; ***Kathleen Roy**, Central City Concern; ***Myrlaviani Perez-Rivier,** Disability Rights Oregon

[* Indicates Committee Member was absent]

Guests: Sarah Attal, BHU clinician and Frank Silva BHU Analyst

Updates

Sgt. Todd Tackett will be transitioning to the Training Division and leaving BHU, likely in January. Sgt. Tackett will be working on a new wellness program at the Training Division. Sgt. Casey Hettman will remain as acting lieutenant until lieutenant promotions take place and new sergeants will be in the BHU.

August Report. October Minutes & Report

August Report: Katie Burgard moved to accept the report and Melanie Payne seconded the motion. **M/S/P**

October minutes: Leticia Sainz moved to accept the minutes. Katie Burgard seconded; Melanie Payne and Kathleen Roy abstained **M/S/P**

October Report: Kathleen Roy moved to accept the report and Katie Burgard seconded the motion. **M/S/P**

BHU success stories

BHU team worked with an individual who has been homeless for about 4 years (discussed last meeting). There were numerous referrals for this person to BHU over the last several years. The current assigned team visited him almost every day to keep up report with him. They have worked with him for the last 3 months and were able to get him on a waitlist for housing and he is now housed and he is doing very well. They are following-up regularly with him and supporting him in his transition and he is currently on the waitlist for permanent housing.

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BHU DATA

Frank Silva gave a presentation on the most recent data available to the BHU. The BHU provides layers of service to resolve a behavioral crisis, connect a person to resources, and reduce the frequency of police contact. These layers of service include: Patrol officers with mental health response training, ECIT, BHRTs and the SCT. BHU received additional funding in this year's budget and as a result has expand to a total of 5 BHRT teams.

We now have around 5 years of data and can start to analyze the data. There will be a large report coming out soon.

Mental health yes/no question. This has been a huge part of the data. "Was the subject suffering from an actual or perceived mental illness?" The officer clicks a yes/no box to clear on every call. The required response has let PPB know that out of all the calls PPB responds to, how many have a reported mental health component. Currently, the number is 9%. This has remained constant over the last 3 years.

Officers could be working with people who have a known mental health component, yet not click the 'yes' button because the mental health component may not be driving the call. These are still based on perception. The officer is called to a shoplifter call and the person has a mental illness, is that a yes? Yes.

Call volume and impact: PPB writes about 1,000 holds a year, 1,570 suicide calls a year and 100 reports of completed suicides per year.

ECIT Program: about 145 ECIT officers, 130 of those are operational at this time. There are about 101 street officers. There are about 30% of operational officers (who are taking calls) who are ECIT trained. There were two new policies that were implemented recently that changed the way ECIT calls were aired and how they were dispatched & updated by BOEC, and PPB is currently responding to about 312 ECIT calls a month.

BHRTs: Behavioral Health Response Teams. They are all ECIT trained with an extra 40 hours on top of that. They average about 255 referrals per quarter, within a year. BHU receives about 1,000 referrals per year and assigns roughly half for follow-up. With the addition of two new teams, will they be assigning more? How many more referrals will they have? It's unclear on how much these numbers will go up without the data.

Inactive Cases: They average about 120 cases per quarter of referrals that reached an outcome and transitioned to inactive status.

Previously on Caseload: 32% of the cases previously on BHU's caseload come back. They are developing some procedures to follow up with cases to see if they can reduce this number.

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Time on Caseload: BHU does not determine how long a person stays on the caseload, the individual does. The average is 23 days, last quarter it was up to 32, but unknown as to why. There are now more case per week being actively worked and BHU expects those numbers to increase with the new BHRT units. Do you see any seasonality with the numbers? Not with the caseloads. Most of the people assigned to the BHRT is due to frequent contacts. When they are not assigned, the two biggest reasons are because they are already engaged in services or they are having infrequent police contacts. The most frequent outcome of having someone referred to BHU is coordinated services.

Data; A step further: They are reducing the amount of contact per person by 2% (based on last year's data).

What's New?

Two additional BHRTs. They will be focusing on Homeless outreach and Follow Up/Threat Triage. These teams will work on those who identify as homeless and work with them to connect them to services and the other team will work closely with follow up and threat assessment.

Using data to drive decisions. Text searching of reports to make sure they are getting the referrals, Past BERS clients police contact – Frank looks to see if anyone who was previously on BHU's caseload has had police contact. They will be sharing information with the County Crisis Line and they will check to see if they've had past contact with the person and see if they need to do any follow up with them to see if there is any care or coordination that needs to happen. Lastly, Frank looks through reports to see if there is anyone who was missed, who's having multiple contacts with PPB and assigns them.

There was a discussion about BOEC's recent audit of Yes/No answers and how dispatch labels the ECIT calls correctly. They are aiming for 95% accuracy in the 12,000 mental health related calls they take a month (out of the 80,000 calls they take). Which evolved into a systems issue about how there is a lack of resources available for dispatch with many retirements occurring at the Police Bureau. Is there any way to tell if these calls have a drug or alcohol related issue? Not at this time. There is the possibility of this being added in the future. There is a possibility that this is where the future is headed.

BHU SOP

#3.3 The main discussion was done via email and it looked like the group decided that it was good as written. Kathleen Roy moved to approve and Beth Epps seconded; the motion passed. **M/S/P**

#3.2 The main discussion was also done via email and there was no feedback; Kathleen Roy moved to approve the motion and Leticia Sainz seconded; the motion passed. **M/S/P**

#3.1 will be presented in January.

Information on the steering committee. The point of the steering committee is focused on those booked 4 or more times a year. The point of the steering committee is to drive policy for this group. There is a

power point presentation that Janie emailed to everyone. Please think on this and at the January meeting we should discuss if there is anything that this committee can bring to the steering committee, are there already recommendations? Please contact Janie and let her know.

There was a large discussion around this topic and the gaps in the system and how the policies in the System are failing. How do you engage people who don't want to come into treatment if there is no legal reason for them to be there? Transitional care, LEED and short term outreach, legal, funding and regulatory, and consent issues were discussed.

The next meeting will be on January 23rd 2019 2pm - 4pm