

Behavioral Health Unit Advisory Committee

Meeting Minutes

June 26th, 2019

Committee Members

Lt. Casey Hettman PPB BHU; ***Ofc. Jim Stegemeyer** PPB CIT; **Emily Rochon**, PPB SCT; **Beth Epps**, Cascadia; **Capt. Jarmer** Multnomah County Sherriff's Office; **Cissie Bollinger**, Oregon Health Authority (OHA); **Melanie Payne**, Bureau Of Emergency Communications (BOEC), **Janie Gullickson**, Mental Health & Addiction Association of Oregon (MHAAO); ***Leticia Sainz**, Multnomah County Mental Health & Addiction Services; **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; ***Myrlaviani Perez-Rivier**, POC Led Cross Disability Coalition; ***Sgt. Benson Weinberger**, PPB BHU; **Sgt. Stephen Mirau**, PPB BHU

[* Indicates Committee Member was absent]

Report & Minutes

May minutes – Melanie Payne moved to accept Cissie Bollinger seconded; Tim Case and LaKeesha Dumas abstained **M/S/P**

May Report – Melanie Payne moved to accept and Beth Epps seconded **M/S/P**

Notes:

Cheryl Cohen has resigned from Health Share and this will be her last meeting.

Officer Kemmer related one of the latest BHU stories for the meeting attendees. Officer Kemmer focuses on working with those that are experiencing homelessness and severe and persistent mental health crisis. Recently they encountered a woman who had been living on the street for years and was generating many police calls. Additionally, the woman had been excluded from many of the core services downtown. When the Behavioral Health Response Team (BHRT) first attempted to contact her, she would yell at them and not engage. After many attempts, they were able to get her screened for the Supportive Transitions and Stabilization (STS) program. She enrolled in the program, moved into a room and was offered wrap around services. She did not engage in the services and because of behavioral issues, was exited from the program after two months. Upon exit, she was told she could re-engage in the program after 30 days. Officer Kemmer and his clinician partner continued to contact her within those 30 days, reminding her of her eligibility for the program. Prior to the 30 days, she contacted the program on her own, showing her interest and motivation. After 30 days, Officer Kemmer and his partner transported her back to the program, where she continues to reside today. Although, she struggles at times, she can take ownership of her own behaviors and acknowledges the benefit of being off the street and having access to support.

Behavioral Health Unit Advisory Committee

Meeting Minutes

June 26th, 2019

Questions from the committee:

What typically gets someone barred from services? Usually it is physical violence or threats to harm others.

How long does she get to stay in the STS program? Originally the stabilization program was designed to be 60-90 days, but the program soon realized the individuals that they were serving had complex barriers which could not always be addressed in that time period. Since this is a contract between the Portland Police Bureau and Central City Concern, we have been able to evolve the program to meet the needs of the individuals. Some individuals have stayed in the program for over a year.

CAHOOTS Meeting Update

Lt. Hettman and Emily Rochon had a meeting around the CAHOOTS model with other community stakeholders. The timeline has been accelerated and there needs to be a model in front of City Council by November. They have broken up the large meeting into smaller work groups in order to achieve this goal. Committees include: Call Transitioning (identifying calls), Internal Logistics (what model would look like under the Fire Bureau), Community Engagement, Services and Public Education, and External Logistics (exploring alternative models)

Discussions in the stakeholder meetings included the feasibility of the timeline, the lack of peers/community members represented in the meeting, concerns about a model that is bureau driven rather than grassroots, as in the original CAHOOTS. There was reference to the staff providing this service receive Enhanced Crisis Intervention Training (ECIT), which was an acknowledgement of the robust training through PPB.

BHUAC committee members had questions about the development of this model, which were also discussed at the stakeholder meeting. Where will the funding come from? What is the current budget funding? Are the emergency calls identified? Is this time frame feasible to create a framework/model that will meet the needs of the identified calls/individuals? What is the goal/objective of the model? Bottom line, it is important that this model works for Portland.

BHU Data Update

Frank Silva, the BHU Analyst, led a presentation to update the BHUAC on the latest information and data trends. The BHU and PPB provide layers of service to resolve a behavioral crisis. He covered the officers with mental health response training, ECIT, BHRTs & Service Coordination Team (SCT) programs.

Frank discussed the mental health Yes/No questions and that the Bureau has 2 years of data to review. Currently, data shows roughly 9% of calls have been identified as having a mental health component.

Behavioral Health Unit Advisory Committee

Meeting Minutes

June 26th, 2019

The daily range runs between 7% - 13%. It is important to note drugs and alcohol are not part of this question. The DOJ agreement requires an analysis be conducted of calls identified as having a mental health component. Audits of data have shown that 96% of the calls were correctly identified as having a mental health component or not.

PPB has around 129 operational ECIT officers. What prevents all officers becoming ECIT certified? It's voluntary and there is a vetting process. The ECIT course is run once a year and 10 – 20 individuals volunteer for the training. There is no additional compensation for being an ECIT officer and there is more liability for the officer, but consistently volunteers come forward for participation in the program.

PPB averages 322 ECIT calls per month. ECIT calls represent 12% of all total Mental Health calls (the 9%). BOEC received around 80,000 calls during that same time period. Do ECIT calls take longer? Yes, PPB does spend more time on ECIT calls. They have also looked at Project Respond numbers and how many intertwine with ECIT & PPB calls.

Frank covered where the calls come from, and when they come in (by the week and hour). This helps with recruitment in the precincts and during the days and hours that have spikes in calls.

BHU has about 260 referrals per quarter and about half get assigned to a BHRT. In the first quarter of 2019, BHU has averaged about 120 outcomes. $\frac{1}{4}$ of the individuals assigned to BHU have been on their case load before, which highlights the recidivism rates. New referrals have decreased, but the number of overall referrals are about the same. The average amount of time on a BHU caseload is 20-25 days. The time on the caseload has increased, but that may be because of the new BHRT units who are focused on reaching the houseless population. It takes more time attempting to locate someone who is experiencing homelessness and may take more time connecting to services. . The average weekly caseload for BHU is around 45-55 and there appears to be a trend increasing toward 67. Why and how someone gets referred and why they don't get assigned was covered. The biggest reason for non-assignment to BHU is lack of police contact. "Concern Mitigated" and "Coordinated Services" are the majority of the outcome measures of the caseload, which speak to the core value of BHU.

BHU has reached substantial compliance with the DOJ and being able to reach that goal is possible because of the work and input of the BHUAC over the years.

Does BHU follow up after an individual has been connected to services? There isn't a way to track service coordination once the person is enrolled or reengaged with their providers, due to confidentiality. Although, they do stay off the BHU caseload longer if they are reengaged/connected with providers, but there is no way to track the actual participation in services.

They are currently looking at recidivism rates and are working on a 45 day "look back" and are contacting individuals who have left a BHRT case load and making sure they are still engaging with their providers. Emily Rochon had a firsthand story on reconnecting someone who was starting to have police contact

Behavioral Health Unit Advisory Committee

Meeting Minutes

June 26th, 2019

and was able to get him reconnected to services and wrap around services before more police contact or another BHU referral occurred.

In-Service Training

Sgt. Mirau updated BHUAC on the upcoming in-service for PPB. BHU will cover directive 850.20 and give updates and a refresher on the changes in the policy. Changes include how people are transported to the hospital (via AMR and not in handcuffs in the back of a police car), and ECIT dispatch protocols have been removed, since it's not PPB's policy. BOEC is in charge of that protocol. BHU will also cover the "disengagement with a plan" protocol. PPB has found on some calls, the follow up plan is only a referral to BHU. This is not exactly the function of BHU. Scenarios have been developed to illustrate what it should look like when officers disengage AND have a plan to follow up. BHU will also highlighting the referral process and how BHU functions. There are only 5 officers in BHU so they will be talking about collaboration on how BHU can augment the street officers, instead of being the person handling the whole call itself.

Can communication with all responders be a part of the plan discussed? AMR and Project Respond sometimes aren't in the loop of the plan and would like to be. This will be added to the lesson plan.

Open Meetings

Additional discussion was had regarding the request to open BHUAC meetings to the public. The committee will work to draft a response memorandum/letter to the Mental Health Alliance regarding the previously received request.

The open meeting discussion moved into a conversation about future outreach and public-facing efforts for the BHUAC. Lt. Hettman and Emily Rochon will be presenting at the PCCEP subcommittee next month.

**Next meeting July 24th, 2019
2-4 PM on the 11th floor of the Justice Center**