

Behavioral Health Unit Advisory Committee

Meeting Minutes

December 4, 2019

Committee Members

*Lt. Casey Hettman PPB BHU; Ofc. Jim Stegemeyer PPB CIT; Emily Rochon, PPB SCT; Beth Epps, Cascadia; Capt. Nicholas 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 (MHA AO); *Leticia Sainz, Multnomah County Mental Health & Addiction Services; *LaKeesha Dumas, Office of Consumer Engagement-Multnomah County Mental Health & Addictions Services Division; *Juliana Wallace, Unity; Myrlaviani Perez-Rivier, POC-Led Cross Disability Coalition; *Sgt. Benson Weinberger, PPB BHU; Sgt. Stephen Mirau, PPB BHU; Kathleen Roy Central City Concern; Mary Claire Buckley, PPB Office of Inspector General.

[* Indicates Committee Member was absent]

Report & Minutes

October Minutes – Melanie Paine motioned to approve and Kathleen Roy seconded. **M/S/P.**

October Report – Beth Epps motioned to approve and Kathleen Roy seconded. Melanie Paine abstained. **M/S/P.**

Updates

MHA AO Fundraising Event Rescheduled

Janie Gullickson reported that the MHA AO Mad Hatter Tea Party Fundraising event will be held at the Ecotrust Building, Saturday, January 11, at 6:00 – 9:00 pm. Refreshments provided by Brew Dr. "Mocktails", Sweetheart Pizza, and Nothing Bundt Cakes. Activities will include a Peerlife game and Mad Hat contest. \$40 per ticket. Prepaid tickets that were sold for the previously cancelled event will be honored.

BHU/BHRT Updates

Sgt. Mirau reported that there were no new BHU/BHRT updates.

BHRT/ECIT Case Presentation

Officer Billy Kemmer and Clinician Sarah Attal presented a case study for review by the committee. They have been working with this individual for several months. The female client was referred to BHU due to significant threats of self-harm, including live-streaming self-harm (cutting) and suicidal threats on Facebook, carrying and displaying a realistic replica weapon (handgun) to law enforcement and repeatedly expressing intent/interest in "suicide by cop". Client has been diagnosed with personality disorder and has a history of drug/alcohol abuse, self-harm, trauma, and has been in and out of treatment facilities. Kemmer/Attal described two back-to-back incidents which resulted in the client being taken to hospitals on a hold but both times was released within days, without a commitment hearing. A third incident triggered a SERT/CNT callout due to the replica weapon, but the client was safely taken into custody and taken to Good Samaritan on another hold. This time, there was a

BHUAC Meeting Minutes 12/4/2019

commitment hearing and Officer Kemmer testified to the very high risk associated with this case. Client was committed on November 26.

Kemmer/Attal emphasized the need for a plan for this client's eventual release, which needs to involve intense case management, structure and wraparound services.

Kemmer/Attal described some of the coordination issues that were a factor in this case. The client was put on a hold at 3 different hospitals, but released twice based on incomplete information due to not having access to patient records at the other facilities. Providence cannot review Unity records and vice versa etc. Also, standards at different hospitals are different. Officer Kemmer said that ideally hospitals would have access to MH records from other locations. A hold is not punishment, it is an effort to keep people safe. Access to complete MH information will help keep people safe.

Sgt. Mirau said that Kemmer/Attal described very dangerous incidents with this client. The second incident occurred the very next day after being released from a hold. The BHU team was the connection for this client. They were the ones who carried the client's story from hospital to hospital to the next hospital. Officers/BHU were the constant advocate in this case and played a key role in averting disaster for this client and high potential for "suicide by cop".

Presentations

Re-Cap of Recent ECIT Training Course

Officer Jim Stegemeyer debriefed the committee on the successful ECIT Training Class held November 15-18. Almost 20 officers attended the class and there were 15 instructors and presenters. There was only one paid outside instructor, the rest were volunteers who came from around the region. Five family members came in to participate in the panel discussions. Dr. Karl Mobbs (OHSU/OSH) spoke to MH risk assessment. Chris Bouneff (NAMI) spoke about system gaps. A BOEC dispatcher also came in to talk about the calltaker/dispatcher roll in calls for crisis intervention. Roll play scenarios were conducted nearly all day on the final day of training. All students successfully passed the test at the end and there was a mini graduation ceremony with Assistant Chief of Investigations Branch Andy Shearer. There was 100% participation with student evaluations and a report will be issued when all data has been collated.

There are now 150 trained ECIT officers. Sgt. Mirau spoke about the training program selection process and said those not selected wanted to know why. They were encouraged to reapply next year. Newer officers are observing ECIT skills being used on street and see the value of the training and want to learn the skills/tools. This training will enhance their abilities as a police officer, helping them to gain greater communications skills and systems knowledge.

Portland Street Response Update

Emily Rochon provided an update on Portland Street Response pilot program, which is based on the CAHOOTS model for responding to nonemergency MH crisis calls. The pilot has been approved by City Council with a budget of \$500K.

The pilot will start with one team working in the Lents neighborhood, a 5 square mile area. The Fire Bureau will provide supplies, one vehicle, and fuel etc. A new logo is being designed for the vehicle.

BHUAC Meeting Minutes 12/4/2019

Portland Street Response will utilize the CAHOOTS low-acuity crisis response model for calls that do not present an immediate threat to life. This model is for low acuity, non-emergency calls without a criminal nexus, e.g. yelling, erratic behavior, outside welfare checks. A training program will be developed in consultation with CAHOOTS/White Bird Clinic. There will only be one van so there will be wait times and calls will need to be prioritized. Lents was selected for the pilot program due to significant increase in nonemergency MH calls over the past 5 years.

Portland Street Response will respond to calls “in the moment”, with no follow up. The program will not decrease the overall number of nonemergency calls, but will reduce the number of police, fire, and medical calls that are dispatched. There will be no case management. Project Respond may follow up on calls afterward with the clients. The new system will not be a replacement, but will be an additional resource for the community. This system is separate from ECIT and uses resources differently.

Portland Street Response will not be publicized because the pilot is only in Lents. Do not want calls to increase because the program is seen on TV. The goal will be to educate the public after the pilot is complete.

Melanie Payne said BOEC is working out a system to screen calls and identify those calls in the Lents neighborhood. Currently BOEC does not have a Lents “layer” for police calls; however they do have it on the fire/medical side. Additional work is needed to figure out how to prioritize calls in the queue and how to manage self-dispatched calls. There will not be a Sergeant managing the queue. The person managing the queue is the same person providing care.

Per the CAHOOTS model, Portland Street Response crisis workers should have 500 hours of training. They will not be credentialed health care workers. They will have to call police to have someone put on a hold. It was also noted that Project Respond is not dispatched by BOEC. Project Respond is dispatched by Multnomah Co.

Discussion

Finalize written plan for BHUAC community engagement

Janie Gullickson said that has still not been any response/feedback to the BHUAC letter that was sent to the Mental Health Alliance. Janie said that a finalized plan for BHUAC increased community engagement will be emailed to committee members for review a few weeks prior to voting on the plan at the next meeting.

Topics of interest and areas of training for BHUAC in 2020.

This agenda item will be carried forward for discussion at the next meeting.

**The next meeting will be January 22, 2020
2-4 PM on the 11th floor of the Justice Center**