

Behavioral Health Unit Advisory Committee

Meeting Minutes

April 22, 2020

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**; Mary Claire Buckley, PPB Office of Inspector General; Jill Archer, Care Oregon; Thalia Sady, Multnomah Public Defender's Office; Robert King, Commissioner's Staff Representative

[* Indicates Committee Member was absent]

Report & Minutes

January Minutes – Beth Epps motioned to approve and Emily Rochon seconded. Jill Archer, Melanie Payne and Thalia Sady abstained. **M/S/P.**

January Report – Capt. Nicholas Jarmer motioned to approve and Beth Epps seconded. Jill Archer, Melanie Payne and Thalia Sady abstained. **M/S/P.**

Updates

DOJ Status Update

Mary Claire Buckley, PPB Office of Inspector General reported the DOJ has determined PPB is in substantial compliance with the settlement agreement. The maintenance year has begun as of January 10, 2020. PPB will continue to complete quarterly reports to the DOJ during the maintenance year. The Behavioral Health Unit continues to operate as intended and the DOJ is pleased with the progress and work that has been completed.

There was discussion at the recent Portland Committee on Community-Engaged Policing/PCCEP Behavioral Health Subcommittee meeting regarding additional partnership with the BHUAC in the future.

BHU/BHRT Updates

The Behavioral Health Unit/Service Coordination Team hired Officer Joshua Sparks in February 2020 to work in partnership with the SCT Program Manager. Previous SCT Officer, Sean Christian retired last quarter. Officer Josh Sparks joined the meeting to introduce himself to the BHUAC. For the past 10 years, Officer Sparks worked in the Street Crimes Unit, which interfaced with many Service Coordination Team potential clients. Part of his role is connecting and educating with patrol officers in regards to SCT referrals and conducting outreach on the street to offer services. The individuals we serve hold him in high regards and we are excited for him to join our team.

BHUAC Meeting Minutes 04/22/2020

BHUAC Updates

New Committee members were introduced –Jill Archer – Care Oregon , Robert King with the Commissioner’s Office and Thalia Sady with Multnomah Public Defender’s Office.

Presentations

BHU Data Report

BHU Data Report was presented by BHU Analyst Frank Silva who gave an overview of the key factors taken into consideration when analyzing the four layers of PPB’s mental health response.

These four layers consist of (1.) Patrol Officers, (2.) Enhanced Crisis Intervention Team (ECIT), (3.) Behavioral Health Response Teams (BHRT), (4.) Service Coordination Team (SCT) Emily Rochon & Josh Sparks and their associated multi-level team.

BHU created the data systems based on PPB/BHU specific needs. This process and design was innovated from within out of necessity because there are not many (if any) other jurisdictions in the nation that do this.

PPB data shows us that:

Approximately 1,000 Police Officer/Director’s Custodies per year.

Approximately 250 attempted Suicide & Suicide calls annually with 100 per year resulting in a completed suicide.

Approximately 1,570 Suicide related calls per year.

Approximately 6-8% of PPB calls have a mental health component annually. This may feel higher depending on who you speak with about this based on anecdotal reports and direct involvement.

There was discussion regarding overlap of substance abuse vs. mental health calls and how to tease out the difference but at present there is no control for this.

Reviewed over ECIT Officers – 161 Officers completed specialized crisis training and 131 or 80% are operational. Other jurisdictions nationwide are modeling PPB’s BHU program.

PPB receives approximately 200 ECIT calls per month. Since the BOEC update in 2018 it has increased to 323.6 per month. This increase is not necessarily reflective of an actual increase, rather, it stems from different criteria for determining the call type received. Calls for service per PPB precinct coordinate with ECIT placements.

Certain criteria must be met for an ECIT officer to be dispatched to the call:

There must be a mental health component *and one of the following*: request of a citizen, request of the responding patrol officer, subject is threatening or attempting suicide, the subject is violent, the subject has a weapon, the subject’s behavior is escalating the risk of harm to self or others or the crisis call is at a designated mental health facility.

Why are ECIT calls not getting as many ECIT Officers going to calls? Because the patrol officers are able to handle it with their mandated training. The ECIT Officers are able to also guide over the phone as

BHUAC Meeting Minutes 04/22/2020

needed instead of actually having to go to the call. Many times this is all that is needed to deescalate the situation for the call. This is reflective of positive gains with this system and training in place for PPB.

Reviewed BHU Data Outcomes -

On average individuals are on a BHRT caseload for approximately 30 days at a time.

Why individuals are typically referred to a BHRT team? Frequent contacts and escalating behavior are the two highest, with each accounting for about 30% per category.

Why are individuals not assigned? Infrequent contacts make up about 36% of referrals.

This information is shared with the Multnomah County Crisis line should they need it for reference.

Is victimization with this community being reduced as a result? BHU is tracking this as well.

Review of Behavioral Health Response Team (BHRT) Outcomes – It appears that BHRT intervention is associated with reduced arrests/custodies for the following year. In the absence of a more sophisticated evaluation design (with control groups), the findings are suggestive of a positive impact. As of now, the system is working as intended in providing secondary services to persons with mental illness.

Discussion

- **Finalize BHUAC Community Engagement Plan (needs vote)**

The committee reviewed the BHUAC Community Engagement Plan, using the language from the response letter to the Mental Health Alliance (MHA) in regards to the request to open BHUAC to the public (see previous notes). The purpose of the plan is to be more transparent to the public of the work being accomplished within the committee.

Lt. Casey Hettman will create a formal document for the committee to review prior to the next BHUAC meeting. The committee will provide additional edits and will hold a vote on the final plan. The Community Engagement Plan will be reviewed on an annual basis.

Question from committee member: Has there been a response from MHA after receiving the letter from BHUAC? MHA has received the letter, but has not responded as of this date.

- **BHUAC goals for 2020 and topics of interest and areas of training**

BHUAC will create a presentation for the Portland Committee on Community-Engaged Policing (PCCEP) to convey the work of the BHUAC.

Continued discussion of this topic will be a priority in the next BHUAC meeting.

- **COVID19 Updates - BHU**

To ensure proper safety for all staff, BHU has implemented social distancing guidelines within the office space. The Behavioral Health Response Team clinicians are working remotely, but available in the field when necessary. Other non-essential staff are also working remotely. BHU

BHUAC Meeting Minutes 04/22/2020

meetings continue on their normal schedules, via web-based platforms. This includes coordination meetings with outside providers to ensure continuity of care.

Question from committee member: Are there fewer opportunities for individuals to get connected to services because of COVID? Overall, access to direct services has been a challenge during this time. BHU has been creative in problem solving and focusing on meeting individual's basic needs, including access to medication and food. BHU has been delivering food boxes and connecting with individuals either over the phone or face-to-face, while maintaining social distancing.

Lt. Casey Hettman will also share a link to PPB podcasts regarding updates on COVID related topics and the impacts bureau wide.

- **PCCEP Update- DOJ Attorney Jared Hager**

Mr. Hager reports that BHU is doing well. The one-year maintenance period has begun after the finding of substantial compliance for settlement agreement requirements was entered. As far as training, data, internal audits, assessment and analysis, BHU continues to meet expectations. Brief discussion regarding the PCCEP Behavioral Health Subcommittee and the presence of BHUAC representation at future meetings. Lt. Hettman and Janie Gullickson will coordinate for future attendance and updates pertinent to the work being done by the BHUAC.

**The next meeting will be May 27, 2020
2-4 PM via Zoom Meeting**