

Behavioral Health Unit Advisory Committee

Meeting Minutes

January 27, 2021

Committee Members

Lt. Casey Hettman, PPB BHU; 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); Frederick Staten, Multnomah County Mental Health & Addiction Services; ***LaKeesha Dumas**, Office of Consumer Engagement-Multnomah County Mental Health & Addictions Services Division; Melissa Eckstein, Unity; Myrlaviani Perez-Rivier, POC-Led Cross Disability Coalition, DRO (Disability Rights Oregon) Representative/Disability Refugee Community of Oregon; ***Sgt. Benson Weinberger, PPB BHU; *Sgt. Stephen Mirau, PPB BHU**; Mary Claire Buckley, PPB Office of Inspector General; Jill Archer, Care Oregon; Grant Hartley, Multnomah Public Defender's Office; Yesenia Carrillo, Commissioner's Staff Representative; Donald Meyers, American Medical Response (AMR); Juliana Wallace; Central City Concern (CCC)

[* Indicates Committee Member was absent]

Report & Minutes

December Minutes – Melanie Payne Motioned to approve and Capt. Nicholas Jarmer seconded. M/S/P Cissie Bollinger, Frederick Staten and Jill Archer abstained.

December Report – No formal recommendations made. Melanie Payne Motioned to approve and Emily Rochon seconded. M/S/P Cissie Bollinger, Frederick Staten and Jill Archer abstained.

Note: Currently there are 15 voting members with 8 required for a quorum. (Sworn PPB are non-voting)

Welcome and Introduction to New Members

New member, Frederick Staten, Crisis Manager with Multnomah County Mental Health & Addiction Services, replaces Leticia Sainz as the designated representative.

New member, Donald Meyers, Operations Supervisor with American Medical Response (AMR).

New member, Yesenia Carrillo, Constituent Relations Specialist and Policy & Communication Advisor with Commissioner Dan Ryan's office, replaces Robert King as the designated representative.

Member Juliana Wallace, Senior Director of Mental Health and Culturally Specific Services, newly representing Central City Concern.

Updates

- **BHU - Lt. Casey Hettman** – The BHU is being reduced to three Behavioral Health Response Teams from five due to budget reductions within the Portland Police Bureau. This means there will be one team per precinct. (North, Central & East)

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Service Coordination Team (SCT) – Emily Rochon – During the fall 2020 budget monitoring process, the Mayor’s office proposed an amendment to move the SCT contract and fiscal budget to the Joint Office of Homeless Services/JOHS. The council voted and approved the amendment. The logistics are unclear at this time but are slated to take effect on July 1, 2021. As far as we know, the SCT Program Manager and SCT Officer positions will stay within PPB. When additional information is provided to Emily she will provide it to the committee. Hopefully more will be known by the next meeting.

- **Service Coordination Team (SCT) Presentation & HRR Program Presentation –**

The purpose of the SCT Program is to provide supportive housing and treatment resources for chronic offenders with addictions. SCT specifically addresses chronic addiction, chronic homelessness, and a lack of access to services.

The mission of the Service Coordination Team is to improve public safety, reinforce community livability and increase treatment outcomes for individuals who are chronically committing crimes, through the coordination of law enforcement, criminal justice, and supportive housing and treatment resources

The SCT program was created prior to the DOJ settlement. In 2007 one officer wanted to change the approach that existed. Outreach with Neighborhood Associations, social service agencies and the Business Alliance was conducted to get diverse input for the creation of the SCT Program. PPB was granted a one-time funding to form partnerships with housing placement services and a partnership with Central City Concern (CCC) was initiated.

The SCT in conjunction with Central City Concern provides robust services to clientele. The criteria for the program typically involves adult individuals who have low level crimes, a lengthy criminal history (not just recent but five years plus), and they must be within the city of Portland. The program does not serve individuals with sex offenses or arson offenses. SCT is geared towards folks who keep falling through the cracks. This program is not geared toward individuals experiencing serious mental illness, it focuses primarily on addiction and homelessness and the program is on a voluntary basis.

Key SCT program components consist of treatment, housing and coordination with PPB, BHU, and CCC. The clients decide what treatment track they are on. The SCT has a coordination meeting once a week with their partners. The weekly meeting occurs to discuss criteria for individuals who have been referred to the program and discuss how to move forward with each individual. Coordination of resources occurs between PPB, Multnomah County Department of Community Justice, Multnomah County Sherriff’s Office, Portland Patrol/Clean & Safe, Multnomah County District Attorney, Central City Concern, Central City Concern Recovery Center, other external service providers and Transition Projects which actually play a key role in the program because they are the “boots on the ground.” There is strength in the intervention due to the amount of coordination that takes place.

Melissa Bishop, Associate Director of Recovery Housing Programs and Havan Jones, Program Manager for the Housing Rapid Response Program presented to the Committee as well and discussed the various housing options available and the screening process with the committee. They also stressed that this is a very underserved population that is targeted for this program.

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The program is flexible and has the ability to be creative. Participants can enter into the program at different phases (housing) given where they are in the process.

Most residents start out in Phase I located the Golden West building, which is low-barrier housing, for stabilization and treatment readiness. It usually takes approximately 40 days to identify if a higher level of care is needed, build connections to services, and really start to try to change old patterns. Individuals at the Golden West are working to get clean and starting to participate in programming. They are provided a single-occupancy room, given a tour and given the criteria to participate. The Golden West usually has a waitlist and is considered a “fluid program.” A participant lives at the Golden West for approximately 90 days before moving on to Phase II. If the guidelines for living there are not followed a participant is given a warning and if the behavior continues a plan of action is created with the participant to discourage the behavior from continuing. It takes quite a bit to be discharged from the program.

Phase II is located at the Estate, which is alcohol and drug free housing There is a remedy program within the Estate which allows for 2-3 times to relapse, with interventions, prior to discharge. If a participant needs to enter into residential treatment and wants to return to the Estate this is allowed. Individuals at the Estate are usually there for approximately nine months while they are having their complex needs met. During this period they are working on further stabilization, addressing housing barriers and employment. Participants are given the opportunity to work with a Housing Specialist and various programs to successfully obtain long term housing.

This is where the rebuilding of natural supports in the community, goal building and services offered to them throughout the program really come together.

Central City Concern’s hiring practices give preference to folks with lived experience. They hire graduates of the program to help mentor current participants. Past clients willingly choose to keep in touch with their mentors and program coordinators for many years after they graduate to give updates on how they continue to do well or in need of support.

At a point in the creation of the program it was realized that there was a housing piece missing which perpetuated the challenge. This is when the Supportive Transitions and Stabilization (STS) housing was initiated. This is a 9-12 bed direct housing resource for individuals working with PPB’s BHU Behavioral Health Response Teams (BHRT) that are not linked to services. Stabilization is the main goal (sometimes people stay there for up to a year). BHRTs directly refer to the STS program. This arm of the program is set up to assertively address the needs of those with mental illness and co-occurring disorders. Access to stabilization beds is an invaluable tool for intervention and engagement. STS provides safe, service-connected housing in order to address basic needs, connect with health care and treatment, and have uninterrupted transition to appropriate services. Many people leave STS to go to permanent housing. They gain employment, obtain SSI benefits and have a place to stay and be safe while working all of this out. The relationship between BHU and program staff is an integral piece to STS success. In addition to extensive outreach efforts the SCT Officer can assist participants with handling an outstanding warrants or do a welfare check. This is also an opportunity to build relationships with individuals in the program.

SCT Data:

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- **30%** of individuals who engage for **30** days or longer successfully graduate the program.
 - **82%** reduction in post-program arrests for those participants who **graduate** the program.
 - **77%** of all participants had reduced arrests post-program, with an average of **40%** decrease in arrests per participant.
 - The PSU capstone has documented that for every **\$1 spent on SCT there is a \$13 benefit** to the community in reduced costs associated with the crimes previously committed in the targeted area.
 - 130-140 individuals are typically served per year
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- **Coalition of PPB Advisory Groups (CAG) – Janie Gullickson** – The purpose of CAG is to build relationships, hear about the work being done, and effectively communicate with the Police Chief and Mayor’s offices.

February 08, 2021 is the next scheduled meeting of the Coalition of Advisory Groups. Chief Lovell will be in attendance. Questions can be emailed to Janie in advance of the meeting, to have them put forward. A question at the previous meeting was brought up, “What advisory groups are missing, who can be added?” BHUAC members volunteered to help answer this question. Janie will send a follow-up email with dates and zoom login information to the group. CAG meets every other Monday for the time being. They are planning on eventually going to a monthly schedule.

**The next meeting will be February 24, 2021
2-4 PM via Zoom Meeting**