

# Behavioral Health Unit Advisory Committee

## Meeting Minutes

October 27, 2021

### Committee Members

Lt. Casey Hettman, PPB BHU; Emily Rochon, PPB SCT; Beth Epps, Cascadia; Capt. Nicholas Jarmer Multnomah County Sherriff's Office, Melanie Payne, Bureau Of Emergency Communications (BOEC), Janie Gullickson, Mental Health & Addiction Association of Oregon (MHAAO); Barbara Snow, 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**; Darion Jones, Commissioner's Staff Representative; Donald Meyers, American Medical Response (AMR); **\*Juliana Wallace; Central City Concern (CCC)**; Bill Osborne, Oregon Health Authority (OHA)

[\* Indicates Committee Member was absent]

### Report & Minutes

**August Minutes** – Barb Snow motioned to approve and Emily Rochon seconded. M/S/P Janie Gullickson, Morgan Dethman, Jill Archer, abstained.

**August Report** – There were no votes or recommendations made. Nicholas Jarmer motioned to approve as written and Melanie Payne seconded. M/S/P Janie Gullickson, Morgan Dethman, Jill Archer abstained.

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

### Updates

- **BHU – Lt. Casey Hettman –**

Under the new command structure, BHU now falls under the Specialized Resources Division (SRD). The SRD commander has directed all SOPs be reviewed and updated by January 1, 2022, and be on a consistent review cycle every 2 years. SOPs 1-1, 1-2, 1-3, 1-4, 1-5, 1-6 have been reviewed within the past 6-8 months and are in good shape. Lt. Hettman recommended that SOP 2-1 go into that group as most of the work has already been done.

Last week, Lt. Hettman, Officer Bryson, and Liesbeth Gerritsen helped Portland Street Response (PSR) with a 3-4 hour block of training during the onboarding of a new PSR team set to start on November 4<sup>th</sup>. They provided an overview of BHU and the MH crisis response structure. Officer Bryson led a 2-hour session on safety considerations and how to co-respond w/ PPB and work collaboratively with police. Will give another training on Saturday, October 30<sup>th</sup>, for on-call staff that will be backups for the other teams.

PSR is expanding on October 28<sup>th</sup> to all of East Precinct. The criteria for the types of calls they respond to will not expand, just the geographic area. Effective October 28<sup>th</sup> the PSR schedule

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will be the Mon – Thurs, 8 am – 5 pm and Thurs - Sunday, 6 pm – 2:30 am. PSR teams will have a small overlap on Thursdays. The new team starts on November 4<sup>th</sup>.

PSR Program Manager Robyn Burek will be invited to come back to committee. Lt. Hettman will extend invitation to attend the next meeting on December 1. For a better discussion the group brainstormed a list of topics and/or questions to send Robyn Burek beforehand, including:

1. How will PSR utilize peer support specialists?
2. Who has the 30K view of the PSR program? Who is providing guidance and/or a check in the system to better provide accountability and ensure efficiencies
3. Will PSR have the capability to check a person's MH history?
4. What are the types of calls? There are ECIT calls and Project Respond calls and "Other" calls. Will there always be an "Other" category of calls? The Other call types account for a large number of calls.
5. How do they see PSR interacting with MH system and making referrals?

Commissioner Mingus Mapps has put info out to the media about potentially wanting to expand BHU capabilities, including increasing the number of BH response teams back up to 5 teams and also expanding the Services Coordination Team (SCT). This hinges on the Fall Budget Monitoring Process (BMP). There should be more information about funding by the next meeting in December. Even with increased funding, staffing shortages will be the next big hurdle to navigate.

### **Presentation/Discussion**

- **ECIT Certification Course Curriculum Review presented by Chase Bryson, Crisis Intervention Team Coordinator**

The ECIT Certification Course will be held on November 9-12<sup>th</sup> and the 15<sup>th</sup>. There was no ECIT Certification Course last year due to COVID. This year will be doing a 31-person class and due to increased class size and new courses, an extra day has been added. The core curriculum is the same without any big changes. New scenarios and two new classes have been added.

Due to increased course size, the group will be split in half. Half will do skill builder exercises, while the other half does the two new classes. One new class is the same course that was taught at the ECIT In-Service, Patrol Response Considerations "Suicide by Cop". This course is mainly about tactics, communications and disengagement policy. The other new course is about Policy 850.20, which is the main policy guiding officers' response to calls where there they feel there is a mental health influence.

There will several new scenarios for the skill builder exercises. One of the new scenarios includes how to effectively transition communications from Firefighters (if first on scene) over to the ECIT police officers when they arrive. Another new scenario is about a person experiencing psychosis, has a knife, is non-communicative, and also drug interaction. Another new scenario is directly related to the new class Patrol Response Considerations "Suicide by Cop". Another new

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scenario is about a houseless person experiencing mania blocking the entrance to a 7-11 store. Person does not have a weapon but becomes aggressive when anyone tries to enter the store.

Outlines of the new scenarios were emailed to committee members for their review and feedback.

### **Questions and Conversation Discussed by the Committee:**

A committee member asked if there could be an opportunity to do tabletop exercises to go over best practices when ECIT officers are called to an MH event at key organizations? Agencies like Unity find they are calling for ECIT officers and BH response teams more often than ever before. She gave an example of an event where someone will not come out of restroom and police are called. Can there be training or tabletop exercise for a more coordinated interaction between police and the staff from key agencies that have frequent contact with the MH crisis population? Lt. Hettman said that the periodic in-service training for ECIT officers might be a great opportunity to incorporate this idea.

A committee member asked when there is a director's hold/custody what is the role of the police when there is a non-cooperative patient? AMR crews are directed not to wrestle with non-cooperative patients. Will police escort the patient to the ambulance for secure transport? Officer Bryson said that police policy is that they will take patient into custody for a secure transport to the hospital when there's a director's hold/custody; however the officer will evaluate all the factors and risks of taking that person into custody. Lt. Hettman said this is a discussion that they are constantly having about the best ways to handle some of these more challenging calls.

A committee member said that jail could create another set of problems to consider. Especially when there's a directors hold from the jail and Scenario 5 comes into play. Having someone from the Sheriff's Office, specifically from the jail, would be a good person to have participating in these conversations. Officer Bryson said jail is not the best place for some people, however an ECIT officer on night shift has very limited options for places to take people. There is no good place to take them. Everyone is trying to get people to the right place.

A committee member asked if officers go to outside agencies as part of the ECIT course? Lt. Hettman said, normally yes, but due to COVID that has been curtailed. This year a few representatives from outside agencies will visit the classroom to discuss their programs and resources. There is value in building those relationships.

A committee member said there needs to be appropriate alternatives to taking someone to jail. She talked about the BHECN Project and a program in Harris County Texas and all the alternatives to jail that they have available for people experiencing MH issues who have committed misdemeanors. Would DA be a good partner on this? Ofc. Bryson said we all have the same goal of not further traumatizing. Any way we can facilitate that objective is awesome.

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A committee member talked about including people with lived experience in the conversation. Ofc. Bryson agreed and parents also have “lived experience” that should be included. Emily Rochon said she would love to have this discussion further. From her perspective of working with clients over many years, many admit that there were situations where they need to jail because of their behaviors, not their addictions. But what happens after jail? She highlighted the amazing working relationship between SCT, BHRT and the Sheriff’s team. The reality is some people do go to jail. The bigger conversation is about breaking the cycle. SCT works very effectively with Sheriff’s office to get people connected with services.

A committee member noted the tension between some groups like CAG who talk more about under-policing and others who focus on the issue of over-policing. The over-policing voices tend to be louder and get more attention in the media. She said that ECIT scenarios are very important training tool for dealing with real life complicated messy events.

There were no concerns expressed about the new training scenarios or classes. Lt. Hettman noted the group touched on a number of important topics that should be talked about further.

### **Group Work**

- **BOEC Training Discussion**

Melanie Payne, Training Manager for the Bureau of Emergency Communications (BOEC) presented an overview of their upcoming In-Service Training for 911 Call Takers and Dispatchers. The curriculum will include a 1.5 hours segment about ECIT to review and reinforce ECIT procedure. This review is very important now that they are also dispatching for Portland Street Response (PSR) and the criteria are somewhat similar. Staff need to distinguish the difference and figure out the best response, ECIT or PSR. In-service starts on November 15. There is still time to implement BHUAC recommendations into the training program.

Melanie Payne talked to BHUAC in July/August about Protocol 25, how to dispatch assistance to people in suicidal conflict and meet criteria to go to BH crisis call center. They are now ready to deliver Protocol 25 training about how to redirect callers requesting ambulance when they meet criteria for transfer to BH crisis call center.

One of the challenges for 911 staff when applying ECIT policy is the stigma about labels. However the ECIT policy talks more the signs and symptoms and not worrying about labeling “mental health crisis”. When someone is in ‘distress’, the focus is on getting them help, not labeling mental illness or crisis. Dispatchers must be able to recognize signs and symptoms of MH distress based on what the caller has told them and take the necessary steps. All 911 dispatchers have received a 16-hours course about the dispatcher’s role in crisis intervention.

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The ECIT training session will re-inforce policy that dispatchers should use the ECIT call type even if an ECIT officer is not available. Whenever ECIT is attached to a call the officers will know they need to approach the call differently. When very few officers are available it's been noted that dispatchers will sometimes hold off on dispatching an ECIT officer. The in-service training will go over the criteria, policy and procedures. Staff have the responsibility to dispatch calls w/ the resources that are available and sometimes calls will have long wait times. However, they still need to utilize the ECIT call type when appropriate.

Work continues on ECIT Policy, in the future will allow call takers to assign the ECIT call type. Currently call takers assign regular call types and the dispatchers need to change the call to ECIT. Allowing call takers to assign ECIT call types should result in more ECIT calls.

PSR will also be included in the in-service training. Will talk about response criteria and procedures. May use the scenarios that Officer Bryson outlined for discussion during the in-service. There is value in going through real life scenarios to see if staff can distinguish between PSR and ECIT. The distinction can be nuanced, fine line.

The PSR program is very new and BOEC staff are working to get used to it. It's the other side of the coin for ECIT, where a person is in distress and they need help, but not the police. PSR will accompany ECIT on some calls to see what that side looks like.

### **Questions and Conversation Discussed by the Committee:**

A committee member asked how many staff work at BOEC. Melanie Payne said there are 114 staff members at BOEC. There is a mix of call takers, dispatchers, trainees. The in-service will be conducted over a 2 week period. Every staff member will attend one 8-hour session.

A committee member asked if BOEC is doing "sit-a-longs" again where community members can sit with a 911 call taker and listen in on calls to learn how the calls are set up. Melanie said not yet due to COVID.

Lt. Hettman asked if there be a full time dispatcher for PSR? Melanie Payne said when PSR goes citywide there will be a dedicated dispatcher for PSR. For technical reasons, PSR lives on the Fire dispatch channel even though PSR calls are actually on the Police side. However, for complicated reasons, PSR does not have access to the Police channels. Once PSR goes citywide it would be way too much work for a police dispatcher to coordinate PSR calls citywide, in addition to the regular police calls, therefore a dedicated position will be needed for PSR. Everyone is cross trained for dispatching PSR, it won't be just one person. Dispatchers will be rotated into the PSR dispatch position. Looking at March to add the dedicated PSR dispatch position.

### **Recommendations and Votes:**

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### **Joint Letter to Mayor, PPB Chief, and Commissioners from the Coalition Advisory Groups (CAG) -**

Laila Hajoo, Co-Chair of CAG presented an overview of the joint letter. CAG is a unique coalition of diverse community advisory groups to the Portland Police Bureau and BHUAC is part of the coalition. The purpose of the joint letter is to formalize CAG members' common purpose and interests in police reform issues. The top community based action items for PPB recommended by CAG are:

1. PPB should strive to employ officers who reflect the communities they serve.
2. Increase PPB staffing including BHU Mental Health Response Teams and utilize PS3s.
3. PPB Training must include community focused curriculum. Training should include interactive trainings with community members.

Jill Archer motioned to approve the letter, Melissa Eckstein seconded. M/S/P. Morgan Dethman and Melanie Payne abstained.

### **SOP #2-1**

#### **Behavioral Health Unit Electronic Referral System (BERS) –**

PPB's Public Records Request contact confirmed that BERS information is protected health information and as such will not be released to anyone except the individual, ROI or legal representative for the individual.

Nick Jarmer questioned whether everyone has had chance to read it since the last meeting. Decision made to set aside vote to approve until next month.

**On Wednesday, October 27, 2021 the third BHUAC Community Engagement Plan Meeting is scheduled to take place from 6:00 – 7:30pm.**

**The next BHUAC Meeting will be December 01, 2021  
2-4 PM via Zoom Meeting**