Behavioral Health Unit Advisory Committee
Meeting Minutes
September 26, 2018

Committee Members

Lt. Chris Wheelwright BHU; PPB, **Sgt. Todd Tackett** PPB; **Sgt. Casey Hettman** PPB; ***Ofc. Jim Stegemeyer** PPB CIT; **Emily Rochon**, PPB SCT; ***Cristina Nieves**, Commissioner Fritz's Office, **Beth Epps**, Cascadia; **Katie Burgard** Multnomah County Sherriff's Office; ***Mike Morris**, Oregon Health Authority Addictions & Mental Health Division; **Melanie Payne**, Bureau Of Emergency Communications, **Janie Gullickson**, Mental Health Association of Oregon (MHAO); ***Leticia Sainz,** Multnomah County Mental Health & Addiction Services; **Wyndham McNair**, Case Manager CCC; **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; ***Kathleen Roy**, Central City Concern; * **Myrla Perez-Rivier,** POC-Led Cross Disability Coalition

[* Indicates Committee Member was absent]

Guest: Commander Mike Krantz, PPB; Barb Snow, Cascadia; Kas Robinson, Cascadia

Updates

Lt. Chris Wheelwright has moved to Central precinct to supervise a patrol shift. BHU Sgt. Casey Hettman will assume his vacated position and be the acting Lt. for BHU. LaKeesha Dumas is now a member of the Portland Committee on Community Engaged Policing (PCCEP). Janie is part of a focus group and shared the questionnaire answers that came out of the group.

August Minutes & Report

August minutes & report: Emily Rochon moved to accept the minutes, Wyndam McNair seconded – Beth Epps and Melanie Payne abstained **M/S/P**

Melanie Payne moved to accept the report, Janie Gullickson seconded, Melanie Payne abstained **M/S/P**

BHU success stories

On Sept. 20th a male was on the Morrison Bridge saying he was going to commit suicide and the call stated he had a gun to his head. An ECIT officer spent quite some time talking with him, and was able to get the subject off the bridge and to a hospital for assessment. It was later determined that the caller may have mistaken a stick for what they thought was a gun. This happens often, where the call will come out and the officer will think they are going to one type of call yet find that the situation is very different when they get there.

A 29 year old male who moved to Portland in June of 2017. BHU received its first referral in July of 2017. He generated many police calls. During several of the calls, he was reportedly armed with knives or machetes. By August, he lit a shopping cart on fire and was arrested many times for trespassing. He went on a couple of Police Officer Holds (POHs) and committed once. A few months later, in the Entertainment District, on New Year's Eve, he wanders into a large crowd with a large knife. Officers

were flagged down by a bouncer and the officers attempted to get him away from the crowd. Despite him moving toward the officers multiple times, they did not fire on him. They used less lethal tools and an ECIT officer was able to de-escalate to get him in custody. He was later committed again, but released shortly after. He showed up at a gas station with a knife and in June he was brandishing a hand gun at a passerby. Officers were able to detain him and he is currently committed. BHU officers worked to coordinate heavily behind the scenes to assure that those involved in the case had pertinent information and advocated for appropriate care. The amount of coordination between BHU's BHRT's, The DA, involuntary commitment coordinators and the Jail was massive and a great example of how the systems can work together to keep the community safe.

The Service Coordination Team (SCT) and BHU are currently involved in a mission in and around the Bud Clark Commons to the Post Office, a high call volume area. They are attempting as many contacts as possible to make referrals to services. It's been great to have the dynamic coordination between entities. Having people who have relationships with those they run into has been helpful.

Cascadia Urgent Walk-In Presentation

Barb Snow talked about the Urgent Walk-In Clinic, which is funded through Multnomah County. There are no insurance requirements, it is a completely voluntary service, and you can leave at any time. Once you walk in you check-in at the front desk and get a Crisis Assessment, possible medication evaluation and a referral &/or follow-up. The goal is to see a clinician within 15 minutes of walking in and starting the minimal paperwork. A clinician will go out and will take them back to a room to do a bio-social risk assessment. Clinicians have access to the Cascadia database and the County database and can do some research at the time to gather a more detailed assessment at the time. They would like to keep the person in the community and provide wrap-around services instead of moving them to a higher level of care (unless needed). They also have a LMP – who can prescribe medications if needed. They do a lot of "bridge" medications for people who are either new in town and don't have a provider yet, or who needs a small amount to bridge a gap between what they have and when they can get their prescription filled. They don't look at medications as the #1 thing, but as a holistic view. The biggest service they provide is referral to others; food, housing, etc.

They also provide the Standing Stone Resource Room where people can come in, get referred from a clinician and sit down with PEER support. The room is set up with couches and chairs on one side and use computers and telephones so they can set up appointments. The goal is to check back in with someone within 7 days of when they first walk-in. Once this occurs, they have access to the room with PEER support for 30 days; the goal is to get the person connected to long-term services.

Continuum of Services

UWIC is the first level of care: office based unlocked facility assessment and referral voluntary with possibility of involuntary. Peer services are available and no insurance requirement, no fee. If you can't walk in to clinic, Project Respond is the next level: Community Based, Voluntary with possibility of

involuntary multiple sub-teams, Peer Services, No Insurance requirement/no fee and Unity is next: Locked Facility, Voluntary and Involuntary, PES, Impatient, Peer Services, no Insurance requirement/will bill, 18 and over only in the PES.

Bridge meds and starting new meds is a huge gap in the system. It's not a small thing to start someone on new medication. Many show up needing bridge medication or new medications. Outpatient services are the best places to go for this, and they are aware that getting to a provider can take longer than expected. Unity and the Walk-In clinic is not the place to go for that. Cascadia is doing a lot of support for Primary Care Providers who are providing the main care, who may not be comfortable with prescribing the psych medications.

What is the average wait time for the walk-in clinic? Some clinicians are quicker than others, it's best to call beforehand if you are referring. Walk-In by 9pm, they can probably get them help that day, if it's 10:30 it might be the next day.

If Project Respond or the Urgent Walk-In clinic decide that someone needs a higher level of care do they have to go to the hospital and do the process again? Clinicians can do a hold and can request secure transport.

What kind of assessments does the UWIC do? We do not diagnose, we attempt to find out what will be the best referral to get you help. It doesn't matter if there is a dual diagnosis; they don't tease that out – just try to get the help they need. The urgent walk-in and Project Respond have Narcan on site. All of the staff will be trained on the use of Narcan. Cascadia does employ peer support specialists and would love to have a dual-diagnosis peer who can work with them. They would like one in the Standing Stone Room and with a few other programs that they are expanding to the shelters.

Beth Epps said Outpatient Services (not related to UWIC) improved their phone lines and their ability to get someone seen in 14 days has been challenging because they have so many people scheduled now. For example, someone at Unity calls on September 26th to schedule an outpatient appointment, they can't be seen until November 4th. The gap between discharge and appointment time when it comes to medication/prescriptions from now until then is large. They are all working together to find creative ways to get people help. There is a shortage of providers and LMP's in the system. Primary Care Providers aren't used to providing more than one or two psych medications and providers are now seeing a higher level of acuity.

BHRT Update

For the last several years, the BHU has had 3 Behavioral Health Response Teams (BHRTs). The City of Portland FY 2018-2019 budget has allowed BHU to expand by two more BHRT teams. The first of those teams is now up and running. Officer William Kemmer and Clinician Sarah Attal have hit the ground running. They are working hard to identify those who are generating police calls and are listed as houseless. They are then going out and trying to locate the person in the call to connect individuals with

services. Officer Kemmer was our SCT program manager years ago and brings many contacts with outreach services. This has helped them locate many of those on their case load.

The open job announcement for the 5th BHU member has closed and that process will be complete soon.

BHU SOP's

SOP #1-3: Crisis Intervention Team Coordinator

Can we plug in the wording from 1-4? The wording in question is "to individuals who are experiencing behavioral crises that may result from mental illness" What will make job description, DOJ and the community happy? Can it read "with persons in behavioral crisis related to mental health and/or substance abuse with a focus on behavioral health?"

The concern is that changing the language will open up the expectations to resources that PPB won't have. The focus is on behavioral health; the concern is opening up to wide and not having the budget, cost and people to do it.

The thought behind changing it is more educational that and expectation that it will be in the job function.

If these are position descriptions, one member doesn't think it matters much for that particular job description. If it is policy that is wider, then it matters. Diagnosis is not part of their job – it is to maintain community safety. Any language that attributes the actions to behavioral health should be removed.

The portion in question does say "may" and is implying inclusion of other reasons for the behavior.

The BHUAC agrees to accept the SOP #1-3 as is currently worded – Beth Epps motioned to accept, Melanie Payne seconded **M/S/P**

SOP # 1-4: Behavioral Health Unit Crime Analyst

Can the word "abuse" read "use" under Purpose? And wouldn't it also read "mental illness" instead of "mental health"?

Purpose should read …"with person in behavioral crisis that may be related to mental illness and/or substance use".

Motion to accept change Cheryl Cohen, Beth Epps seconded **M/S/P**

SOP #2-1: BHU Electronic Referral System

Does BERS follow someone who goes to the hospital or jail? No, BHU members are the only ones with access to BERS and this information is confidential.

Is anyone else able to access this information? No. PPB is CJIS certified and each computer is locked by password access and other means.

Does BHU have access to the Clinicians database? No, only the Clinicians within BHU have access to HIPPA related confidential information.

Are there ever any hard copies kept of BERS? No, everything gets shredded and BHU has access control to the BHU location itself. Should that be addressed in the SOP? That should be covered by general guidelines of retention of all of PPB.

Cheryl Cohen moves to accept the SOP as written and LaKeesha seconded the motion. **M/S/P**

Is there a way to flag an address if you have a disability or mental health issue? Yes, it is voluntary and the subject has to sign a waiver. There is no way to flag an address of someone who doesn't want their address flagged without having law enforcement contact.

Have you ever thought of responding to a situation without uniforms on? Due to many policies and procedures, the officer is not able to respond without certain tools and uniform items. Sgt. Hettman said he noticed that many of the individuals seen by BHU sometimes respond more positively to the uniformed officer, rather than the clinician that they are with, whom are in plainclothes.

The next BHUAC meeting will be on October 24th, 2018 at 2:00 PM at the Portland Police Bureau's Central Precinct, 11th floor BHU Meeting Room.