

BHUAC Meeting Minutes 07/27/2022

Committee Members

PRESENT

- Lieutenant Christopher Burley (non-voting member), PPB/BHU
- Emily Rochon, PPB SCT
- Barb. Rainish, Freelance Advocate
- Barbara Snow, Multnomah County Mental Health & Addiction Services
- Janie Gullickson, Mental Health & Addiction Association of Oregon (MHAAO)
- Melanie Payne, Bureau of Emergency Communications (BOEC)
- Bill Osborne, Oregon Health Authority (OHA)
- Melissa Eckstein, Unity
- Stephanie LaCarrubba, Multnomah County Sherriff's Office
- Beth Epps, Cascadia Behavioral Healthcare
- Darion Jones, Commissioner's Staff Representative
- Jill Archer, Care Oregon
- Donald Meyers, American Medical Response (AMR)

ABSENT

- LaKeesha Dumas, Office of Consumer Engagement-Multnomah County Mental Health & Addictions Services Division
- Joseph Westover, Multnomah Public Defender's Office
- Juliana Wallace, Central City Concern (CCC)

[* Indicates Committee Member was absent]

Observers Present:

- Sarah Ames, CAO
- Megan Mohler, COCL
- Jared Hager, DOJ

Presenters:

- Liesbeth Gerritsen, PPB/BHU
- Sgt. Joshua Silverman, PPB/BHU
- Chase Bryson, PPB/BHU
- Brynn Bonssdorf, PPB/BHU

Updates:

PPB and BHU – Lt. Chris Burley – The BHU has been hard at work preparing for PPB's upcoming all-sworn-members' In-Service training. The quarterly Behavioral Health Unit Advisory Committee Community meeting is coming up on August 11, 2022 and all are invited to attend.

BHUAC Chairperson Janie Gullickson – BHUAC meetings moving forward will be hybrid with committee members who are able to meet in person being welcome at the Justice Center while still having the option of attending the meeting via Zoom if unable to attend in person.

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Committee member Myrlaviani Perez-Rivier, POC-Led Cross Disability Coalition, DRO (Disability Rights Oregon) Representative/Disability Refugee Community of Oregon resigned from the committee effective July 2022.

Recommendations and Votes – 8 voting members required for quorum

- Recommendations: None provided

- BHUAC March 2022 Report (VOTE) via email
 - In favor: Melissa Eckstein, Emily Rochon, Jill Archer, Beth Epps, Janie Gullickson, Barb. Rainish, Bill Osborne, Melanie Payne (8)
 - Not in favor: None
 - Abstentions: Barb Snow, Stephanie LaCarrubba, Myrlaviani Perez-Rivier (3)

- BHUAC May 2022 Minutes (VOTE) via email
 - In favor: Melissa Eckstein, Barb Snow, Stephanie LaCarrubba, Emily Rochon, Jill Archer, Beth Epps, Barb. Rainish, Bill Osborne, Melanie Payne, Myrlaviani Perez-Rivier (10)
 - Not in favor: None
 - Abstentions: Janie Gullickson (1)

- BHUAC May 2022 Report (VOTE) via email
 - In favor: Melissa Eckstein, Barb Snow, Stephanie LaCarrubba, Emily Rochon, Jill Archer, Beth Epps, Barb. Rainish, Bill Osborne, Myrlaviani Perez-Rivier (10)
 - Not in favor: None
 - Abstentions: Janie Gullickson (1)

PRESENTATIONS:

CIT LESSON PLANS FOR IN-SERVICE (2:10-2:30PM) - CIT IN-SERVICE (Josh Silverman)

CIT In-service will cover the following topics:

- Relevant changes to Directive 850.20 *Police Response to Mental Health Crisis*
- The importance of accurately marking the mental health Y/N question on Computer Aided Dispatch/CAD.
- The different roles of Project Respond (PR) and Portland Street Response (PSR) on a crisis call
- Strategies that contribute to effective communication between officers and community-based crisis response programs

The committee discussed the definition of a mental health crisis.

The definition of a mental health crisis, as defined in Directive 850.20: “An incident in which someone with an actual or perceived mental illness experiences feeling of personal distress, a thought disorder, obvious changes in functioning, and/or catastrophic life events which may, but not necessarily, result in an upward trajectory of intensity culminating in thought or acts that are dangerous to self and/or others.”

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A committee member inquired about the definition of a thought disorder. Dr. Liesbeth Gerritsen responded that it involved a psychotic process.

RECOMMENDATION:

- **The committee member responded that this definition could be misinterpreted by people who are not clinicians and that the language is not person centered. Different suggestions for alternate definitions were presented by other members. This information will be captured for future review of the directive.**

CIT FOR ADVANCED ACADEMY (2:30-3:00 PM) - ADVANCED ACADEMY LESSON PLANS (Dr. Liesbeth Gerritsen)

DPSST provides 16 weeks of initial law enforcement training, including 26 hours of CIT training. PPB has no direct input on this material. The Advanced Academy builds on this curriculum. Suggestions, comments or questions about DPSST policies and training should be directed to DPSST. Information about DPSST may be found at: [Department of Public Safety Standards & Training Welcome Page : State of Oregon](#)

Advanced Academy CIT will cover the following topics:

- General history of the mental health system
- Mental health resources in Portland
- Review of Directive 850.20: Police response to mental health crisis
- Overview of BHU
- Communicating with suicidal individuals
- Hearing voices activity - provides officers with a better understanding of what someone may be experiencing while hearing voices.
- Suicide by cop – what can be done to mitigate the risk of a catastrophic incident involving a suicidal person

A committee member applauded the hearing voices exercise and encouraged us to continue it.

The term “suicide by cop” was discussed. While there is definitely an awareness of the different feelings around this term being used, it is still the most widely known and understood by most individuals in this industry on what this terminology means.

RECOMMENDATION:

A committee member wanted to discuss what other terms can be used alternatively? The committee agreed that they would like to set aside a separate time to delve into this further.

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Bureau of Emergency Communication (BOEC) SOP's for PSR (3:00-3:30) - (Melanie Payne)

SOP 6.011 Portland Street Response

- Portland Street Response (PSR) Units provide crisis intervention for individuals in the community who may be experiencing a mental health crisis and/or have a health concern that does not immediately threaten their life, or the lives of individuals around them.
- When a call meets criteria for PSR:
 - The first consideration is: Are they available? If so the call type will be “PSR.”
 - If PSR is requested by the caller, the call taker will note the request in the call notes. Sometimes referrals come in from officers as well.
 - If police request PSR to respond, a call using the “PSR” call type is created, noting the unit number of the requesting police officer/sergeant.
- Current PSR considerations:
 - PSR is responsible for monitoring their calls and redirecting if necessary.
 - Currently there are more calls for service for PSR than PSR is able to respond to. In situations in which PSR is on a call and another call is created by BOEC, BOEC will notify PSR of the waiting call.
 - There may only be a maximum of five holding PSR calls.
 - PSR contacts callers to find out more information and also provide their estimated time of arrival.
 - PSR may request additional responders such as, police, The Community Health Assessment Team (CHAT) (More information about CHAT may be found here: [PF&R launches new CHAT program | Fire & Rescue | The City of Portland, Oregon \(portlandoregon.gov\)](#)), fire, or EMS.
 - PSR is expected to be aware of the status of assets and requests for service.
 - PSR would eventually like to transport individuals in the future as outlined in the CAHOOTS model.

BOEC/Melanie Payne will request input and approval from the BHUAC prior to this SOP becoming more final as the presented material is a draft version.

A committee member posed the question: “What is the likelihood that BOEC will start dispatching PR instead of the Behavioral Health Call Center, (formerly Multnomah County Crisis Line/MCCL)?”

- While work on streamlining this process is currently underway, dispatching PR will likely not solely involve BOEC. If it were to be transferred to BOEC it would not be any time soon and the systems are entirely separate at present.

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PSR Training for BOEC Dispatchers & Call Takers (3:30-3:45pm) - (Melanie Payne)

There are currently 68 operational employees. There are 14 supervisors with two working at one time. The minimum staffing goals are to have 15-20 people working at one time. There are 3,000-4,000 calls per day.

A BOEC Call Taker gathers information from the caller and determines what help is needed. When a BOEC dispatcher receives information from a call-taker they assign the appropriate responders. Police dispatchers manage 30 – 50 officers. Fire Dispatchers manage 50+ fire units and two (2) PSR units.

PSR Criteria:

- Is possibly experiencing a mental health crisis; is intoxicated and/or drug affected, either outside or inside of a publicly accessible space like a business, store, public lobby, etc.
- Is down on the ground and not checked
- Is outside and yelling
- Needs a referral for services, but does not have access to a phone line (calling from a 9-1-1 only phone)

Above criteria **AND EXCLUDES:**

- weapons seen?
- The person obstructing traffic, on the freeway, and/or freeway on/off ramp?
- They are violent towards others (physically combative, threatening violence, assaulting)?
- The person exhibits suicidal ideations?
- The person inside a private residence?

After these criteria have been fully considered the Dispatcher determines whether PSR will be requested or if Police, Fire, or Medical need to be requested.

BOEC In-Service Training is being created and feedback/brainstorming is solicited from the Committee:

What is important for BOEC to know about someone in a mental health crisis?

- **DISCUSSION:**
 - **The crisis may not be just this minute but at a time where someone is finally able to make the call. There is a need to have individuals really understand that trauma isn't one separate event but a continued experience.**
 - **The call taker should speak slowly and consistently to the caller.**

How can we destigmatize homelessness and drug addiction?

- **DISCUSSION:**
 - **Make a video of some of the success stories for ex: Service Coordination Team (SCT), Transition Project (TPI), Central City Concern (CCC).**

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- **We could have a peer panel available to share their experience. The goal is to humanize drug addiction and homelessness by providing numbers, ex: 1 in 5 people - look around the table, it's one of you.**

What barriers are often overlooked when describing the mental health system in our community?

- **DISCUSSION:**
 - **For example: Regarding minors and parents who are told, “it’s behavioral” and sent home with no help or resources**
 - **Culturally specific resources**

BHU Mental Health Resource Guide Review (3:45-4:00pm) - (Brynn Bonssdorf)

- The group reviewed the BHU mental health resource guide that was recently updated and edited. This guide is provided for the community on PPB’s website and is intended to be made available in different locations throughout the city as well.
- **RECOMMENDATION:**
 - **There was a recommendation from a committee member to add the National Suicide and Crisis Lifeline 988 as an option to the mental health resource guide.**
- A request was made asking for suggestions of where the BHU could make the mental health resource guide physically available. Suggestions included, City Hall, Multnomah County Sherriff’s Office locations for jail release and various Central City Concern facilities.

**The next BHUAC Meeting will be August 24, 2022
2:00-4:00 PM in a hybrid version at the 11th Floor Conference Room Justice Center**