

BHUAC Meeting Minutes 06/14/2022

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
- Joseph Westover, Multnomah Public Defender's Office
- Janie Gullickson, Mental Health & Addiction Association of Oregon (MHA AO)
- Juliana Wallace, Central City Concern (CCC)
- Melanie Payne, Bureau of Emergency Communications (BOEC)

ABSENT

- Darion Jones, Commissioner's Staff Representative
- LaKeesha Dumas, Office of Consumer Engagement-Multnomah County Mental Health & Addictions Services Division
- Donald Meyers, American Medical Response (AMR)
- Jill Archer, Care Oregon
- Myrlaviani Perez-Rivier, POC-Led Cross Disability Coalition, DRO (Disability Rights Oregon) Representative/Disability Refugee Community of Oregon
- Bill Osborne, Oregon Health Authority (OHA)
- Melissa Eckstein, Unity
- Stephanie LaCarrubba, Multnomah County Sherriff's Office
- Beth Epps, Cascadia Behavioral Healthcare

[* Indicates Committee Member was absent]

Observers Present:

- Sarah Ames, CAO
- Megan Mohler, COCL
- Jared Hager, DOJ
- Brynn Bonssdorf, PPB/BHU

Presenters:

- Frank Silva, PPB/BHU
- Liesbeth Gerritsen, PPB/BHU

Updates:

PPB and BHU – Lt. Chris Burley – we would like to make sure we are being the most efficient as possible so we would like to institute email voting as a normal resource to move forward.

We would like to do a hybrid version of the meeting moving forward with Zoom & in-person attendance.

The BHU will be moving into the Penumbra Kelly Building in late August or early September.

BHUAC Chairperson Janie Gullickson – BHUAC Retreat Recap, two reports March/May and May Minutes will be sent out via email for email voting. If you abstain, please do so in the email chain. SOP's are being tabled to the next meeting for quorum.

Recommendations and Votes – 8 voting members required for quorum

- BHUAC (VOTE) – via email

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- Recommendations: None provided

Presentations:

Threat Assessment and Targeted Violence - 2022 PPB ECIT In-service Training Class

Presented by Frank Silva, Data Analyst – Frank works actively with the Crisis Negotiation Team and compiles and organizes data for the BHU which ultimately drives decisions. He works within a multidisciplinary team with threat assessment and has since 2016.

The upcoming 2022 ECIT In-Service Training is set to be a 2.5-3-hour block training on targeted violence and threat assessment and how communities evaluate and adapt trainings and policies to be aware of this activity. ECIT Officers will need to be aware of this for their own safety and for the community they serve.

OVERVIEW:

Targeted threats of violence represent a continuing—if not growing—trend, which law enforcement must continue to evaluate and adapt training, policies, and strategies.

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LEARNING OBJECTIVES

- Define threat assessment and targeted violence – laying the groundwork, ensuring the same language is being used amongst the entire group.
- Identify the steps on the “Pathway to Violence” - highlights steps on a continuum to get to the violence. What phase is it best to interrupt at?
- Identify the warning behaviors which constitute evidence of accelerating risk of perpetrating an act of targeted violence.
- Recognize the importance of resource connection and systemic interventions in the mitigation of threats.
- Articulate the role of the Portland Police Bureau’s threat assessment process. PPB’s threat assessment process has its basis from the Salem Keizer threat assessment team which is nationally recognized.
- Conceptualize a threat management plan.

Motivational Interviewing: Briefing for upcoming 2022 ECIT Inservice

Presented by Liesbeth Gerritsen, Training CIT Coordinator

This portion of the training will be six hours long and will be done by an outside contractor.

Motivational interviewing is a decades old tool that was first used and created for substance use treatment. It emphasizes empathic emotional connection between individuals and encourages the person to be receptive to, “change language,” looking for behavior change in the moment. There are proven techniques for motivational interviewing which have been found beneficial.

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Defining Motivational Interviewing – A collaborative, goal-oriented style of communication with a particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.

It has to come from an empathic place and focuses on ambivalence of the act of change.

The course will highlight and discuss the spirit of motivational interviewing which includes collaboration, acceptance, compassion and evocation. The mirror opposite approach to these tenets are confrontation, authority, sympathy or identification and education.

There are four processes of motivational interviewing:

1. Engage
2. Focus
3. Evoke
4. Plan

There are targeted technical skills for motivational interviewing: AROSE

1. A – Affirmations, puts the biggest focus on affirmations and reflections
2. R – Reflections, uses open questions to elicit change and commitment talk
3. O – Open ended questions
4. S – Summaries, summarizing the most important things: ambivalence and change talk
5. E – Eliciting change talk, always for the directional purpose of eliciting change talk and commitment talk

It is exciting that ECIT officers are being offered this training as the group consensus is that it will be extremely beneficial.

Based on the presentations on Training of ECIT officers, a committee member inquired if the slides are proprietary and while not entirely sure they are more likely than not.

City of Portland Employed Clinicians Presentation

Presented by Lt. Christopher Burley, Lt. of the BHU Portland Police Bureau

Pay and equity are at the forefront of the City of Portland making this decision. The goals of having City of Portland employed clinicians are:

1. Employees are better able to collaborate
2. Increase employee motivation
3. Increases workforce sustainability
4. Increases efficiency

Position Information:

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- The Mental Health Crisis Clinician II (MHCC II) will be a member of the BHU as part of the Behavioral Health Response Team (BHRT) tier of the BHU's response model. The BHU BHRTs are comprised of a clinician and PPB officer. The BHU BHRT is a co-responder model that links persons experiencing behavioral health crises with services.
- Education and Experience Sought:
 - Five (5) years' experience in the behavioral health field and/or crisis intervention. Experience working with diverse groups.
 - Master's Degree in Psychology, Social Work, Alcohol and Drug Counseling, or related field
 - Licensed Clinical Social Worker (LCSW) in the state of Oregon and or Licensed Professional Counselor (LPC) in the state of Oregon and/or Licensed Marriage & Family Therapist (LMFT) in the state of Oregon

The pay equity piece was underscored when Portland Street Response (PSR) was created. PSR Clinicians make roughly \$30,000 more annually than Cascadia clinicians do. PPB intends on growing to and maintaining five clinicians total. Project Respond has been providing clinicians for BHU since 2010. The City's contract with Cascadia ends in December 2022.

Discussion on City of Portland Employed Clinicians Presentation:

Informal recommendations were given during the discussion -

A question was asked regarding the job process. -Are the Clinicians at present going to be grandfathered in? No. They will need to apply through the City Human Resources just like all other City Employees are obligated to do. There are no guarantees that just because the clinicians currently working with BHU will automatically get the BHU Clinician position.

The program started in Clackamas County with clinicians employed by the Oregon City Police Department and another clinician employed by Lake Oswego Police Department to provide services to Lake Oswego and West Linn. This structure is different than PPB BHU's projected structure, but is good to research.

A member wanted an example of who the Clinical Consultant would be – The City intends on this being an independent consultant contracted through the City who would work approximately 10 hours a month.

The BHU would like monthly training to be mandatory for the clinicians to stay rooted to social work mentality outside of PPB. It is important for clinicians to remain clinicians first and foremost despite working for PPB and to maintain the cultural difference.

A committee member wanted to talk about the challenges this would entail as well. There may be a lack of collaboration with Project Respond (PR) and system usage (EVOLVE) associated with this collaboration. The clinicians will no longer have the authority to place a hold on someone. However, the clinicians will be working in conjunction with an officer partner who does have the authority to place holds. Another committee member inquired - Why isn't there a cohesive access to these systems? There is a purposeful separation of county vs. city information databases and nonprofit databases due to the

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guidelines and protection of HIPAA. It is acknowledged that the clinicians will likely rely on releases of information (ROI) by building rapport with individuals. There have been discussions with current clinicians about what their comfort level would be about losing access to these systems and they do not perceive this to be a major hurdle in link folks to care. It has been agreed upon that ultimately it will be a different approach, one not without challenges.

The question was posed – Is there a better way to state, “treatment” for individuals? The clinicians are not providers. Perhaps consider changing it to, “ensure person centered outcomes.” Likewise, it was informally recommended to use the term individual vs client; they won’t necessarily be a client.

In reference to critical knowledge and skills being sought - A member inquired, “Have we worked with our equity person on this job description?” Yes, approximately one month ago this proposed job announcement was evaluated with the equity team.

A committee member pointed out that there were some points in the job description which seemed repetitive and redundant. There was further discussion that some of this description is mandated by the HR Team and PPB/BHU won’t be able to modify these pieces.

General Discussion:

In February of 2023 the BHUAC would like to do a retreat again with a formal moderator.

Who would be beneficial to add to the BHUAC? We would like for this to be a houseless provider, a representative with culturally specific services or with youth services. The committee members would like to identify organizations and individuals at the next meeting which would be a good fit for the committee.

At the next BHUAC meeting there will be the review for the Bureau of Emergency Communication (BOEC) SOP for dispatching Portland Street Response (PSR).

**The next BHUAC Meeting will be July 27, 2022
2:00-4:00 PM in a hybrid version at the 11th Floor Conference Room Justice Center**