



CITY OF
PORTLAND, OREGON

Amanda Fritz, Commissioner
1221 SW Fourth Ave., Suite 220
Portland, Oregon 97204
(503) 823-3008
amanda@ci.portland.or.us

MEMORANDUM

DATE: AUGUST 11, 2011
TO: PORTLAND CITY COUNCIL
FROM: COMMISSIONER AMANDA FRITZ
RE: ELIMINATING FIRST-RESPONDER CONTACTS BETWEEN POLICE AND PEOPLE
EXPERIENCING MENTAL ILLNESSES - SAFER PDX PROJECT PROGRESS REPORT

Safer PDX is one of five national pilot projects working together with The Bazelon Center for Mental Health Law in Washington DC. Cascadia Behavioral Healthcare was asked by Bazelon to participate, and serves as the lead for the Portland site. The genesis of the project arose from the sometimes tragic outcomes of mental health crises that require police intervention.

Throughout the country, psychiatric emergency calls to police are so commonplace that they are widely regarded as routine and an inevitable aspect of police operations. People with symptoms of serious mental illness and substance abuse are at very high risk of involvement with the police, often resulting in their arrest or transport to an emergency room. Aside from the problems this creates for the individual, it diverts police resources from the pursuit of serious crime.

Ironically, communities often have small programs demonstrating positive and often cost-saving outcomes for this population, but because of difficult bureaucracies, isolated funding streams, and relentless budget cutting, the system fails to capitalize on what it knows. This project aims to bring stakeholders together for an in-depth analysis of multi-system solutions to situations most vulnerable to bad outcomes. More information can be found in the attached Exhibit A.

Additionally, the Local Public Safety Coordinating Council (LPSCC) Executive Committee reestablished a Mental Health and Public Safety Subcommittee to provide coordination and oversight at the intersection of the public safety and mental health systems, as well as a forum for affected agencies and stakeholders to address issues and initiate improvements in those systems. The Subcommittee and multiple other stakeholders in Multnomah County requested the Sequential Intercept Mapping and Taking Action for Change workshops to provide assistance with: creation of a map indicating points of interface among all relevant Multnomah systems; identification of resources, gaps, and barriers in the existing systems; and development of a strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system

A summary of the Subcommittee's priorities and activities is attached to this memo as Exhibit B and the full report by the LPSCC can be read here: http://web.mulloco.us/sites/default/files/lpscsc/documents/multnomah_report_final_2-25_w_app.pdf

Sincerely,

Amanda Fritz

Commissioner of Public Utilities

Safer PDX

Maggie Bennington-Davis MD, MMM

Chief Medical/Operating Officer, Cascadia Behavioral
Healthcare

William Nunley MD, MPH

Project Coordinator

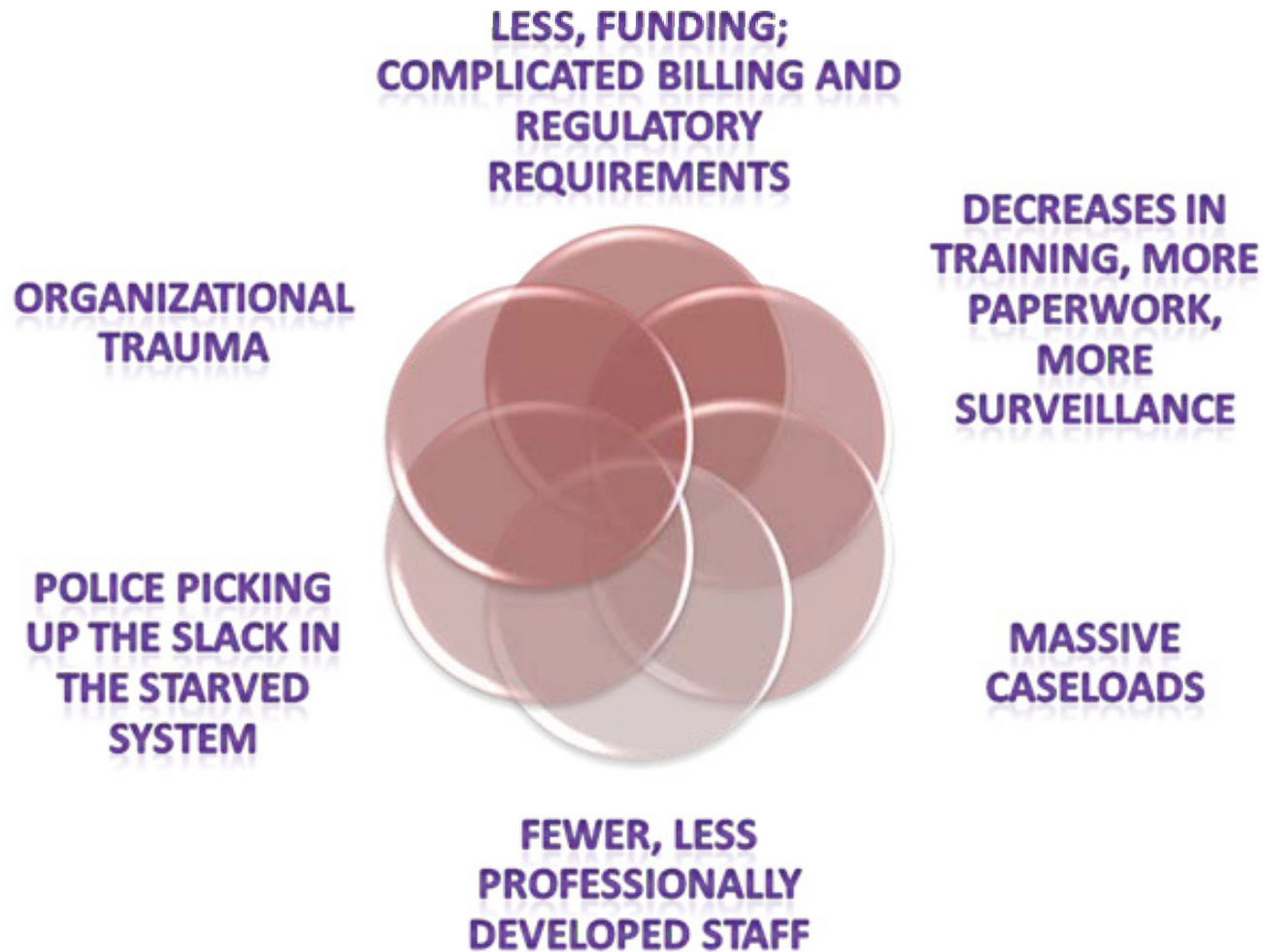
The Dream of Comprehensive Community Mental Health

Key point
of supports
and
services

Prominent
role in
shaping
health
reform

Creators of
cutting
edge
public
health
programs

NATIONWIDE, A SYSTEM IN CRISIS



Instead of the Dream...

Preoccupied with
late-stage crisis
intervention

Social and Public
Safety agencies
trying to fill the
gaps

Bureaucracies
often work at cross-
purposes

Disconnect
between service
providers and
policy-makers

Down-stream, high-
end, expensive, less
effective services

A SYSTEM IN CRISIS

The lack of adequate community mental health services results in increased involvement of law enforcement with emotional crises.

- *No other aspect of healthcare has a similar phenomenon; persons with cancer, heart disease, diabetes, or asthma do not have involvement with criminal justice as a way to access services.*

Bazelon's Interest



Constant contact between police and people in mental health crisis

- High end, low yield, expensive, late-stage, crisis services
- ERs, Police, Jails



Analysis leads to identifying what services would prevent crisis and the need for police

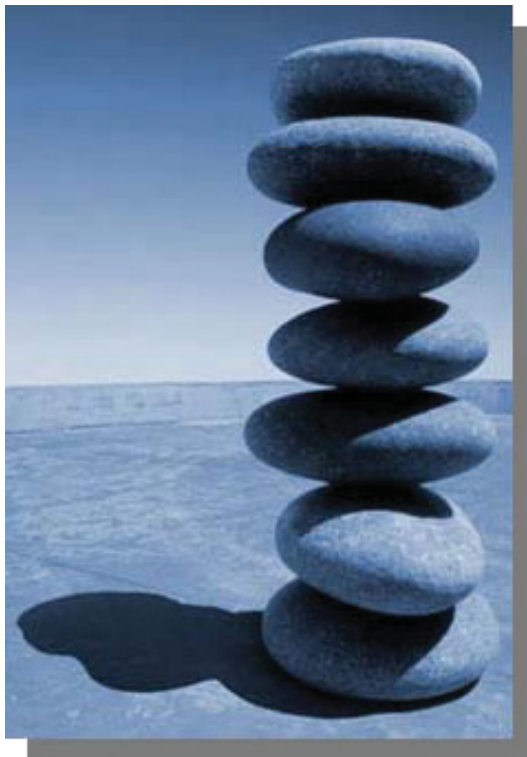
- Low end, high yield, less expensive, preventive services
- Community-based, social supports, early assessment



Community Mental Health's intended role

- Meaningful community participation among those served
- Form seamless array of services and public health approach

THE BAZELON CENTER FOR MENTAL HEALTH LAW PERFORMANCE IMPROVEMENT PROJECT



Five pilot sites:

*Austin, TX
Detroit, MI
Pittsburgh, PA
Portland, OR
White Plains, NY*

*Interactions between police
and persons with mental
illness are used to identify
gaps in the mental health
system and influence policy
at the local, state, and
national levels*



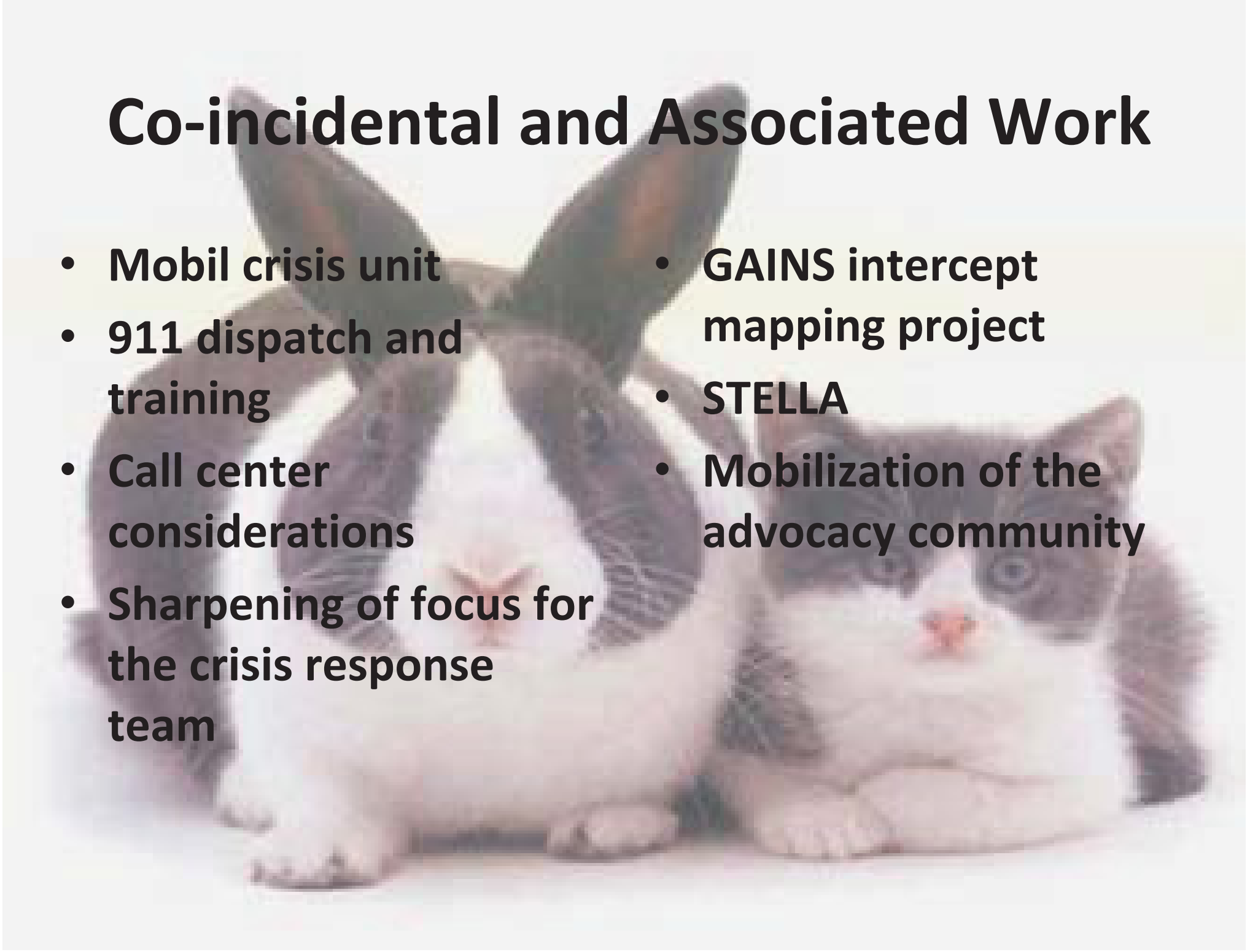
Safer PDX

Community-Based Performance Improvement Project

- **Builds upon local reform efforts and pinpoints areas where system change is required**
- **Goes beyond calls for closer collaboration between mental health, criminal justice and mental health care in jails**
- **Reframes unwanted police encounters between persons in emotional crisis and police as system failures**
- **Shifts responsibility back to community mental health and related agencies**

Co-incidental and Associated Work

- Mobil crisis unit
- 911 dispatch and training
- Call center considerations
- Sharpening of focus for the crisis response team
- GAINS intercept mapping project
- STELLA
- Mobilization of the advocacy community





What works

- **Amazing unprecedented partnerships**
- **City and County and Providers and Consumers and Business working together**
- **Parallel project riffing off each other**
 - GAINS
 - Police efforts
 - Jail
 - LPSCC
 - DOJ

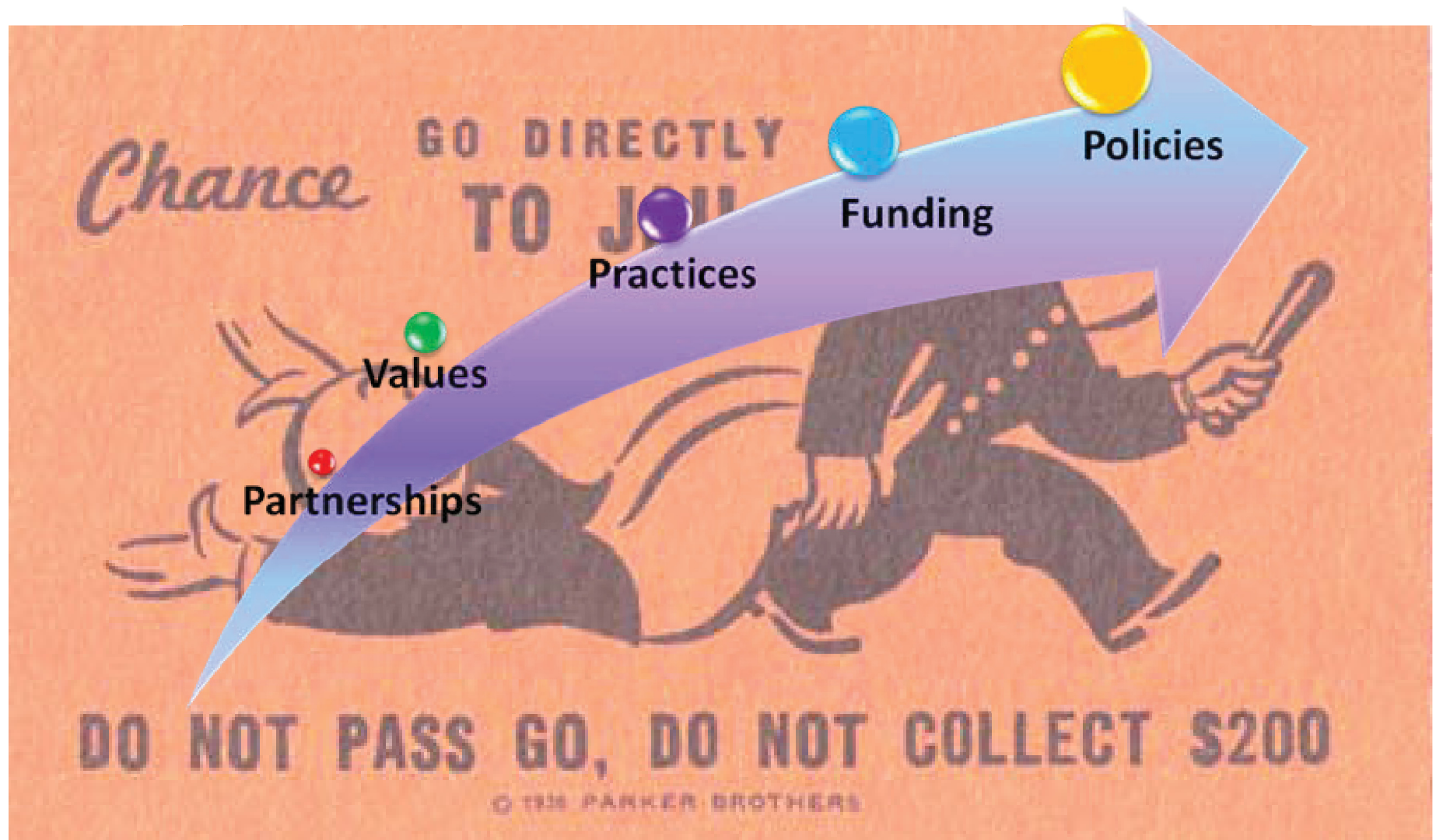
PERFECTLY DESIGNED SYSTEM

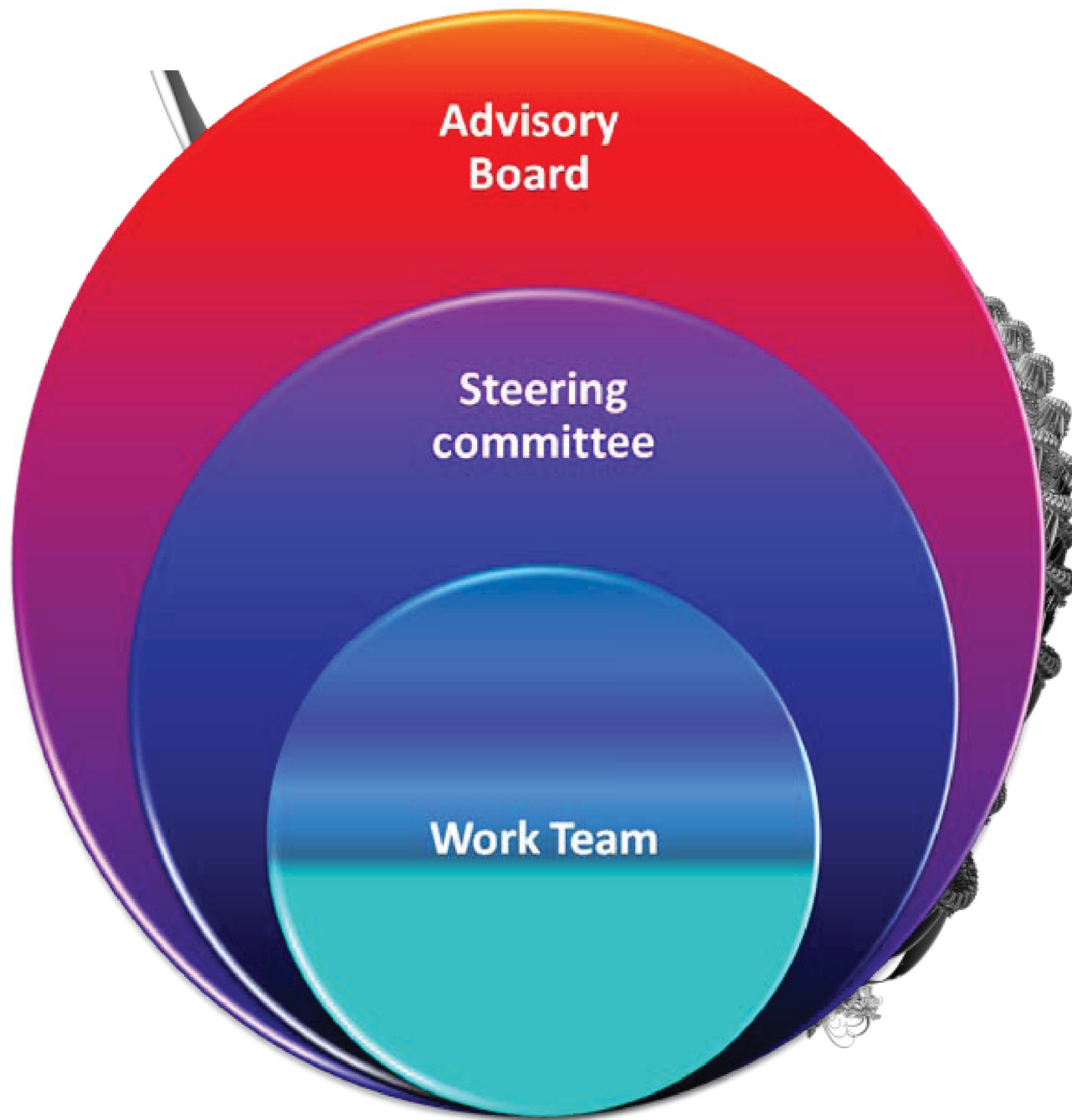
“EVERY SYSTEM IS PERFECTLY DESIGNED TO ACHIEVE EXACTLY THE RESULTS IT ACHIEVES” (DON BERWICK)

Inadequately
funded and
deployed
mental health,
addictions,
social, and
housing services

- Untreated Mental Illness
- Police response to MH crises
- Imprisonment
- Homelessness

System Change = Policy Change





Steering Committee





Police
intervention
in MH crisis

Work team
Root Cause
analysis &
aggregated
results

Steering
committee
interprets
findings

Advisory
Board
influences
policy



Methods

911 triage to police
No jail data accessible
No MH data accessible
No ROI available
No police data accessible
Released 4am; no family contact

Materials

2 prior police contacts
Previous jail contact
Tasered in another county
Substance use



MH Mobile crisis not contacted
No family contact
911 operator not connected with other systems
2 police departments

People

House
Jail (another county)
Jail (this county)
Community (here)
Business

Environment

Police database
Jail databases
Taser
Medical record (not avail)

Equipment / technology

First Year of Information



Crisis system
disconnected
from "routine"
services

**Information
Sharing**



People heading into
crisis are "fired" from
"routine" services;
cannot access "right"
services

**FFS, BUSINESS
HOURS,
TRADITIONAL CLINIC
SERVICES ARE
BARRIERS TO
PREVENTING
CRISIS**



People in crisis
have multiple and
complex social,
psychiatric, and
substance abuse
factors

**WORKERS MUST BE
WELL-EDUCATED,
EXPERIENCED, AND
FAMILIAR WITH THE
SYSTEM**



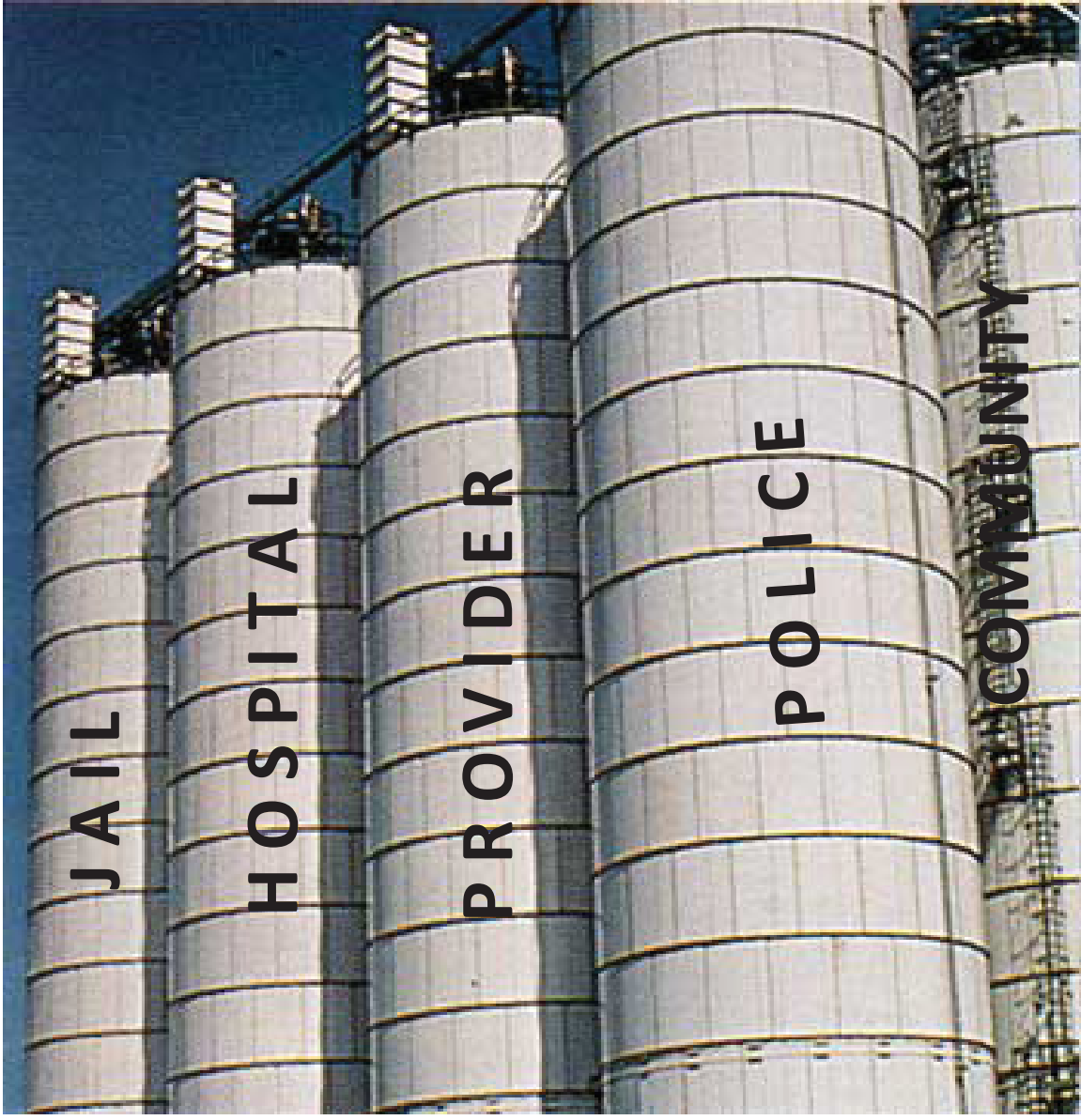
Police are
frequently used for
transport

**OTHER METHODS
OF TRANSPORT
ARE NEEDED**

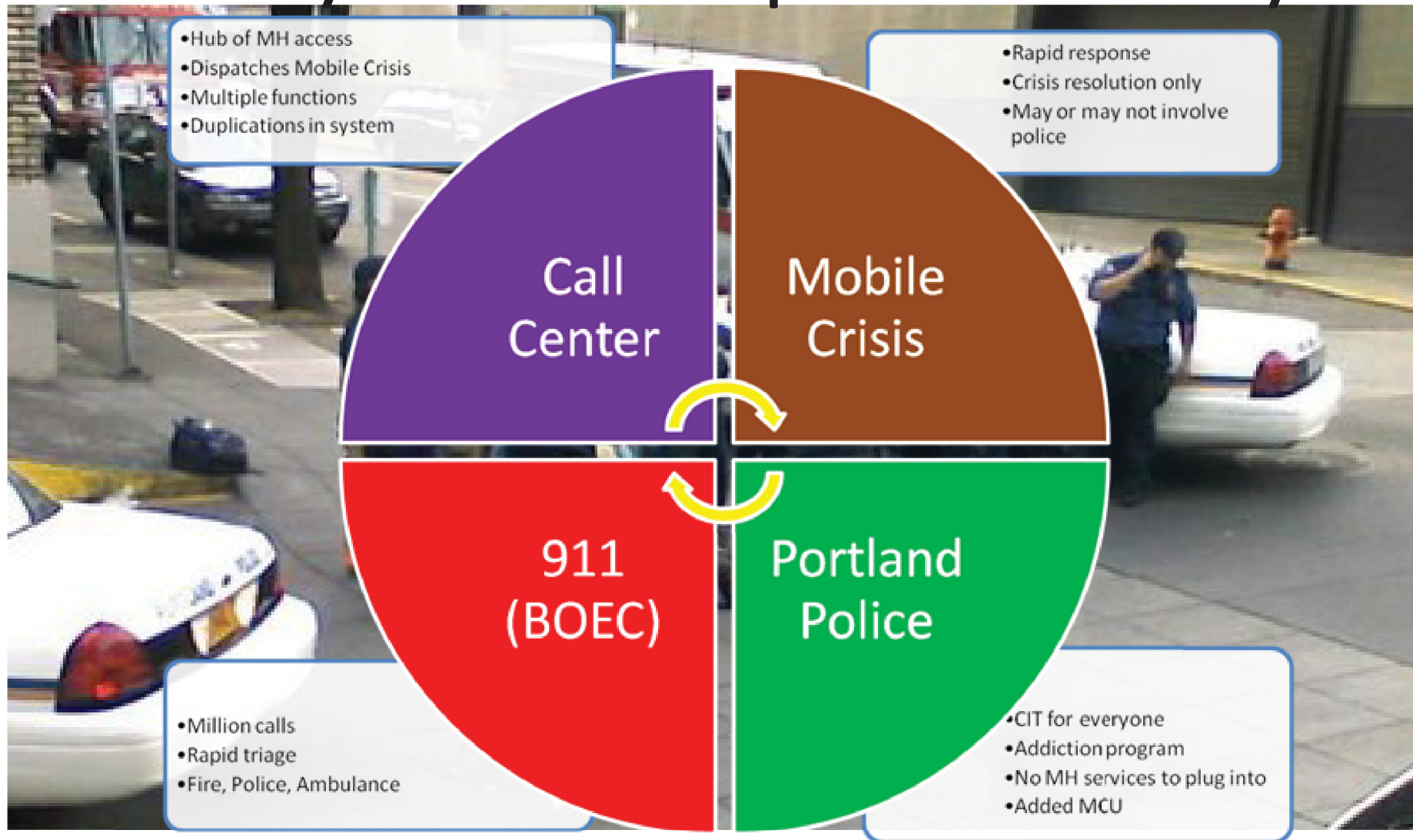


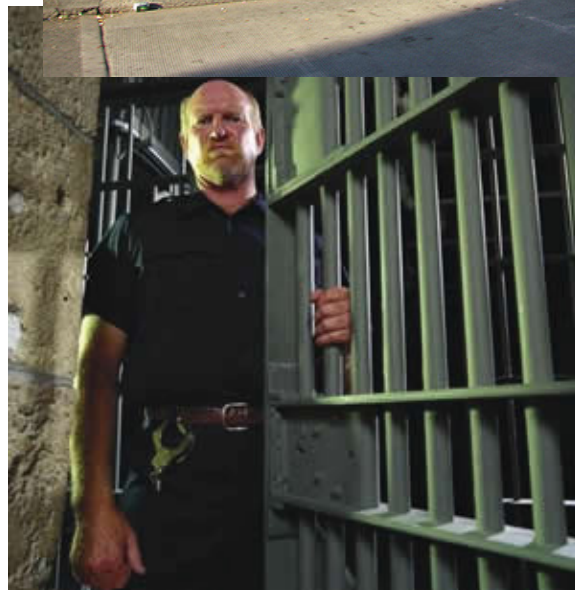
**Homelessness and
substance abuse
are root causes,
frequently not
captured in
documents**





System Component Analysis





Next Steps

Continue “upstream”

Establish inter-
organizational work
group

Use of Mobil Crisis
Unit as vehicle for
project





Unless we work for the common good
there won't be any.

EXHIBIT B

Local Public Safety Coordinating Council:

Mental Health and Public Safety Committee

Chaired by Multnomah County Circuit Court Judge Julie Frantz and Multnomah County Chief Operating Officer Joanne Fuller

Background

In October 2006, Portland Mayor Tom Potter formed a Mental Health Task Force, co-sponsored by Multnomah County Chair Ted Wheeler and State Senators Avel Gordly and Ben Westlund, in response to the death of James Chasse, who died of injuries sustained while in police custody. The Task Force produced an Action Plan in January 2007, which identified problems occurring at the intersection of the mental health and public safety systems, as well as solutions to those problems.

Mayor Potter presented these recommendations to LPSCC at the Executive Committee's March 2007 meeting. The Action Plan's proposed solutions to these problems included:

- restoring Oregon Health Plan coverage so more of the mentally ill can receive treatment,
- increasing supportive housing,
- expanding culturally-specific programs,
- addressing the overrepresentation of African-Americans with mental illnesses in the criminal justice system,
- establishing a sub-acute mental health facility,
- improving the recruitment and hiring processes for police officers,
- developing crisis intervention training for police and corrections officers and
- creating a new court advocates program for the mentally ill.

In response to the presentation, the Local Public Safety Coordinating Council (LPSCC) Executive Committee reestablished a Mental Health and Public Safety Subcommittee to provide coordination and oversight at the intersection of the public safety and mental health systems, as well as a forum for affected agencies and stakeholders to address issues and initiate improvements in those systems.

In addressing the recommendations of the Mayor's Task Force, the Mental Health and Public Safety Subcommittee has focused over the past three years on the development of a Mental Health Court, a Sub-Acute Mental Health Center, and a crisis intervention training program. In 2009, the subcommittee pursued the following tasks in support of those projects:

- Continue to oversee the operations of the Mental Health Court,
- Promote and oversee the establishment of the Sub-Acute Mental Health Center,
- Continue to seek support for crisis intervention training (CIT).

In response to this work, Multnomah's Mental Health Division increased funding for culturally specific services to African American clients and began plans to fund a sub-acute mental health facility. This facility is anticipated to open in the summer of 2011.

Priorities and Activities

In April 2010, members of the subcommittee, along with multiple other stakeholders in Multnomah County, participated in a *Sequential Intercept Mapping and Taking Action for Change* workshop. This workshop guided participants in the identification of strengths, gaps and opportunities in the criminal justice system's response to persons with mental health issues. Participants were asked to propose

strategies for addressing these strengths, weaknesses, and opportunities and to develop draft action plans for the year ahead. A strategic action plan generated by the project consultants, members of the subcommittee, and workshop

"There are over 28,000 bookings into the Multnomah County Detention Center per year. In April 2010 population snapshot of inmates found 162 of 1112 males (15%) and 35 of 136 females (26%) with a total of 16% of all inmates in custody having a mental health alert. Corrections Health identifies 17% of bookings with mental health history." *Multnomah County, Oregon Sequential Intercept Mapping and Taking Action For Change, April 2010*

participants summarizes the proceedings and results of this workshop and offers recommendations to enhance cross-system collaboration and the current service delivery system. Appendices include information on best practices from other jurisdictions and relevant Multnomah County materials.

Following this workshop, members of the Mental Health and Public Safety subcommittee chose to focus their work on two strategies identified as top priorities during the workshop:

- Develop a true diversion from jail or before jail
- Address communication and information sharing issues

(continues on next page)

Key Observations

In focusing on diversion, the subcommittee developed a descriptive analysis of people with mental health alerts who have had multiple arrests and bookings in jail. The profiles

EXHIBIT B

were used to determine characteristics, interventions, and supports that will reduce first time or repeat arrests.

The subcommittee began with a group of 30 persons selected from the Multnomah County Sheriff's frequently booked list for the first 6 months of 2010. The list was narrowed to the 20 people with a noted mental health alert while in custody. Multnomah County Mental Health and Addiction Service staff blind coded the list to capture health and social service indicators using information from government and providers.

"The term 'jail diversion' refers to programs that divert individuals with serious mental illness (and often co-occurring substance use disorders) away from jail and provide linkages to community-based treatment and support services."
-SAMHSA National GAINS Center

The resulting dataset included screening and assessment data from most County agencies and contracted providers involved in serving the needs of these 20 frequently booked persons. Of the 20 persons in the analysis, members of the subcommittee noted that a majority of these persons:

- Are dually diagnosed with mental health and drug and/or alcohol addiction,
- Suffer from serious chronic illness,
- Have substantial history of contact with the criminal justice system,
- Have had substantial contact with many, or all, or the agencies and care providers included in the analysis.

Following robust discussion around the findings of this analysis, the Committee investigated options for improved information sharing among agencies and discussed strategies for jail diversion of persons impacted by mental illness.

Recommendations

The subcommittee concentrated their recommendations in areas outlined in the *Taking Action for Change* report, as well as those identified in past reports from LPSCC. In recognition of current fiscal constraints, programs and policies were evaluated using criteria that programs be low cost to implement or are achievable with small accommodations within existing programs and policies. Members of the subcommittee then ranked proposed projects by their potential to generate cost savings through reduction in criminal justice transactions and improving treatment outcomes.

1. Engage the Bud Clark Commons in a discussion focused on leveraging the Mental Health capacity at the Day Center.

2. Provide case management services that ensure persons requiring mental health treatment are connected with those services. The committee recommends the County investigate two possible case management models:

- A *Community Based Services Team (CBS)*, staffed by paraprofessionals would engage a caseload of 20-30 persons and work to retain them in treatment and connect them with services. These services would be available to persons with moderate mental illness and low to moderate level involvement in the criminal justice system.

- A *Forensic Assertive Case Management Team (FACT)* to provide community-based intensive case management to individuals with severe mental illness and significant involvement in the criminal justice system. Access to FACT services would be available through referral with a caseload size of about 10 persons.

3. Adopt a policy to not release persons in custody with a mental health alerts from jail during the night and early morning (MCSO currently uses a "not to release prior to 8:00 AM" file note). Note: Persons released through the Recognizance release process should not be included in the population targeted by this policy.

4. Explore options to provide secure transport with current Mental Health contractors and/or AMR. These services could be requested by law enforcement for transport to detoxification, crisis and stabilization services, as an alternative to transporting to jail.

5. Maintain and strengthen system level connections between mental health and public safety during the implementation of Oregon Health Plan reforms.

6. Work in collaboration with the Safer PDX project (implementation of the Bazelon Center performance improvement project) to develop and implement system level solutions to longstanding communications and information sharing challenges.



Safer PDX Project Progress Report
(Presentation introduced by Commissioner Fritz)

AUG 17 2011

PLACED ON FILE

AUG 12 2011

Filed _____

LaVonne Griffin-Valade
Auditor of the City of Portland

By *Debra Farnum*
Deputy

COMMISSIONERS VOTED AS FOLLOWS:		
	YEAS	NAYS
1. Fritz		
2. Fish		
3. Saltzman		
4. Leonard		
Adams		