

RS 7. A. 7/19/22
Presentation

BEHAVIORAL HEALTH & HOUSELESS PEER SUPPORT

Detective Kenny Simac
Chief Luke Strait



CREDIT TO OUR PARTNERS

We will provide an overview of how we are responding to these needs collaboratively and working to expand our services.

First, we want to acknowledge a few of our partners

- Vahid Brown, CC Supportive Housing Manager
- Brandi and Tom Johnson, LoveOne
- Glen Suchanek, LoveOne / Central City Concern
- Bill Stewart, CCDA Community Prosecutor
- Amy Joe Cook / Apryl Herron, Project Hope Community Paramedicine



BRIEF HISTORY & OVERVIEW

- MPD has traditionally had one homeless liaison officer who volunteers to take on additional responsibilities.
- MPD officers receive basic training in crisis intervention and de-escalation.
- The demands around mental health crisis and homelessness have increased significantly.
- County services have also expanded to try to meet these same needs.
- August 2020, Council Equity Inclusion and Justice goal



MPD RESPONSE TO MENTAL HEALTH CALLS

- Police calls for service which have a nexus to mental health needs can come in the form of a variety of call types. Those can include:
 - Welfare checks
 - Suicide threats
 - Suspicious person calls
 - Trespass or unwanted person calls
 - Disturbance calls
 - Assault or Menacing calls
- Calls are often referred to police by medical professionals or the crisis line requesting a police welfare check based on safety concerns.



WHERE ELSE DO WE SEE THESE NEEDS

Leeding Library

- Traditionally considered a safer space for anyone
- Staff has reported a significant increase in patrons struggling with mental health and homelessness.
- They have also indicated they have to call police or social services regularly, because it's beyond their ability to manage.



ASSESSMENT - CRIMINAL VERSUS NON-CRIMINAL

1. Is this solely criminal

- Police investigate and if there is probable cause exists, they either make an arrest, or submit charges to the District Attorney Office.

2. Is this solely mental health

- Police begin working on a plan which can include referring to appropriate resources, requesting assistance as needed (BHU, CNT), assisting with a voluntary transport to a hospital or mental health clinic, and Police Officer Hold (POH.)

3. Is this both criminal and crisis

- Police use discretion to determine best course of action from 1 & 2.
- Examples could include:
 - * Arrest
 - * POH/hospital in lieu of arrest
 - * Cite and Release
 - * Third Party Intervention (TPI)
 - * De-escalate/resolve and leave
 - * Combination of above to include Referrals and follow up.



GOALS

- Minimize unnecessary harm
- Prioritize these needs and accept more responsibility for them
- Avoid using the criminal justice system as the solution
- Maximize positive outcomes through collaboration, appropriate intervention and follow up



CONCLUSIONS & RECOMMENDATIONS

- We've determined we need more clinical specialists
- Dedicated specifically to the Milwaukie community
- Responding to these needs from within the city
- Better service for vulnerable community members
- Able to coordinate the necessary follow up
- Able to bridge the gap to other resources
- Able to respond instead of police at times
- Able to respond with police at times
- Results driven and data led



NEXT STEPS

- Final edits of position description
- Begin recruitment process for Milwaukie Behavioral Health Specialist position
- Continue the process with Clackamas County, for contracted / imbedded, Milwaukie Houseless Peer Support position
- Hopefully fill both positions late fall



THANK YOU

- Questions?
- Concerns?

