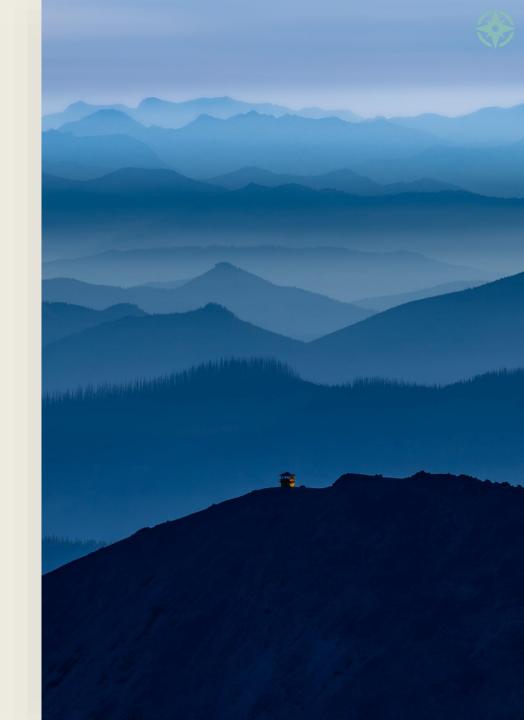
Overview
Behavioral Health Emergency
Coordination Network
(BHECN)

November 2021



Lived Experience Consultant Faith-based Organization staff / 1:1 session

- Question 1: Can you share a story of a time an individual was experiencing a crisis in or outside the organization where you are employed?
- Question 2: After this experience, what happened? Was there a process of documentation or any kind of conversation with you or other staff, etc.?
- Question 3: What could have been different/meaningful to support you and/or your colleagues?
- Question 4: Have you taken any steps to address your own wellness? Do you know what wellness services are available and accessible to you?

Themes:

- Staff at City Team are in recovery and have lived experience
- Do not have the ability to serve people with severe mental health disorders
- Lack of resources and places for people to go for support; "We've tried to go through the process of civil commitment, but the bar is so high and it feels and seems impossible"
- Have tried calling non-emergency lines but response time is many hours long
- Safety For All team are first team they call when there is an incident (trauma informed training)
- Police is called for property damage, verbal or violent acts. Majority of time, come to the scene, talk for bit and then leave

Lived Experience Consultant Faith-based Organization staff / 1:1 session

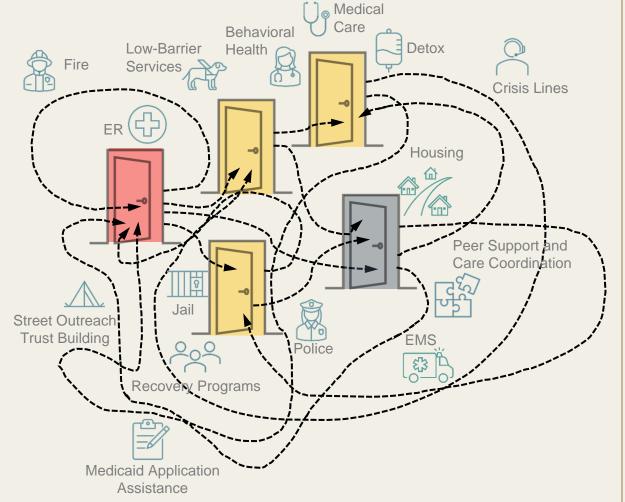
Survey Questions:

- On a scale of 1-5, how much impact does this have on your ability to do your job? (5 being most impact)
 - •3; It's part of what we do, there are some situations that are more intense than others.
- On a scale of 1-5, how much impact does this have on your desire to be at work on the day of an incident? (5 being desire to not be at work)
 - I feel like I need to be at work. 1 for a motivator to be at work than a deterrent.
- On a scale of 1-5, how much impact does this have on your <u>desire to be at work the following day?</u> (5 being <u>desire to not</u> be at work)
 - 2
- On a scale of 1-5, how much impact does this have on your <u>desire to be at work the next week?</u> (5 being <u>desire to not</u> be at work)
 - By the next week it's not even a thought, a 1.
- On a scale of 1-5, how safe do you feel at work? (5 being unsafe)
 - 3, because in general it feels like the city is unsafe.

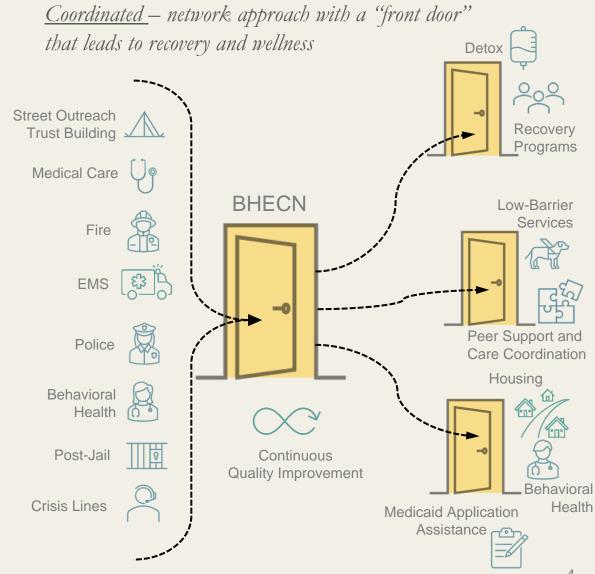
Portland/Multnomah County Crisis

Systeme

<u>Uncoordinated</u> – no "wrong door" but no clear path to recovery and wellness



Future Vision



People get the help they need as early as possible, in the safest and most supportive setting as possible

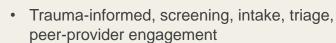
Setting standards and leading from ongoing lived-experience consultants, community and systems feedback



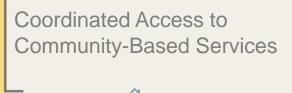
- First responder drop-offs
- Community provider referrals*
- Pre-arrest and pre-trial diversion programs

*Self-referrals from individuals and families to be phased in after the model is tested





- Crisis stabilization capabilities and MH support services
- Innovative clinical sobering pathways for meth/opiates, and alcohol

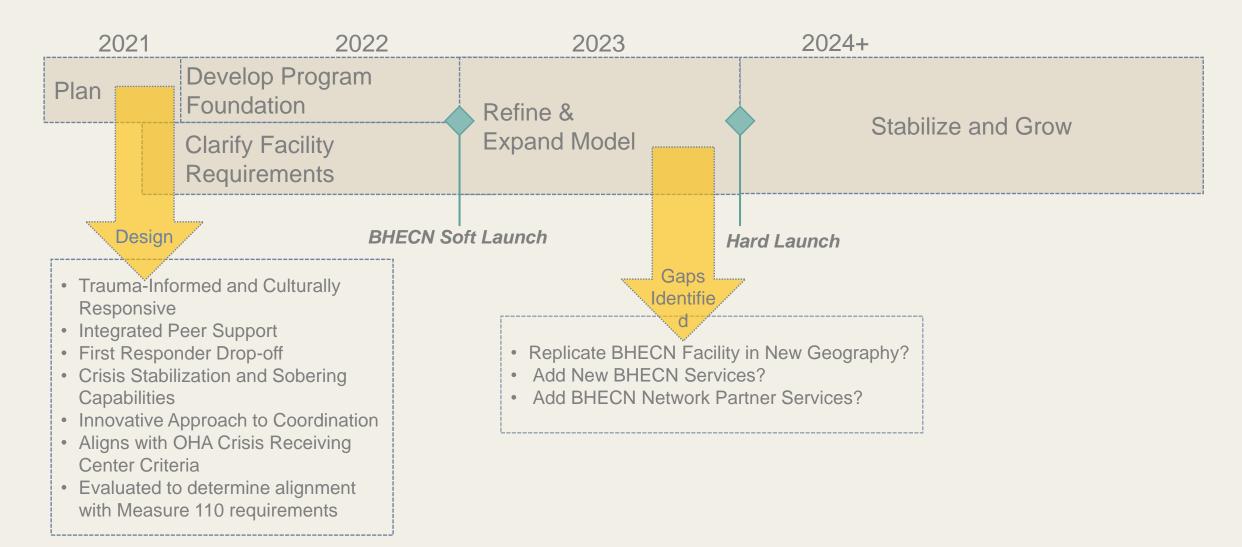




- Urgent Walk-In
- Voluntary, low-barrier detox options
- Behavioral health and other needed resources
- Housing, job skills and placement options



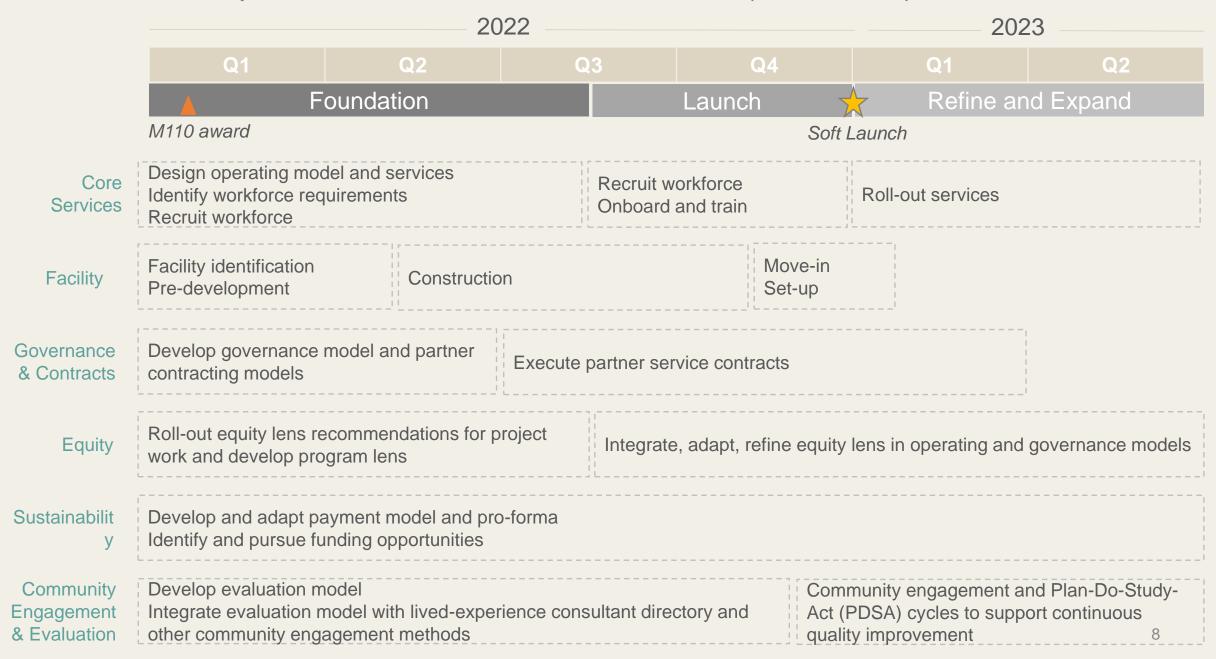
BHECN Approach - Phase 2+



M110 Program – Core Elements

- Equity Lens, Governance and Partner Alignment
- Sobering Model
- Culture and Training for the Network
- Peer-Provider Bridging / Trust Builder Referral
- Rapid Engagement
- Lived Experience Consultant Directory and Community Engagement as Lead Component of Continuous Quality Improvement and Program Evaluation
- Crisis and Mental Health Model (non-duplication)

BHECN Development and M110 Round 1 Timeline (18 Months)





Appendix



Participating Organizations*

- 4D
- CareOregon
- Cascadia Behavioral Health
- Catholic Charities
- Central City Concern
- De Paul Treatment Centers
- Health Share of Oregon
- Kaiser
- Legacy / Unity
- Mental Health & Addiction Association of Oregon
- Metropolitan Public Defender
- MH Advocates
- Multnomah County Behavioral Health
- Multnomah County Circuit Court
- Multnomah County Commissioner

- Multnomah County Community Justice
- Multnomah County DA
- Multnomah County Joint Office of Homelessness
- Multnomah County Local Public Safety Coordinating Council
- Multnomah County Sheriff
- National Alliance on Mental Illness, Oregon
- Office of the Portland Mayor
- Office of the State Court Administrator
- OHSU Psychiatry
- Oregon Health Authority
- Portland Police Bureau Behavioral Health Unit
- Portland Business Alliance
- Providence Health System
- TriMet



Governance Committee

<u>Members</u>

- Abbey Stamp, Multnomah County LPSCC
- Carl Macpherson, Metropolitan Public Defender
- Derald Walker, Cascadia Behavioral Health
- Dwight Holton, Lines for Life
- Erika Preuitt, Multnomah County Community Justice
- James Schroeder, Health Share of Oregon
- Janie Gullickson, MH& Addiction Assoc. of Oregon
- Jill Archer, CareOregon
- Julie Dodge, Multnomah County Behavioral Health
- Liz Stevenson, OHSU Psychiatry
- Maree Wacker, De Paul Treatment Centers

- Melissa Eckstein, Unity Center for Behavioral Health
- Michael Leasure, Portland Police Bureau
- Mike Reese, Multnomah County Sheriff
- Mike Schmidt, Multnomah County DA
- Nan Waller, Multnomah County Circuit Court
- Oregon Health Authority
- Robin Henderson, Providence Behavioral Health
- Seraphie Allen, Office of the Portland Mayor
- Sharon Meieran, Multnomah County Commissioner
- Tony Vezina, 4D

Core Team / Support

- Aaron Lones, Lones Management Consulting
- Bob Day, Bob Day Consulting
- Greg Miller, Unity Center for Behavioral Health
- Jill Archer, CareOregon
- Juliana Wallace, Central City Concern

- Julie Dodge, Multnomah County Behavioral Health
- Kevin Mahon, De Paul Treatment Centers
- Mike Myers, City of Portland
- Monica Parra, Lones Management Consulting

Roadmap – Deliverables

Core Feature - Ongoing Core Feature -Key Sub-Workgroups



