

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON**

RESOLUTION NO. 2026-012

Resolution Establishing Policies for the House Bill 4002 Deflection Program.

The Multnomah County Board of Commissioners Finds:

- A. Substance use disorders (SUD) - including co-occurring disorders, which are marked by having both a mental illness and a substance use disorder - affect all communities in Multnomah County.
- B. The Multnomah Board of County Commissioners agree with best practice and evidence that deflecting people with drug possession from jail is a more effective strategy to ending their addiction while promoting public safety and that the County's HB 4002 Deflection Program should be continuously improved upon to achieve better treatment and recovery outcomes for deflected people.
- C. The Multnomah County Board of County Commissioners believes recovery is possible, that recovery is for everyone and that the County leads with this approach. With commitment and support, people who have substance use or co-occurring disorders can lead rewarding lives in recovery.
- D. The Oregon State Legislature passed House Bill 4002 (HB 4002) in 2024 which recriminalized the possession of a personal amount of illegal controlled substances and encouraged counties to establish local programs to deflect people from jail to treatment services and passed House Bill 3069 (HB 3069) in 2025 which defines "successful outcome" as "an outcome that recognizes that recovery pathways are necessarily individual and that is measured in engagement in case management services and improvements in quality of life stability factors and public safety."
- E. Since September 1, 2024, Multnomah County has chosen to operate a law enforcement-initiated deflection program that has received grant funding from the state's Criminal Justice Commission (CJC), in accordance with HB 4002 and HB 3069.
- F. In order to qualify as an eligible HB 4002 and HB 3069 deflection program, the deflection program must be coordinated by or in consultation with a Community Mental Health Program, a Local Mental Health Authority, or federally recognized Tribal Government and Multnomah County qualifies as a Community Mental Health Program and Local Mental Health Authority. The Multnomah Board of County Commissioners serves as the Local Mental Health Authority.

- G. HB 4002 and HB 3069 require county applicants to coordinate with at least a district attorney, a law enforcement agency, a community mental health program, and a provider from a Behavioral Health Resource Network. Partners may also include a treatment provider, local mental health authority, tribal government, a peer support organization, a court or a local government body, a first responder agency other than a law enforcement agency; a community provider; a community-based organization; a case management provider; a recovery support services provider; or any other individual or entity deemed necessary by the program coordinator to carry out the purposes of the deflection program, including individuals with lived experience with substance use disorder, a behavioral health disorder or co-occurring disorders.
- H. HB 3069 specifically states that “the commission shall additionally make grants to counties for programs that are designed to reduce recidivism and substance use disorders and that are guided by evidence-based and, if applicable, tribal-based practices, risk and clinical assessment tools or other research-based considerations.”
- I. Multnomah County opened the temporary Coordinated Care Pathway Center (Pathway Center), located at 989 S.E. Pine St., October 14, 2024, initially for law enforcement to drop off people eligible for the deflection program and now to expanded provider partners.
- J. Multnomah County operates mobile deflection in Gresham through a community based organization.
- K. At the end of April 2025, the County added 13 temporary sobering stations in the Multnomah County’s Coordinated Care Pathway Center. Coordinated Care Pathway Center sobering and deflection services will transition to the permanent facility once it opens.
- L. The Multnomah County Health Department’s Behavioral Health Division implements the County’s deflection program and contracts for services provided in the Pathway Center.
- M. Additionally, the Portland Police Bureau, Gresham Police Department, Multnomah County Sheriff, District Attorney, and Department of Community Justice have roles in the County’s deflection program and the Homeless Services Department and Health Department have the critical, integral role connecting and/or providing individuals with emergency shelter, housing placement supports, and behavioral health services.
- N. In year one, according to the Health Department’s Deflection Program Annual Report October 15, 2025, there were 606 visits to the deflection program, 520 unique individuals, and 392 individuals voluntarily remained at the Pathway Center to be referred to services. Of those, 127 service referrals accessed by

clients were for substance use disorder and recovery support services, including 20 people accessed detox/withdrawal management and 92% of people who went to the deflection center self-identified as being homeless.

- O. There is service co-location at the Pathway Center for the deflection program which is separate from sobering services that deflection program participants may be referred to. Entering the deflection program has specific eligibility criteria as established by the HB 4002 Leadership Team. Onsite services may be an appropriate next step for deflection program participants and is based on a coordinated care plan.
- P. The County is currently developing and is slated to bring online a permanent 24/7 Sobering and Crisis Stabilization Center at an acquired property located at 1901 S.E. Grand Ave., in accordance with the December 2024 24/7 Sobering and Crisis Stabilization Center Plan, which includes moving the deflection program from the Pathway Center to the permanent 24/7 Sobering and Crisis Stabilization Center.
- Q. Since the opening of the Pathway Center, the County has continued to learn lessons that will be crucial to integrate into the opening of the permanent 24/7 Sobering and Crisis Stabilization to ensure its success, including the phased approach of expanding referral entry both to the deflection program and to sobering services.
- R. An HB 4002 Leadership Team with membership beyond the statutory membership contained in HB 4002 and has been convened by the Chair. The HB 4002 Leadership Team makes decisions related to eligibility and requirements for success and the meetings are not public.
- S. Since September 2024, the Commission has been assessing the County's House Bill 4002 Deflection Program through work sessions and informational meetings to propose improvements to align program goals, objectives, policies and funding to deliver an effective, trauma-informed, cost-effective program.
- T. As a result of the policies contained in this resolution, the County may determine there are additional costs associated with the program which would come forward as a future budget modification.

The Multnomah County Board of Commissioners Resolves to:

Establish as County policy the following criteria to inform County operations that will deliver an effective, trauma-informed, cost-effective program. Programming should include County action to:

1. Add addictions services providers to the HB 4002 Leadership Team. Facilitation of this team must focus on the importance of collaboration and

consensus building to make decisions that ensure buy-in by all involved partners and interested parties.

2. Establish deflection program completion success criteria requirements for deflection program participants to include:
 - A. A same-day screening or substance use disorder (SUD) assessment at the permanent 24/7 sobering or through approved field based deflection and crisis stabilization facility, and
 - B. Ongoing engagement with a care coordinator, case manager, or service provider, defined as five or more care coordination contacts within 90 days with progressive milestones at 30 and 60 days, coordinating treatment services across County departments and external service partners, or
 - C. Meaningful engagement, as documented by the care coordinator, case manager, or service provider with supporting evidence, with one more or more treatment services to address issues identified in the screening or SUD assessment within 90 days.
3. In the event that a deflection participant walks away from the deflection center after being transported by a referring partner and/or fails to complete a screening or SUD assessment, the District Attorney may file charges.
4. Improve service connections through strengthened case management across health and homeless services and connect people to the continuum of addiction treatment services and homeless services, including shelter and housing.
 - A. Access to County's medically assisted treatment (MAT) and detox facilities and services.
 - B. Create prioritized access to the service enhanced behavioral health shelter(s) as part of the County-funded shelter system.
 - C. Explore the case conferencing model of evidence-based deflection/diversion programs like Law Enforcement Assisted Diversion (LEAD) and report back to the Multnomah Board of County Commissioners what it will take to implement this reform at the next quarterly report.
 - D. Explore opportunities to fund independent project managers responsible for coordinating all aspects of deflection.
5. Provide safe shuttling to deflection, as well as from deflection and on to referral and support services.

- A. Increase coordination with public safety, County staff, City staff, and available service providers to improve transportation to services.
 - B. Law enforcement and identified program referral partners will provide safe shuttling to deflection, and
 - C. The County will coordinate shuttling from deflection on to referred service(s) identified in the screening or SUD assessment, and
 - D. Behavioral health network providers and appropriate homeless services case managers may provide shuttling from deflection on to referred service(s) identified in the screening or SUD assessment.
6. The County will identify gaps in the behavioral health continuum and potential strategies to fill them.
- A. Examine and assess local gaps analyses by Oregon Health & Science University and other local studies in SUD treatment services, including rates and reasons that people drop out at various points of the treatment care continuum, and
 - B. Develop and propose a County strategic plan to increase access to withdrawal management and treatment services, and
 - C. Advocate to the state for appropriate resources needed to address the gaps in the behavioral health continuum, including more inpatient treatment, intensive outpatient treatment, and transitional recovery housing.
7. Deliver service continuity through cross-referencing and enhancing data and supportive technology.
- A. Homeless Management Information System: reach out to any existing programs or case managers that have worked with the person in the past and provide warm handoffs back into homeless services.
 - B. By Name List (BNL): program staff will check the BNL if a person identifies as homeless and and if they are not on the BNL program staff will add them.
 - C. Data reports and data dashboard from criminal justice system partners regarding the HB 4002 Deflection Program will be explored, developed and shared with the Multnomah Board of County Commissioners that includes the following data:

- i. Possession of a controlled substance (PCS) arrests, including co-charges
 - ii. PCS cite-and-release
 - iii. Warrants resolved without custody
 - iv. Referrals
 - v. Enrollments
 - vi. 30, 60, and 90 day milestone attainment
 - vii. Avoided bookings/filings.
 - D. Explore contracting unbiased supportive technology that tracks a person's progress through the Deflection Program and to help manage it.
- 8. Explore expanding deflection eligibility and referral sources, accompanied with increased completion requirements, including but not limited to:
 - A. The District Attorney's proposal to include additional misdemeanor charges, and
 - B. Consistent with the program's capacity and ability to deliver quality services in line with best practices for Behavioral Health and deflection.
- 9. Ensure deflection program transparency and accountability through regular Commission engagement by:
 - A. Quarterly status reporting on deflection program outcomes and budget to the Commission, and
 - B. Recommendations and considerations regarding deflection policies, including eligibility and success criteria, must come from at least the entities listed under HB 4002 Section 76.(4)(c) and HB 3069 Section 76.(4)(c)(A) and incorporate input from service providers for coordination of the CJC grant application and be approved by the Commission, as well as policy recommendations regarding eligibility and success criteria from any committees or working groups.

10. Coordinate the implementation of deflection, including communications to clients, program requirements and program completion with the District Attorney, public defenders, and law enforcement.
11. The Board will be provided options for crisis stabilization and other resources to serve people needing mental health and addiction services before the FAC-1 is up for a vote.
12. Commits to continuous improvement to Multnomah County's deflection program and continuing to engage with constituents, partners and experts to recommend policy as needed.

ADOPTED this **26th** day of February, 2026.



BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Jessica Vega Pederson

Jessica Vega Pederson, Chair

REVIEWED:
JENNY M. MADKOUR, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By *JM Madkour*

Jenny M. Madkour, County Attorney

SUBMITTED BY: Commissioner Shannon Singleton, District 2 and Commissioner Julia Brim-Edwards, District 3