

**Multnomah County  
Behavioral Health Division  
Behavioral Health Advisory Council Meeting  
September 7<sup>th</sup>, 2022**



<b>Community Representatives</b>	<b>Public Service Representatives</b>	<b>Staff</b>	<b>Guests</b>
<input checked="" type="checkbox"/> Laura Bueford <input type="checkbox"/> June Howard Johnson <input checked="" type="checkbox"/> Kevin Fitts <input checked="" type="checkbox"/> Mamie Gathard <input checked="" type="checkbox"/> Etta Assuman <input type="checkbox"/> Patty Hamit Arvizu <input checked="" type="checkbox"/> Robert Fentress <input checked="" type="checkbox"/> Barb. Rainish <input type="checkbox"/> Ruthie Benjamin <input checked="" type="checkbox"/> Ryan Hamit <input type="checkbox"/> Sandi Delarosa <input checked="" type="checkbox"/> Joni Scheib <input type="checkbox"/> Vacant <input type="checkbox"/> Vacant <input type="checkbox"/> Vacant <input type="checkbox"/> Vacant <input type="checkbox"/> Vacant	<input checked="" type="checkbox"/> <b>Cascadia Behavioral Healthcare</b> Jennifer Wilcox <input type="checkbox"/> <b>Lutheran Community Services</b> Mahad Hassan/Ron Weaver/Larry Johnson <input type="checkbox"/> <b>Lifeworks NW</b> Melissa Finch/Nadia Dunkle/Nybelle Caruso <input checked="" type="checkbox"/> <b>New Narrative</b> Kells Perry/Jennifer Gantner <input type="checkbox"/> <b>Local Public Safety Coordinating Council</b> Abbey Stamp <input checked="" type="checkbox"/> <b>Multnomah County Sheriff's Office</b> Nora Mains <input checked="" type="checkbox"/> <b>NAMI Multnomah</b> Kerri Melda <input checked="" type="checkbox"/> <b>Northstar</b> Marissa Williams <input checked="" type="checkbox"/> <b>Portland Police Bureau</b> Chris Burley <input checked="" type="checkbox"/> <b>Quest Center</b> Scott Moore	<input checked="" type="checkbox"/> Lynn Smith-Stott <input checked="" type="checkbox"/> Jill Jessee <input checked="" type="checkbox"/> Julie Dodge	<b>Cascadia:</b> <input checked="" type="checkbox"/> Rhonda White <input checked="" type="checkbox"/> Jackie Thompson <b>Holistic Healing Behavioral Health:</b> <input checked="" type="checkbox"/> Bryan & Kamira <b>Invited by Kevin:</b> <input checked="" type="checkbox"/> Rose Kuneau <input checked="" type="checkbox"/> <b>NARA NW</b> Albie Lemos

Agenda Item	Discussion
<b>Welcome and Introductions</b> <b>Group Agreements</b> <b>Announcements</b>	<b>Announcements -</b> <ul style="list-style-type: none"> <li>September is Recovery Month and Suicide Prevention Month. BHD will present Proclamations at the BOCC tomorrow and 9/22. Include speakers from the community.</li> <li>November Election - October nominations <ul style="list-style-type: none"> <li>NARA, Rose, Katrina</li> <li>Chris?</li> <li>CCC resigned which will leave a new vacancy for provider for May election.</li> <li>At least 2 vacancies for people with lived experience</li> </ul> </li> <li>May 8<sup>th</sup> through the 11<sup>th</sup> is Peerpocalypse in Seaside OR:  <a href="https://www.mhaoforegon.org/peerpocalypse-main-page">https://www.mhaoforegon.org/peerpocalypse-main-page</a> </li> </ul>
<b>Cascadia Presentation:</b> <b>Project Respond/Urgent Walk-in Clinic</b>	<p>Jackie and Rhonda gave an overview of Project Respond and the Urgent Walk-in Clinic. This was a follow-up from the last meeting about the different services on the crisis system continuum.</p> <p><b>Project Respond:</b> Emergency mental health response team.</p> <ul style="list-style-type: none"> <li>Types of calls typically include suicidal or homicidal mental health situations</li> <li>Can be dangerous and are able to involve law enforcement</li> <li>Can act on behalf of the County to enact Director's holds (last resort) – these holds supersede civil rights of the individual but the bar to enact is very high. These are involuntary and cover transportation to a hospital for evaluation.</li> </ul> <p><b>Urgent Walk In Clinic:</b> Safety net mental health services</p> <ul style="list-style-type: none"> <li>Open 365 day a year from 7am – 10pm</li> <li>Intent of meeting with a clinician is to have client tell their story</li> <li>Trying to avoid higher levels of care</li> <li>Look for ways to help individuals maintain mental stability in the community</li> <li>Other services include peer services referrals</li> <li>Over 4000 individuals seen at clinic every year – less than .5% are involuntarily committed</li> </ul>

**Questions:**

Etta: How do you meet people where they are at? How do you meet their needs outside of mental health, i.e. diabetes, heat exhaustion, age groups, etc.? How do you meet their cultural needs? Are there peers available?

- Will do what is necessary to stabilize other health needs to enable comfortable conversation.
- Heavy emphasis on the significance of language and cultural competence.

Rose: In the beginning the system was more client need directed. She perceives that this has shifted to a more clinician directed approach – a medical model of care. She would like to see it go back to what it was in the beginning. She would like to see all clinical providers take the IPS training. The system needs to be shook up.

Kevin: What do you do with folx who need to leave their current residence temporarily but don't qualify for hospital admission. (I.e. respite bedding). Kevin shared the Behavioral Health Workforce Tracker <https://maps.healthlandscape.org/GW/>

- Resources are terribly limited. Staffing shortages have greatly impacted resource availability.
- Focus is on keeping the client safe for the next 12 hours.
- Wait list are terribly long for all resources.
- Clients *are* asked what solution they see working best for them. Unfortunately these solutions are not always available at the time of their need.
- Good news: There is new funding coming in for middle ground resources. Bad news: It is slow to build the system back to where it needs to be.
- The highest acuity calls are the norm right now.

Ryan: Who is the current CEO of Cascadia? How many health center locations are in the Portland Metro Area? How do you gather feedback for crisis services?

- Derald Walker is Cascadia's CEO
- There are 4 health centers: Garlington (NE), Woodland Park (Gateway area), Plaza (SE), and Clackamas (McLoughlin Blvd). The Clackamas site is moving closer to the Clackamas Town Center.
- Crisis Services utilizes client ratings. The clinical setting uses Acorn as well. A client satisfaction survey is utilized quarterly.

Scott: Portland has a lower qualified pool of mental health professionals from diverse cultural backgrounds. There are good culturally specific training programs and it is essential that staff are

	<p>required to take this type of training.</p> <p>Joni: There are many medical conditions that contribute to mental health instability – hormonal imbalance, autoimmune, diabetes, etc. These need to be considered when assessing clients.</p>
<b>Bylaws Committee Update</b>	<p>Created a rough draft of three sections:</p> <ul style="list-style-type: none"> <li>• Plan to fine tune with wordsmithing after rough draft is complete</li> <li>• Purpose statement – this needs to include <i>Commitment to Equity</i></li> <li>• Code of Conduct changed to Operating Procedures: <ul style="list-style-type: none"> <li>• More trauma-informed</li> <li>• Simplify to focus on county policy for volunteers</li> <li>• Will include group agreements</li> <li>• Conflict resolution - define steps from informal to formal</li> <li>• Define role of county and executive committee.</li> </ul> </li> <li>• Membership: <ul style="list-style-type: none"> <li>• Simplify definitions to focus on people with lived behavioral health experience (min. 11) and advocates (max. 6 including family members - lived experience with own behavioral health not required)</li> <li>• Community service providers - simplify categories such as Criminal Justice System, add categories such as Housing, CCO, and Culturally Specific Services.</li> <li>• Changed New Narrative/North Star to one vote – historically had two votes to ensure a peer run voice.</li> </ul> </li> </ul> <p>Next steps</p> <ul style="list-style-type: none"> <li>• Change meeting time</li> <li>• Shorten Executive Meeting to 1 hour from 1-2 pm with the bylaws committee meeting directly after from 2-3pm on the 2nd Wednesday of the month.</li> <li>• All BHAC members are encouraged to participate – may work on one section or many; meetings, 1-1.</li> </ul> <p>Governance Model Brainstorm:</p> <ul style="list-style-type: none"> <li>• Lynn will build a preliminary draft for bylaw committee to develop further and bring back to full</li> </ul>

	<p>council</p> <ul style="list-style-type: none"> <li>Governance includes many things. This is our opportunity to make changes: less hierarchical? Move from executive committee to a steering committee structure.</li> </ul> <p>Recap of the initial discussion on the Steering Committee with Co-chairs and Members at Large:</p> <ul style="list-style-type: none"> <li>Majority of the people have lived experience, but will possibly include a provider rep as co-chair or committee member(s).</li> <li>Define roles/requirements for council, steering committee and county.</li> <li>Improve new member orientation and offer mentorship</li> <li>Support increased participation in a variety of ways.</li> <li>Discussed: other elements of governance such as decision-making/consensus building; quorum as currently defined. <ul style="list-style-type: none"> <li>Steering committee to come to consensus on recommendations for Council vote; (e.g. Simple majority/super majority?)</li> <li>Currently silent on election voting</li> <li>More robust application process?</li> <li>Conflict of interest - financial / other?</li> <li>Encourage diverse rep without bylaw restriction.</li> </ul> </li> </ul> <p>Input:</p> <ul style="list-style-type: none"> <li>Including provider reps may increase resources to accomplish the work. May make the agendas more meaningful.</li> <li>Suggested not having co-chairs but rotate facilitation among volunteers from a 7-9 member steering committee. Offer facilitation training to those interested in facilitating. <ul style="list-style-type: none"> <li>This idea was well received by members.</li> </ul> </li> <li>Currently we have 5 members at large, a community liaison, and the co-chairs and membership liaison are empty for the past year</li> <li>Move to consensus decision making....or quorum based on CURRENT rather than intended membership numbers</li> <li>Term limits - currently none for Council, only Exec Committee. <ul style="list-style-type: none"> <li>Most member input did not favor term limits.</li> </ul> </li> </ul>
<b>Director's Office Update</b>	<p>Hiring Updates:</p> <ul style="list-style-type: none"> <li>Making an offer for the Deputy position with a potential start date around November 1<sup>st</sup></li> <li>Narrowed down to two candidates for the Director position and the hope is to draft an offer in September for the selected candidate with an anticipated start date of November 1<sup>st</sup> as well.</li> </ul>

	<p>Budget</p> <ul style="list-style-type: none"> <li>• Will bring the budget to this group at key milestones during the development for input</li> </ul> <p>Systems:</p> <ul style="list-style-type: none"> <li>• New state hospital and aid and assist ruling is having widespread impacts on the system with many unknowns</li> </ul> <p>If you have input that you would like to have the division carry forward – send it to <a href="mailto:bhd.directorsoffice@multco.us">bhd.directorsoffice@multco.us</a></p>
<b>Wrap Up/ Reminders/ Miscellaneous</b>	
<p style="text-align: center;"><b>Adjournment</b> <b>Next meeting: October 5, 2022</b></p>	