

**Multnomah County  
Behavioral Health Division  
Behavioral Health Advisory Council Meeting  
September 6th, 2023**



Community Representatives	Public Service Representatives	Staff	Guests
<input checked="" type="checkbox"/> Barb. Rainish <input checked="" type="checkbox"/> Eric Bray <input checked="" type="checkbox"/> Etta Assuman <input type="checkbox"/> John Williams <input checked="" type="checkbox"/> Joni Scheib (Late arrival, did not attend 75% of meeting) <input type="checkbox"/> June Howard Johnson <input checked="" type="checkbox"/> Katrina Malachowski <input checked="" type="checkbox"/> Kevin Fitts <input checked="" type="checkbox"/> Laura Bueford <input checked="" type="checkbox"/> Mamie Gathard <input checked="" type="checkbox"/> Mary Avalon <input checked="" type="checkbox"/> Patty Hamit Arvizu <input type="checkbox"/> Robert Fentress <input checked="" type="checkbox"/> Ruthie Benjamin <input checked="" type="checkbox"/> Ryan Hamit <input checked="" type="checkbox"/> Sandi Delarosa (Late arrival, did not attend 75% of meeting)	<input checked="" type="checkbox"/> <b>CareOregon</b> Cassi Sturtz <input type="checkbox"/> <del>Cascadia Behavioral Healthcare</del> Dave Kohler <input type="checkbox"/> <del>Holistic Healing Behavioral Health</del> Jamaica Imani Nelson <input type="checkbox"/> <del>Lifeworks NW</del> N Torello <input type="checkbox"/> <del>Lutheran Community Services</del> Larry Johnson <input checked="" type="checkbox"/> <b>Multnomah County Sheriff's Office</b> Nora Mains (NWIAS) <input checked="" type="checkbox"/> <b>NAMI Multnomah</b> Kerri Melda <input checked="" type="checkbox"/> <b>NARA NW</b> Albie Lemos <input checked="" type="checkbox"/> <b>New Narrative</b> Haven Taylor <input type="checkbox"/> <del>Portland Police Bureau</del> Chris Burley (Conflict) <input checked="" type="checkbox"/> <b>Quest Center</b> Scott Moore/Danielle Deer	<input checked="" type="checkbox"/> Heather Mirasol <input checked="" type="checkbox"/> Anirudh Padmala <input checked="" type="checkbox"/> Deandre Kenyanjui <input checked="" type="checkbox"/> Jenny Tsai <input checked="" type="checkbox"/> Jerome Sloan II <input checked="" type="checkbox"/> Jill Jessee <input checked="" type="checkbox"/> Sadie Campbell <input checked="" type="checkbox"/> Roger Garth	<input checked="" type="checkbox"/> Abigail Wells, Northwest Family Services <input checked="" type="checkbox"/> Adam Peterson

Agenda Item	Discussion
<p>Welcome and Introductions Group Agreements Announcements</p>	<p><b>Announcements –</b></p> <ul style="list-style-type: none"> <li> <b>Recovery Month</b>  National Recovery Month (Recovery Month), which started in 1989, is a national observance held every September to promote and support new evidence-based treatment and recovery practices, the nation’s strong and proud recovery community, and the dedication of service providers and communities who make recovery in all its forms possible.   Additional information: <ul style="list-style-type: none"> <li><a href="#">SAMHSA Webpage for Recovery Month</a></li> <li>Recovery Month Proclamation: Board meeting on: September 14th, 2023</li> </ul> </li> <li> <b>Suicide Prevention Month</b>  September is Suicide Prevention Month — a time to raise awareness and discuss this highly stigmatized topic. In addition to shifting public perception, we use this month to spread hope and vital information to people affected by suicide. Our goal is ensuring that individuals, friends and families have access to the resources they need to discuss suicide prevention and to seek help.   Links: <ul style="list-style-type: none"> <li><a href="#">NAMI Webpage for Suicide Prevention Awareness Month</a></li> <li><a href="#">Activities for Suicide Prevention Month/Week</a></li> </ul> Related awareness dates: <ul style="list-style-type: none"> <li>National Suicide Prevention Week, September 10-16</li> <li>World Suicide Prevention Day September 10</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Hispanic-Latino Heritage Month (Sept. 15-Oct. 15)</b> From September 15 to October 15 each year, Americans observe National Hispanic Heritage Month, a time to celebrate the achievements, histories, traditions and cultural diversity of Hispanic/Latino /Latinx Americans whose heritage is rooted in 20 Latin American countries and territories. The national theme for 2023 is: Todos Somos, Somos Uno: We Are All, We Are One. <ul style="list-style-type: none"> <li>◦ <a href="#">About Hispanic Heritage Month Webpage</a></li> </ul> </li> </ul> <p>Kevin Fitts: Tomorrow is the deadline for submitting applications for next May's MHAAO</p>
<b>Gun Violence Impacted Families Team</b> <b>Guest: Jerome Sloan II</b>	<p>Will include one pager and brochure with minutes.</p>
<b>OCE &amp; Director's Office Updates</b>	<p><b>OCE:</b></p> <ul style="list-style-type: none"> <li>• Roger Garth is the newest member of The Office of Consumer Engagement. He is a person with lived experience (Mental Health/Addiction) and also brings a cultural lens to the work. He is our African American OCE Coordinator.</li> <li>• The OCE employees are as listed; Sadie Campbell (Program Specialist), Mario Cardenas KSA Latine/Latinx OCE Coordinator, Roger Garth African American KSA OCE Coordinator, Deandre Kenyanjui (WOC Supervisor).</li> </ul> <p><a href="https://www.multco.us/behavioral-health/office-consumer-engagement">https://www.multco.us/behavioral-health/office-consumer-engagement</a>  Gap in representation: Youth  What about the elderly? <a href="https://oregonbhi.org/">https://oregonbhi.org/</a>  Ask: Include list of boards and committee's OCE has participated on.  Suggestion: Have OCE come to the Community Workgroup to engage more in depth.</p> <p><b>Director's Office:</b>  <b>Hiring</b>  HD Department Director vacancy: A decision is anticipated to be made in a week.</p>

We are excited to announce that Anirudh Padmala will be joining BHD as our Interim Deputy Director as we seek to hire a permanent Division Director. Anirudh is an internal hire from the Health Department's ICS programs where he has served as the interim Deputy as well as in his most recent role as Chief Information Officer. We are excited to have his incredible experience and approach as we approach budget season!

BHD Division Director: second round of interviews happening this week with the Behavioral Health Senior Leaders. We anticipate at least a 3rd interview following, likely to include department folx and community partners.

OCE Supervisor: We anticipate posting this position for permanent hire within the next month.

Christa Jones, CMHP Program Manager has resigned. We are looking to split the position into two senior manager positions: safety net services and aid and assist/forensic diversion.

### **Recovery Month Proclamation**

Save the Date:

September 14, 2023 at the Board of County Commissioners meeting.

### **Strategic Plan**

#### **Division Strategic Plan is in Development.**

What have we done so far?

- BHD Senior Managers spent two days in a Strategic Planning Retreat.
- Activities focused on identifying system gaps and developing priority areas for addressing the gaps. We came up with four priority areas:
  1. Workforce
  2. Mental Health Service Capacity
  3. Substance Use Service Capacity
  4. Systems Integration

Where are we in the planning process?

- We are currently drafting "SMART" Goals for each of the priority areas. (Slide 8 shows an example)

#### **BHAC Engagement in Strategic Plan Development**

We would like your help identifying objectives for: Priority Area 4: Systems Integration

	<p><b>Goal:</b> Increase collaboration and coordination within the regional system of Behavioral Health Care.</p> <p><b>Background:</b>  The Behavioral Health System comprises a staggering number of entry points, funding sources, and stakeholders, including government agencies, non-profits, community organizations, advocates, and consumers of behavioral health services. Navigating all the options is challenging for professionals working in the continuum of care and poses sometimes overwhelming complexity for those seeking help.</p> <p>By focusing our strategic plan on systems integration, BHD will look for opportunities for collaboration and synthesis, and areas where cohesion and transparency can be improved. Within the County, we can enhance existing systems using continual improvement and equity lenses, working within BHD and HD programs to find connections, taking advantage of already calendared meetings with colleagues, providers, CCOs, legislative representatives and community members to share program information and promote common understanding of terminology.</p> <p><b>9/15/23 Community Workgroup follow up:</b></p> <p>At the upcoming BHAC Community Workgroup, we will build time into the agenda to work with BHAC to identify and draft activities and objectives to help improve Mental Health and SUD systems integration. We will also address anticipated outcomes from achieving the objective, metrics to measure success, and the timeframe you think is needed to achieve the objectives.</p>
<p><b>Adjournment</b>  <b>Next meeting: October 4, 2023</b></p>	



# **BEHAVIORAL HEALTH ADVISORY COUNCIL**

**September 6th, 2023  
General Council**

# BHAC MEETING REMINDERS

## Self-care:

- We support one another by taking care of ourselves
- Pause before speaking when feeling stressed - respond rather than react
- Take the conversation off-line with staff

## Meeting Reminders:

- Try not to talk over each other - raise hand; use chat;
- Accommodate people on the phone and with tech issues
- Limit comments to two minutes
- Limit acronyms and jargon
- Interrupt conversations that cause harm

## Virtual meeting reminders:

- Silence microphones when not speaking
- Go off camera when necessary

## Consequences for disruptive behavior during the meeting:

- Facilitator calls attention to harmful behavior;
- If behavior continues, participant will have their microphone turned off and warned of potential meeting separation via private chat or via verbal warning if on phone;
- Separation from meeting with continued disruption

# BHAC GROUP AGREEMENTS

- Hold space, make space; Remember WAIT (Why Am I Talking?) and “Principles before Personalities”
- Stay engaged to the best of your ability
- Share your experience & hear the experience of others - Use “I statements”
- Acknowledge intent and center impact
- Expect and accept non-closure
- Experience discomfort - (creating a safer space for challenging conversations can be uncomfortable at times)
- Name and account for power dynamics in the the work
- We are here to work collaboratively, and share responsibility for the success of our work together



# Announcements:

## September Awareness Events

Recovery Month is recognized every September. Multnomah County and the Behavioral Health Division use this time to increase awareness about substance use disorders and promote our citizens' rights and promise for recovery. Through advocacy, education and public recognition of those in recovery, we demonstrate the power and proof that people can and do achieve long-term recovery goals.



## Suicide Prevention Month



## Hispanic Heritage Month (9/15/23-10/15/23)

# Office of Consumer Engagement Updates

- Roger Garth, our African American OCE Coordinator, is the newest member of The Office of Consumer Engagement. He is a person with lived experience (Mental Health/Addiction) and brings a cultural lens to the work.
- The OCE team: Deandre Kenyanjui (WOC Supervisor), Sadie Campbell (Program Specialist), Mario Cardenas KSA Latine/Latinx OCE Coordinator, and Roger Garth African American KSA OCE Coordinator.



# Director's Office Hiring Updates

**HD Department Director:** Expecting a decision within a week.

Welcome Anirudh Padmala as the **Interim BHD Deputy Director!**

**BHD Division Director:** Second round interviews happening this week with the Behavioral Health Senior Leaders. 3rd round interviews will include department folx and community partners.

**OCE Supervisor:** Will be posting the permanent position within the month.

**CMHP Associate Director has resigned:** We wish Christa Jones well as she transitions to OHA! We will be splitting this position into two Senior Managers.

**Save the Date:**

**Recovery Month Proclamation:**

**September 14, 2023 at the Board of County  
Commissioners meeting.**





# Director's Office Updates

## **Division Strategic Plan is in development.**

- BHD Senior Managers spent two days in a Strategic Planning Retreat.
- Activities focused on identifying system gaps and developing priority areas for addressing the gaps.  
Priority areas developed:
  1. Workforce
  2. Mental Health Service Capacity
  3. Substance Use Service Capacity
  4. Systems Integration
- We are currently drafting “SMART” Goals for each of the priority areas.

# Director's Office Updates

## SMART Goal Example - Priority Area 1: Workforce

**Goal:** *Increase and enhance available workforce for behavioral health services in Multnomah County Behavioral Health Division*

**Objective:**

Offer staff additional paid training opportunities to retain certifications and/or gain additional training to allow for growth within their profession using funds from the OHA Workforce Development Grant. Activities include:

- Provide tuition assistance for staff to pursue higher education and CEU opportunities
- Offer subsidies for staff for childcare needs while they attend training, CEU courses, academic classes, etc.

**Anticipated Outcome:** Staff will have credentialing requirements met in a timely manner and BHD will have staff with additional skill sets and education that enhance their careers and our workforce.

**Metrics:** This goal will be successful when we see:

- Increased attainment of CEUs from x to y in two years time.
- Staff self-report other coursework achieved with support from Multco
- Staff complete satisfaction survey indicating additional paid training added to their job satisfaction

**Timeline:** We will measure this goal for progress on an annual basis.

# Director's Office Updates

**We would like your help identifying objectives for:**

**Priority Area 4: Systems Integration**

**Goal: Increase Collaborated and Coordinated regional system of Behavioral Health Care**

Background: The Behavioral Health System comprises a staggering number of entry points, funding sources, and stakeholders, including government agencies, non-profits, community organizations, advocates, and consumers of behavioral health services. Navigating all the options is challenging for professionals working in the continuum of care and poses sometimes overwhelming complexity for those seeking help.

By focusing our strategic plan on systems integration, BHD will look for opportunities for collaboration and synthesis, and areas where cohesion and transparency can be improved. Within the County, we can enhance existing systems using continual improvement and equity lenses, working within BHD and HD programs to find connections, taking advantage of already calendared meetings with colleagues, providers, CCOs, legislative representatives and community members to share program information and promote common understanding of terminology.

# Director's Office Updates

## Community Workgroup:

We will spend some time at the 9/15 CW in small groups. We will use this chart to identify objectives that will help improve Mental Health and SUD systems integration. Groups will include anticipated outcomes from achieving the objective, metrics to measure success, and the timeframe needed to achieve the objective.

## SMART Goals Chart

Objectives/Action	Outcomes	Metrics	Timeline
<i>How will you achieve it? What will you do?</i>	<i>What outcomes are you looking to achieve?</i>	<i>How will you measure if you have been successful?</i>	<i>When will you periodically evaluate your progress?</i>









**Responding with  
Intention**



# Gun Violence Impacted Families Behavioral Health Response Team

- **Culturally-responsive** mental health treatment and support
- Low barrier trauma-informed **home-based** therapy sessions
- Peer support from **Credible Messengers** (community members who have successfully transitioned to life after involvement with gun and group violence)





## Program Aims

### Client Centered Approach

Being a community-based program allows for clinicians to create a therapeutic space that is not your typical office based therapy.

### Rapid Client Engagement

Our community based structure and approach allows us to connect with victims of gun violence in the critical window of time immediately following an incident.

### Community Education

Proactive education reaches students with resources and tools to reduce their likelihood to engage in violent behaviors.





## Program Structure

Multnomah County Health Dept.	Community Based Organizations
Treatment via master's level clinicians	Peer support via credible messengers
<b>Three KSA Mental Health Consultants</b> <ul style="list-style-type: none"><li>• African American</li><li>• African Immigrant &amp; Refugee</li><li>• Latino/e Culture/Spanish Speaking</li></ul>	<ul style="list-style-type: none"><li>• Portland Opportunities Industrialization Center (POIC)</li><li>• Immigrant &amp; Refugee Community Organization - Africa House</li><li>• Latino Network</li></ul>





## Community Engagement

- Virtual panel discussion: Managing the Emotions of Community Violence
- Intentional outreach in hotspots: City of Gresham Yamhill Block Party
- Greif Week: 4-day psychoeducation group offered to anyone 10 & older
- Tabling at community events: Lines4Life Barbershop Talks
- Providing behavioral health support: Peer led support group for survivors of tragic loss





## Working With Trusted Partners

A unique and impactful facet of GVIF-BHRT's structure and outreach is the establishment and use of Credible Messengers to reach impacted members of the community through trusted, authentic, and trauma-informed stakeholders.

- Credible Messengers work collaboratively with Mental Health Consultants to establish and implement effective program tactics, including reducing barriers to services
- 57% of the referrals made to the program in 2022 have come directly from Credible Messengers





## Inreach Within African Immigrant & Refugee Communities

- Intentional outreach to community based organization that serve African Immigrant & Refugee communities
- Partnering & learning from community leaders about best approaches to engage community
- Provided culturally responsive parent psychoeducation groups with incentives to engage community



EECRC

## Partnering & Supporting Educators

- The past school year GVIF-BHRT provided on site support to Jefferson High School (2x), Cleveland High School, Franklin High School, and Rosa Parks Elementary School
- The GVIF-BHRT provided support to the administration teams, teachers, support staff, security, students, and community
- GVIF-BHRT developed training: *Trauma Impact of Community Violence In the School Community available to any schools in Multnomah County*

### Trauma Impact of Community Violence

In the School Community



### Objectives

1. GVIF-BHRT Program Overview
2. Assess the impact of the trauma of community violence on the school community
3. How to lean in and address the impact of trauma
4. How to create space for yourself, students, each other
5. Where to go when you're struggling to maintain hope and resilience







## Target Population

**Direct or Indirect Impact by Gun Violence**

Victims and survivors of  
gun or group violence

Contributors of gun or  
group violence

Loved ones who are grieving  
from gun or group violence

Witnesses of gun or  
group violence



## Enrollment Criteria

- Impacted by gun or group violence and be within the age range of 10 (ten) to 25 (twenty-five) and have a primary residence in Multnomah County
  - Connection to mental health services for those outside of this age range will be provided via referral support





## Program Services

Once individuals are enrolled in the program, they have access to comprehensive mental health services.

Pre-Enrollment  
Engagement Activities

Mental Health  
Assessment

Treatment Plan  
to Address  
Symptoms/Concerns

Care Coordination

Family and Group  
Therapy

Individual Therapy





## Equitably Access

- Insurance will never be a barrier to our services
- Client's will never receive a bill for our services
- Safety net as the Local Mental Health Authority





## Connecting to Services

Referrals are made online through **Google FORMS**

**Electronic:** email the team email at [gvbhrt@multco.us](mailto:gvbhrt@multco.us) and you will receive a link to the referral form

**Phone call:** call [503-988-9883](tel:503-988-9883) and ask for assistance submitting a referral form to the program

Scan QR code:





Questions by [Nick Youngson](#) CC BY-SA 3.0 [Alpha Stock Images](#) from <http://alphastockimages.com/>







*There are people who understand.  
Talking to a therapist can help.*



Email [gvbhrt@multco.us](mailto:gvbhrt@multco.us) for more information.  
Call 503-988-9883 to make a referral  
or scan QR code to fill out the referral form.



GVBHRT Referral Form

 **Multnomah  
County**  
Health Department  
Behavioral Health Division



## **GUN VIOLENCE IMPACTED FAMILIES BEHAVIORAL HEALTH RESPONSE TEAM**

*Many of us have witnessed or experienced violence  
in our communities. We can work together to heal.*



 **Multnomah  
County**  
Health Department

## **About Us**

The **Gun Violence Impacted Families - Behavioral Health Resource Team (GVIF - BHRT)** combines culturally-responsive mental health therapy with support from peers who have lived experience to help those who have been impacted by gun violence.

## Connecting. Healing. Supporting.

### We are GVIF-BHRT

Multnomah County's Gun Violence Impacted Families Behavioral Health Response Team provides culturally responsive mental health therapy to those directly impacted by gun violence.

### We are helping to heal

Our team aims to reduce symptoms of trauma, providing promising practices through a culturally responsive lens and approach.

### We are creating supportive transitions

- Culturally-specific mental health treatment and support
- Trauma-informed home-based therapy sessions
- Peer support from Credible Messengers – community members who have successfully transitioned to life after involvement with gun and group violence



## Outreach + Assessment + Resources = Recovery

**Outreach and Engagement:** Our team builds rapport with referred clients to ensure they feel supported, know full scope of services, and are ready to engage in the therapeutic process.

**Program Intake Screening:** Our Mental Health Consultants meet with clients to determine program enrollment eligibility.

**Appropriate Resources:** Our team assists in connecting mental health services to clients who do not meet program enrollment criteria or prefer another program.

**Credible Messenger:** Community members who bring lived experience with gun violence work closely with clients to complement mental health therapy.

**Mental Health Assessment:** Qualified Mental Health Professionals provide direct client support through conversations and questions to understand underlying sources of client's symptoms.

**Treatment Plan:** Mental Health Consultant and client meet to develop strategic goals to reduce symptoms by engaging in Individual, Family, or Group therapy.

**Individual Therapy:** Mental Health Consultant and client meet to provide client with a range of techniques to address client needs.

**Family Therapy:** Psychotherapy that involves working with multiple family members – typically immediate or extended – to address conflicts, improve communication, and enhance the overall family unit well-being by helping family members develop greater empathy and understanding for one another to build stronger, healthier relationships.

**Group Therapy:** Psychotherapy with a Mental Health Consultant and small group that meets regularly to address personal, emotional, or behavioral concerns. This approach is an opportunity for individuals to share experiences and receive support from others who may be facing similar issues.



## Enroll. Refer. Access.

### Enrollment:

- Ages 10 to 25
- Live in Multnomah County
- Impacted directly by gun violence

### Make referral:

Email [gvbhrt@multco.us](mailto:gvbhrt@multco.us) for link to, or scan QR code to fill out the referral form.



### Access crisis services:

Call Multnomah County Crisis Intervention at 503-988-4888.



# Gun Violence Impacted Families Behavioral Health Response Team

Multnomah County is facing record levels of gun violence and shootings. These impacts are felt most deeply in our communities of color, particularly in Latinx, Black/African American and African Immigrant and Refugee communities.

Multnomah County's **Gun Violence Impacted Families Behavioral Health Response Team** is designed to support impacted youth, young adults, and their families. **The program offers:**

- Culturally-specific mental health treatment and support
- Trauma-informed home-based therapy sessions
- Peer support from Credible Messengers, community members who have successfully transitioned to life after involvement with gun and group violence



**The program provides services and supports for young people who have been impacted by gun and group violence as:**

- Victims and survivors
- Witnesses
- Perpetrators



**The program includes:**

- 3 mental health therapists, with the Knowledge, Skills, and Abilities (KSA) to work within specific communities
- 3 Credible Messengers
- Mental health treatment and direct services (including assessment, 1:1 therapy, family therapy, and groups) for clients aged 10-25
- Referrals for individuals age 26 and older



**Program capacity:**

- 150 young people
- 30 community outreach and engagement events
- Partnership and collaboration with the community, faith-based organizations, public health programs, the District Attorney and law enforcement, child and family service systems, and schools



**Criteria for involvement:**

- Identified by the program's assessment process as a person impacted by gun violence
  - Youth and young people aged 10-25 and their families are provided culturally specific therapeutic services
  - Adults aged 26 and older are provided referrals to community partners for specialized services



**Program outcomes:**

- Reduced engagement with gun violence and group violence
- Engagement with mental health services and improved mental wellness
- Increased pro-social community engagement
- Improved academic achievement

**To refer a young person to the Gun Violence Impacted Families Behavioral Health Response Team or to inquire about community education and outreach, please call 503-988-4888 or email [gvbhrt@multco.us](mailto:gvbhrt@multco.us).**