Multnomah County Behavioral Health Division Behavioral Health Advisory Council Meeting October 4th, 2023



Community Representatives	Public Service Representatives	Staff	Guests
 ☑Barb. Rainish ☑Eric Bray ☑Etta Assuman ☐John Williams ☑Joni Scheib ☑June Howard Johnson ☑Katrina Malachowski ☑Kevin Fitts ☑Laura Bueford ☑Mamie Gathard ☐Mary Avalon ☑Patty Hamit Arvizu ☑Robert Fentress ☑Ruthie Benjamin ☑Ryan Hamit ☐Sandi Delarosa 	□Cascadia Behavioral Healthcare Dave Kohler □Holistic Healing Behavioral Health Jamaica Imani Nelson □Lifeworks NW N Torello □Lutheran Community Services Larry Johnson □Multnomah County Sheriff's Office Nora Mains (NWIAS) □NAMI Multnomah Kerri Melda □NARA NW Albie Lemos □New Narrative Haven Taylor □Portland Police Bureau Chris Burley □Quest Center Scott Moore/Danielle Deer	□ Heather Mirasol □ Anirudh Padmala □ Deandre Kenyanjui □ Jennifer Gulzow □ Jenny Tsai □ Jill Jessee □ Sadie Campbell	 ☑ Abigail Wells, Northwest Family Services ☑ Adam Peterson, Health Share of Oregon, Behavioral Health Program Manager ☑ Seth Dugan-Knight, (Representative Nosse)

Agenda Item	Discussion	
Welcome and Introductions Group Agreements Announcements	 Announcements General Council and Community Workgroup set to move to hybrid meetings in January Email Sadie and Jill with interview question ideas for the Behavioral Health Division Director role at bhd.directorsoffice@multco.us. 	
	 Kerri: How do you see BHAC having an impact and being utilized as a connection to the community in your vision for BHD? 	
	Awareness Events in October	
	National Employment Disability Awareness Month We recognize National Disability Employment Awareness Month (NDEAM) each October to commemorate the many contributions of people with disabilities to America's workplaces and economy. The theme for NDEAM 2023 is "Advancing Access and Equity." People with disabilities represent the largest minority group in the world. More than 1 in 4 Americans report they live with a disability. Disabilities cross over all barriers, whether its skin color, religion, age groups; it's the only group that anybody can potentially join at any time, and whether it's a permanent or temporary disability, you might be in or out of the group at different points in your life.	
	ADHD Awareness Month Difficulty with attention, concentration, memory, impulsivity, hyperactivity, and social skills — these are among the signs of attention deficit hyperactivity disorder, which affects millions of Americans. ADHD Awareness Month, sponsored by the Attention Deficit Disorder Association and observed each October, highlights the latest research and clinical studies with the goal of bringing more effective treatments. Its guiding principle is that life can be better for those with ADHD and for those who love or work with someone with ADHD.	
	Mental Illness Awareness Week (10/1-10/7) In 1990, Congress established the first full week of October as Mental Illness Awareness Week in recognition of NAMI's efforts to raise mental illness awareness. Since then, mental health advocates across the country have joined NAMI in the effort to educate the public about mental illness. 1 in 5 U.S. adults experience mental illness each year. October 5th is National Depression Screening Day and October 10th is World Mental Health Day.	

Invisible Disabilities Awareness Week (10/15-10/21)

An "invisible," "non-visible," "hidden," "non-apparent," or "unseen" disability is any physical, mental, emotional impairment, or neurological condition that can limit or challenge a person's movements, senses, or activities, and can impact that person's ability to learn or work. Invisible conditions can be just as disabling as visible conditions — oftentimes more so — but they don't get the empathy or credibility that visible conditions get. Examples of invisible disabilities include: traumatic brain injury; the autism spectrum; chronic illnesses like multiple sclerosis, chronic fatigue, chronic pain, deaf and/or hard of hearing; blindness and/or low vision; substance use disorder, anxiety, depression, PTSD, and many more. Many behavioral health diagnoses can be considered invisible disabilities.

World Homeless Day: October 10th, 2023 (Shared by Ruthie Benjamin)

Unscheduled Discussion

BHAC Purpose and Effectiveness

- Some members are not receiving the meeting minutes. Minutes are posted on the Multnomah County webpage: https://www.multco.us/behavioral-health/behavioral-health-advisory-council.
 Members would like the opportunity to agree that the minutes accurately document what the council discussed.
- Some members would like to communicate with the Board.
- Members would like to discuss and plan for topics that BHAC can discuss and provide their insights on.
- When the council was AMHSAAC, there was an annual report of accomplishments and influence. This needs to be brought back.
- Need to have a two-way conversation on usefulness of BHAC, communication with BOCC and BHAC, impact on community Behavioral Health needs.
- Suggest having a full meeting work session to work on this. This work session has been scheduled for the November 17th BHAC Community Workgroup.
- There have been many changes among leadership and this has impacted the use and
 effectiveness of BHAC. Recently, the meetings have focused on program presentations rather
 than using the group as an actual advisory body. The time of members is not being valued or
 used as a voice of those with lived experience for input/influence on programming and policy
 development to the advantage of the county.

	 The county needs to decide how they want to utilize BHAC and the council needs to understand what the statute requires of the council. Dr. Tsai will take input back to leadership and start the conversation to tighten up what the intention of BHAC is. Need a foundational conversation on why the LMHA is mandated to have an advisory council. Council needs to understand the comprehensive BH system in Multnomah County? Council needs an orientation on "Why is there a BHAC? Who requires us to exist? Who can educate us about all the things that are done at BH at Multco? Lastly, who can educate us, about entire BH system and comprehension in Multnomah County region?" Back in 1997, the previous iteration of the council wrote a redesign of the behavioral health system in Multnomah County and it was supported by the director's office. The council use to have some flex and muscle. The council could be utilized beyond just the division. It is easy to pull the group together to provide input to other programs and departments/divisions that intersect with community behavioral health issues. BHAC would like a regular commissioner presence at the meetings. Need a discussion about why service providers aren't attending the Community Workgroup. Having provider representatives at the workgroup meetings is important since those meetings tend to be where the programs come to gather input on specific topics. BHAC should be coming to the county with the community issues they want to discuss, rather than the county dictating what the group discusses or informs. Eric: https://www.thelundreport.org/content/report-oregons-addiction-services-system-half-size-it-should-be 	
Data Points	Jen Gulzow, Quality Manager and Chief Compliance Officer asked the group what data points they would like to review and/or hear about. How frequently? BHD has a robust reporting team with a variety of reports they can bring to BHAC. Many reports are demographic, but QM would like to determine what type of outcome data would help inform the group so they can provide educated input. For example, the Forensic Diversion/Aid and Assist Team has questions around best practices and philosophical questions about individuals with severe and persistent mental illness who have to go through community restoration to determine whether they can aid and assist in their own defense. This is a topic that would benefit from BHAC input.	

BHAC input:

- Population figures about marginalized communities in the county, where are they being seen, and where are the disparate outcomes?
- The state and Portland Metro area is lacking in data on SOGIE = Sexual Orientation & Gender Identity and Expression because they are uncomfortable in traditional healthcare settings and don't utilize the services offered.
- Mental Health and Substance Use Disorder intersections. There are few providers that will take individuals that have both issues. How can youth and young adults with substance use issues access services?
- Wait times/wait list to be seen at clinics and care units. Also need the wait times for behavioral health housing services.
- Data points for why individuals are released from the hospital when they were transported by police for a Director's Hold? Why are they going back into the community rather than receiving services?
- Metrics that can be used to advocate for funding, better system coordination, resource and knowledge allocation, etc.
- A collaboration in real time between data and the community: BH and SUD bed availability, how long are they empty, why are they empty, etc.
- Charmaine used to present the group with metrics BHAC was required by statute to review. Have the requirements changed? Can we get this information back on the rotation of information that the council regularly receives.
 - o Prior to 2020, BHD was the health care administrator. Care Oregon is now the CCO and holds the responsibility to manage the entire provider network. We no longer have access to the data that we had as the health care administrator. Care Oregon and Health Share should provide their data so we can compare outcomes.
- Clinicians are not fully trained on how to ask SOGIE questions so that clients are comfortable and don't feel marginalized. Can see BHAC being helpful in developing a training on this for our provider clinicians.

OCE &Director's Office Updates	Anthony Jordan filling in for Heather Mirasol.		
	 Health Department Director Selected Rachel Banks MCHD Public Health Director from 2017-2020 and State of Oregon's Public Health Director from 2020-2023. Board confirmation scheduled for Thursday, Oct. 5th BOCC Meeting. 		
	 CMHP Senior Manager split into two positions: Barb Snow will fill the Senior Manager of Safety Net Services: Crisis Services, Disaster Behavioral Health, BHRC, Adult Protective Services, and Older Adult Behavioral Health 		
	 Final stages of filling Senior Manager of Civil Commitment and Forensic Diversion: Diversion Courts, Pre & Post Commitment Services, Aid and Assist, Mental Health Court, & Bridge Treatment Team. 		
	Behavioral Health Division Director: With Rachel starting November 1, the plan is to have her join in the selection process. Progressive Interviews will await her start date.		
	Approvals from Board for SHS/PHS Unanticipated Funds:		
	 \$1,200,000 Stabilization and Transitional Housing \$6,850,000 for 24/7 Stabilization Center \$150,000 FTE to support Sobering Center Design, Planning and Implementation \$1,764,000 Recovery Oriented Housing MH and SUD 		
	To watch the Board Meeting from 9/28/23: https://www.youtube.com/watch?v=UBuLKRXb9ZI		
Adjournment	Next meeting: November 1, 2023		



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:

BHAC General Council and Community Workgroup Meetings are moving to hybrid in-person/virtual in January 2024.



October 2023
Awareness Events







TOGETHER WE CARE.

MENTAL ILLNESS AWARENESS WEEK

OCT. 1 – 7, 2023



Director's Office Updates:

- Rachel Banks, former MCHD Public Health Director (2017-2020)
- **Board of County Commissioners confirmation 10/5/2023**

Interim CMHP Safety Net Services Senior Manager:

Will oversee Crisis Services, Disaster Behavioral Health, BHRC, Adult Protective Services, and Older Adult Behavioral Health.

Interim CMHP Civil Commitment and Forensic Diversion Senior

Will oversee Aid and Assist, Mental Health Court, Bridge Treatment Team, Involuntary Commitment, and Post-Commitment Services

Behavioral Health Division Director:

With Rachel starting November 1, the plan is to have her join in the selection process. Progressive Interviews will await her start date.





More Director's Office Updates

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- \$1,200,000 Stabilization and Transitional Housing
- \$6,850,000 for 24/7 Stabilization Center
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