

24/7 Drop-off/Sobering Center Plan

Presentation

Multnomah County Board of Commissioners

April 18, 2024

Agenda

- Project Overview
- Discussion
- Next Steps

Background – Urgent Need

- Sobering Center closed in 2019, leaving a critical gap
 - Increase in acuity and overdose deaths
 - Impact on public safety
- Project timeline is very aggressive (~10 months)
 - Dependent on County and City leaders to clear a path for success, including using emergency authorities

Background – Process

2023

Sep 28 Board of Commissioners Supportive Housing Services allocation for planning

Nov 7 Board of Commissioners briefing for initial feedback/questions

2024

Mar 1 First draft of plan distributed by District 3 to stakeholders

Mar-Apr District 3 meetings to gain feedback on draft plan:

- County and City Commissioners
- County departments
- Core Project Team and Key Advisers

Apr 18 Board of County Commissioners Meeting

Project Goals

- 24/7 first responder drop-off center that links with and supports the local crisis continuum and helps divert from jail and hospital emergency departments
- Intake, triage, assessment, transfer, and sobering capabilities
- In-house transportation capability with on and off-ramps to enable rapid step-up and step-down with tightly scoped care coordination
- Evaluation, continuous quality improvement and data sharing to drive performance, transparency, and accountability

Population of Focus

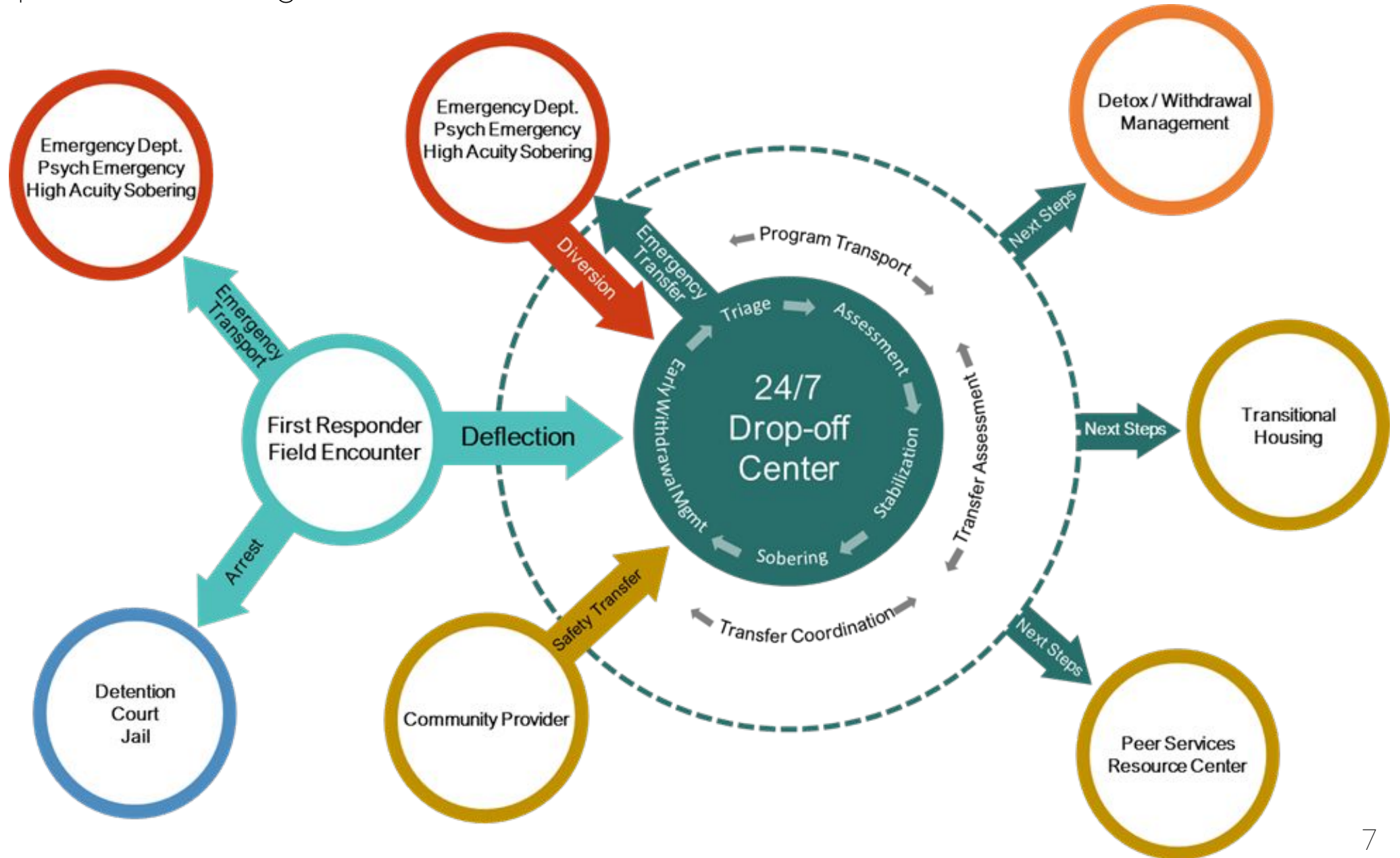
In scope:

- Adults 18+
- Experiencing acute alcohol and drug intoxication
- Not experiencing a physical health emergency
- Voluntary or involuntary

Out of scope:

- Minors under 18
- Individuals identified by EMS per protocol as requiring:
 - Medical emergency services
 - Psychiatric emergency services
 - Long term withdrawal management

24/7-Drop-off/Sobering Center – Role in the Crisis Continuum



Facility Requirements

- Must be in Multnomah County
- Approximately 20-25K sf
- Developed from an existing structure (not a new build)
- Location(s) that all first responder jurisdictions can efficiently access
- Near a hospital emergency department
- Trauma informed and welcoming
- No-weapons policy with appropriate procedures, signage, and training
- Does not create public safety issues or burden in the neighborhood
- Complies with necessary licensing requirements per state, county, and local laws/statutes/regulations

Facility Operating Model

- Care team with medical and behavioral health staff
- No wrong door, low barrier to first responders
- Measurable capacity to safely and rapidly triage, assess, and transfer care to the most appropriate setting
- The ability to provide quality sobering care, early withdrawal management and associated observation
- A facility environment and culture of safety that is trauma-informed
- Designed and staffed to safely care for clients who are agitated, combative, or experiencing psychosis

Transportation/Shuttle Operating Model

- An in-house transportation capability focused and designed specifically to rapidly transfer individuals to and from the 24/7 Drop-off / Sobering Center
- Other transportation options may include:
 - Law enforcement
 - Emergency Medical Services (ambulance)
 - Ride share/cabs for client referrals
 - Mobile crisis programs (e.g. Project Respond, Portland Street Response)

Key Dependencies

Key program dependencies that are out of scope, but critical for the broader behavioral health continuum in addressing the drug crisis include:

- Residential withdrawal management and treatment
- Psychiatric services for individuals with severe and persistent mental illness
- Building the operational model based on currently existing Medicaid payment mechanisms

Deflection

- It is imperative that the 24/7 Drop-off and transportation capabilities support local jail deflection initiatives, including House Bill 4002.
- The facility is a resource to these initiatives; it is not the only resource for deflection efforts.
- The existence of a 24/7 “front door” for the crisis system will enable a focused approach to the collection of criminal justice and health data. This data will be cross walked to create key performance indicators.

Timeline – Urgent and Phased

	FY 23-24	FY 24-25				FY 25-26			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Facility Development									
Site Acquisition / Procurement	█								
Design		█							
Construction			█	█	█	█	█	█	█
							Slack*		
Facility Operator Procurement									
Procurement Development	█								
Selection / Contracting		█	█	█	█				
Phased Program Launch									
Phase 0: Readiness				█	█	█			
Phase 1: Launch						█	█		
Phase 2: Expansion 1							█	█	
Phase 3: Expansion 2								█	█

Phasing Plan

Phase	Months After Launch	Program Development	Referral Sources TO 24/7 First Responder / Sobering	Bed Capacity
0	Facility operator and project management team prepare for launch			0
1	1-3	Triage Intake Assessment Sobering Transfers/Care Coord Transportation	<ul style="list-style-type: none"> • Law Enforcement • EMS • PSR/Fire • Project Respond • TriMet SRT • Emergency Depts 	15
2	3-6	+/Add: System work: Improve capability to transfer to network partners	<ul style="list-style-type: none"> • Peer Provider Orgs • UWIC, CATC • Recovery Housing Orgs • Jail/Corrections • Courts • BHRC • Other shelter providers funneled through a housing retention team 	30
3	6+		<ul style="list-style-type: none"> • CBOs • SUDs & MH providers • Self-referrals 	50

Proposed Budget

Capital

- FY 24 \$11.67M
- FY 25 \$13.52M

Source: State House Bill 5204 \$10M, House Bill 5701 \$15M

Operating

- FY 25 \$7.13M
- FY 26 \$14.07M

Note: This budget was a pro-forma for the state legislative resources that were allocated

Procurement

- Rapid identification and engagement of contractors to maximize the pool of qualified candidates
- Utilization of emergency procurement rules
- Safety focused approach that prioritizes adequately resourced in-house security staffing, processes and procedures designed to support an environment and culture of safety that models trauma-informed practices
- Selection of contractors with the ability to support an aggressive project timeline to open the facility
- Sufficient flexibility in the procurement process to minimize administrative burden for contractors to respond effectively
- Accountability to the community for a transparent and equitable process that aligns with the mission, vision, and values of the organization holding the contract

Discussion

Next Steps

Appendix

Proposed Budget

Budget Category	FY 23-24 04/1/24 - 6/30/24		FY 24-25 7/1/24-6/30/25		FY 25-26 7/1/25 - 6/30/26		FY 26-27 6/30/26-7/1/27	
	State Match	Estimate	State Match	Estimate	State Match	Estimate	State Match	Estimate
A. Personnel	\$0	\$0	\$0	\$4,901,986	\$4,846,149	\$4,846,149	\$2,541,233	\$7,623,699
B. Operations w/ Admin. Overhead	\$0	\$0	\$0	\$695,726	\$696,836	\$696,836	\$354,468	\$1,063,404
C. Capital & Project								
Acquisition	\$8,871,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Facility Improvements	\$1,922,104	\$0	\$11,348,243	\$0	\$0	\$0	\$0	\$0
Furniture & Equipment	\$0	\$0	\$513,250	\$0	\$0	\$0	\$0	\$0
Project Management	\$504,950	\$0	\$1,661,050	\$0	\$0	\$0	\$0	\$0
Total 24/7 Drop-off/Sobering	\$11,298,254	\$0	\$13,522,543	\$5,597,712	\$5,542,985	\$5,542,985	\$2,895,701	\$8,687,103
D. Transportation Program	\$0	\$0	\$0	\$1,526,905	\$1,492,871	\$1,492,871	\$847,738	\$2,543,213
E. Transportation Capital	\$379,203	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Transportation	\$379,203	\$0	\$0	\$1,526,905	\$1,492,871	\$1,492,871	\$847,738	\$2,543,213
Total Request and Match	\$11,677,457	\$0	\$13,522,543	\$7,124,617	\$7,035,856	\$7,035,856	\$3,743,439	\$11,230,316
Total Project Costs	\$11,677,457		\$20,647,160		\$14,071,712		\$14,973,755	

Client Journey Flow

