Multnomah County
Behavioral Health Division
Behavioral Health Advisory Council Meeting
October 7, 2026 10AM - Noon

Community Lived Experience/Family/ Advocate Representatives	Public Service Representatives	Staff	Guests
☑ Barb. Rainish	☑ **CareOregon** Cassi Sturtz	☐ Anthony Jordan	☑ Mira Peraja
☑ Courtney Shannon	☑ **Cascadia Behavioral Healthcare** Dave Kohler	☐ Deandre Kenyanjui	☑ Jodie Traslavina; Oregon State Hospital
☐ Daniella Quebrado	☐ **Central City Concern** Tuesday Hailey	☑ Jay Auslander	☑ Zach Kenney PPB
☑ Etta Assuman	☑ **Lifeworks NW** Mary Fakhoury	☐ Jenny Tsai	☑ Charles (Chuck) Barton-Cooper
☑ Joni Scheib	☑ **Multnomah County Sheriff's Office** Rachelle Ross-Schank	☐ Jessica Jacobsen	☑ John Beckwith
☑ June Howard Johnson	☑ **NAMI Multnomah** Kerri Melda	☑ JJ Jessee	
☑ Katrina Malachowski	☐ **NARA NW** (Resigned)	☑ Mario Cardenas	
☐ Kevin Fitts	☑ **New Narrative** Manzie Butler	☐ Olivia Kilgore	
☑ Laura Bueford	☑ **Quest Center** Victoria Haberkorn/Roman Nolan		
☑ Lisa Yu	☑ **Street Leaves** JoAnne Lang		
☑ Mamie Gathard	☐ Vacant		
☑ Mary Avalon	☐ Vacant		
☑ Patty Hamit Arvizu			
☑ Robert Fentress			
☑ Ruthie Benjamin			
☑ Ryan Hamit			
☐ Vacant			

Topic	Notes:
Welcome and Introductions Group Agreements	JJ and Mario led everyone through a round of introductions. BHAC Co-facilitator Robert Fentress read through the group agreements.
October Proclamation Signing Ceremony	• Childhood Cancer Month • Domestic Violence Awareness Month • Cybersecurity Month • Archives Month • National Disability Employment • Awareness Month • Indigenous Peoples' Day (Oct. 12) • Honoring Bishop C.T. Wells and • First Lady DeAngeloa Wells Watch Live at Noon: www.youtube.com/@MultCoBoard
Office of Consumer Engagement (OCE) Updates	• Deandre is out until October 12. • Olivia is out until October 21. • JJ will be supporting the Steering Committee meeting on the 15th and the Community Workgroup on the 16th.
BHD Director's Office Updates	• Hiring for the Director has been delayed as the Health Department has decided to contract a recruitment firm in an effort to expand the pool of qualified applicants. Rachael will be coming to a future BHAC meeting to share additional information. • We would like to have our QM team come to this group and present on the impacts resulting from House Resolution 1 (HR1 = "One Big Beautiful Bill Act")

Topic	Notes:
Community Announcements	• Roger Garth is now the Program Specialist Sr at BHRC. • PSRPCCEP Full Committee Meeting 10.7.26 | 6:00 pm to– 8:30 pm | Meeting Link | Agenda • BHRC BHAC Tour on October 23rd at 2pm. OCE will send more info soon. • October 14: Ann Kasper hosting Mental Health Day at Albina Library from 6:15-7:30pm
Minute Approval	August General Council Minutes approved with minor changes.
Crisis Services	Please see the attached slides. Final thoughts from Cheryl: • The behavioral health crisis services are about much more than emergency response. The most visible part of a crisis system may be what happens when the mobile team arrives or when someone enters an emergency department, but a tremendous amount of crisis work happens before that point, and ideally prevents the need to ever even reach that point. • Remember is that the Behavioral Health Call Center is not simply a referral line. We are a clinical intervention. When someone calls us, the work begins with that conversation. The fact that approximately 81% of our calls can be resolved without ever requiring a higher level of intervention demonstrates the value of having trained behavioral health clinicians available 24 hours a day. • Crisis response must be proportionate to the specific need, ensuring mobile teams and emergency intervention are deployed appropriately while avoiding unnecessary involvement of emergency systems. • Building a trusted crisis system requires clinical excellence, cultural responsiveness, protection of personal dignity, and enhanced coordination across 911, healthcare providers, community organizations, schools, peers, and families. • Ongoing input from service users and advisory groups is essential to evaluate and refine where the crisis system is succeeding or needs improvement. • Cheryl manages the program, but the program relies on dedicated crisis clinicians working day and night. Clinicians support people during vulnerable, frightening, and

Topic	Notes:
	painful moments. Success is often simple, such as helping someone establish a plan to make it through the night. • Our responsibility as a crisis system is to make sure that when someone reaches out for help, there is someone for them to reach. We must ensure that when they connect with the team, what happens next for them is compassionate, clinically sound, equitable, and connected to the rest of the system. **Feedback, Question and Answer**: **Ryan:** Shared his personal experience from the early 90's with the county crisis system. He expressed he hoped things had improved and that his life would have taken a different turn had things been better back then. **Cheryl's Response:** The Crisis Line and Project Respond have only been around since 2000. Multnomah County saw the need for services that did not exist when Ryan was going through his experiences. Hopefully, moving forward, we will see more integrated, less siloed services, so that what he experienced will not happen to anybody else. **Mira:** Thanked Cheryl for the presentation and the shared information. She brought up that she believes the correct term is Latiné, not Latine? **Cheryl's Response:** The staff with Latinx Knowledge Skills and Abilities (KSA's) suggested that Latine was now considered more inclusive but Cheryl will take the feedback back to the team. **Barb:** Thanked Cheryl for the presentation as well. Asked if the Call Center is bound by HIPAA. She believes once law enforcement is involved they're not bound by HIPAA. The second question had to do with call volume and 81% of calls being handled over the phone and what the 86% referred to on the slide regarding Bureau of Emergency Communications (BOEC). **Cheryl's Response:** The Call Center answers crisis lines for Multnomah, Washington, and Clackamas counties, handling and resolving 81% of calls over the phone. Regarding BOEC, the program maintains a memorandum of understanding with Multnomah County's Bureau of Emergency Communications and embeds a clinician there.

Topic	Notes:
	HIPAA applies when a caller is not in imminent danger; however, it does not apply during active crises. In life-threatening situations, such as someone standing on a bridge, we immediately request emergency services via 911. Whenever 911 or emergency response is dispatched, we also deploy mobile crisis partners to avoid having law enforcement respond alone to behavioral health crises. **Barb:** Clarified the mobile responders are Project Respond. **Cheryl's Response:** Yes, in Multnomah County, mobile response is Project Respond but the Call Center answers calls for Washington and Clackamas counties as well. **Courtney:** Asked about a friend that was in crisis a couple days ago, and wound up calling 911. A response team was sent out along with police and he was admitted to Unity but released the following morning. Is that normal? **Cheryl's Response:** It can be. When an individual experiencing an active suicidal crisis is placed on a director's or police officer's custody hold, the hold serves strictly for transportation to the hospital. Upon arrival, the initial hold is released, and the treating physician or psychiatrist must decide whether to continue it, as the hospital determines the level of intervention required for safety. **Mary:** Asked for clarification on the part of the presentation regarding intensive services. **Cheryl's Response:** Individuals who are released after being placed on a hospital hold without a regular mental health provider are referred to the Multnomah Intensive Transition Team. This service provides aftercare for former inpatients to ensure they are connected to outpatient mental health services. **Mary:** What is crisis respite? **Cheryl's Response:** Multnomah County offers two main respite facilities: **Telecare CATC:** Provides higher-level respite and crisis stabilization services. **Rockwood Respite:** Offers up to 30 days of respite care to help prevent hospitalization or assist as a step-down from a higher level of care. (See final feedback regarding Rockwood via Dave Kohler at the end of this section of notes.)

Topic	Notes:
	Mary: Shared a recent negative experience she had with the call line when calling in about a family member. She admits she was agitated but wondered if she should have presented herself differently. **Cheryl's Response:** No. Anytime someone is calling in about a loved one, they will be worried and the clinicians get escalated callers all the time. She will review the call and talk to the clinician. Cheryl wants absolutely great customer service on every call, especially by her trained staff. She will review the call to ensure that the clinical team is responding in a way that is helpful. Although Multnomah County has limited resources and cannot provide all necessary answers, the goal is to offer clear psychoeducation regarding available capabilities and limitations. **Mary:** Last question. Asked about getting a ticket to the BHRC. They have family that lives on 6th and Davis and they didn't even know about the place. **Cheryl's Response:** There is a ticketing system but she doesn't have the specifics off the top of her head. (JJ will share with notes and slides) **BHRC Van and Ticketing:** BHRC Van Info and Hours: 7am coffee and tickets. The van is usually gone by noon or 1pm when all the tickets are gone for the day. There are 4 queues: 8am, 11am, 2pm and 5pm. **Barb:** Asked if the Call Center referred folks to EASA (Early Assessment and Support Alliance)? **Cheryl's Response:** Yes, they manage all the EASA referrals. That's one of the jobs of the call center and why it's not just crisis line services. They do all of their referrals from individuals, clients themselves, hospitals — whomever calls wanting an EASA referral for someone. **Barb:** Shared that CATC is not only respite. Folktime is Peer Respite and there is Able House at the coast. **Cheryl's Response:** Correct. Since CAT-C is a county contractor, that is the first to usually get mentioned but Folktime is another resource callers are often referred to. It is part of the Resource Assistant (the referral resource) used by the clinicians.

Topic	Notes:
	Joni: Thanked Cheryl for the presentation. Referred to what Mary shared about being asked for name and relationship information. She suggested that explaining why information is asked for if client exhibits discomfort at being asked might help de-escalate things. Joni also appreciated the fact that calls are reviewed. It is good to have someone keep an eye on how things are going with clinicians and/or volunteers, whether they have been around just a short time or for many years. **Cheryl's Response:** The call center does not use volunteers. All staff are masters level clinicians. This is due to the level of crisis services that are addressed. While other crisis lines use volunteers, the county cannot. Cheyl would like to add peers to the call center line in the future. It would add great value and free up the clinicians who get tied up with callers who may not need that level of care. The caller may just need someone to have an authentic conversation with and someone to listen rather than a clinician who will try to clinically intervene and connect them to resources. **Joni:** Of the 81% of calls resolved on the crisis line, is there a way to track what percentage actually follow up. Is the resolution rate actually that high? **Cheryl's Response:** Results are tracked using insurance portals and through a risk case manager who can follow up with repeat callers with additional outreach and connections. **Dave Kohler:** The Rockwood Clinic is currently unavailable while they reconsider the programming and deal with location issues.
Discussion about November Elections	**<u>9 positions available:</u>** ● 2 Lived Experience/Family/Advocate members are up for re-election, 1 vacancy: ○ Barb Rainish ○ Katrina Malachowski ● 3 Provider Representative Organizations are up for re-election, 3 vacant seats: ○ Cascadia (Dave Kohler) ○ Multco Sheriff's Office (Rachelle Ross-Schank) ○ NAMI (Kerri Melda) ● Eligible candidates for vacant seats: Mira Peraja, Portland Police Bureau: Zach

Topic	Notes:
	Kenney and Oregon State Hospital: Jodie Traslavania. **<u>Received to date:</u>** ● Dave Kohler ● Rachelle Ross-Schank **<u>Declined:</u>** ● Portland Police Bureau. Will continue to attend but do not plan on submitting an application. **<u>Outstanding Applications:</u>** Lived Experience/Family/Advocate: ● Barb Rainish ● Katrina Malachowski ● Mira Peraja* Public Service Representative: ● NAMI Multnomah: Kerri Melda ● Oregon State Hospital: Jodie Traslavania* If the remaining candidates submit their applications and are all elected onto the council, all 17 Lived Experience/ Family/Advocate member seats will be filled, leaving 2 vacant Public Service Representative seats.
Wrap-Up	Etta requested that new Public Service Representatives filling the seats for their organization share a little about themselves and their positions so the established council members can get to know them better. Rachelle Ross-Schank: Rachelle replaces Nora Mains from the Sheriff's Office. Rachelle supervises the corrections counselors at the Multnomah County Jail and has both living and lived experience with Behavioral Health issues. She has been in her position for 13 months. The counselors she supervises are the front line dealing with the AIC's (adults in custody) at the jail. She deals with transition planning for when AIC's are released,

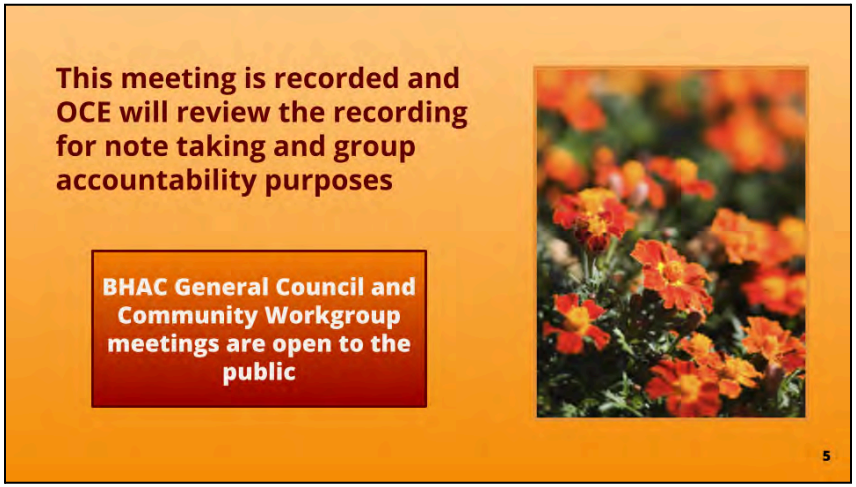
Topic	Notes:
	grievances, and basically anything else that comes up. Roman Nolan: Works for Quest Center for Integrated Health and replaces Victoria Haberkorn because their responsibilities have changes. Roman is a behavioral health administrator and does a lot of data analysis that helps the program managers better serve the community.
Next Meeting	November 4th, 2026 from 10am-Noon

Regular Meeting Slides









October Proclamation Signing Ceremony

- Childhood Cancer Month
- Domestic Violence Awareness Month
- Cybersecurity Month
- Archives Month
- National Disability Employment Awareness Month
- Indigenous Peoples' Day (Oct. 12)
- Honoring Bishop C.T. Wells and First Lady DeAngeloa Wells

October 7, 2026

Join the Board of County Commissioners at Noon for the Multnomah County Proclamation Ceremony.
Watch Live at:
www.youtube.com/@MultCoBoard

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OCE Updates



- Deandre is out until October 12.
- Olivia is out until October 21.
- JJ will be supporting the Steering Committee meeting on the 15th and the Community Workgroup on the 16th.

Director's Office Updates

- Hiring for the Director has been delayed as the Health Department has decided to contract a recruitment firm in an effort to expand the pool of qualified applicants. Rachael will be coming to a future BHAC meeting to share additional information.
- We would like to have our QM team come to this group and present on the impacts resulting from House Resolution 1 (HR1 = "One Big Beautiful Bill Act")

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Recovery Pathways Center Update

We have a finalized name and logo!

We are pleased to announce the name of the future Sobering and Crisis Stabilization Center is:

Recovery Pathways Center

Website: https://multco.us/info/future-sobering-and-crisis-stabilization-center

Recovery Pathways Center Project

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Recovery Pathways Center Update

Services Provider

- *"Founded in 1982, Community Bridges, Inc. provides a full continuum of the highest quality substance use and mental health services in Arizona, Oklahoma, and Washington, DC."*
- CBI is the service provider for both temporary and permanent locations.
- They started providing services at the Pathway Center on July 1, 2026

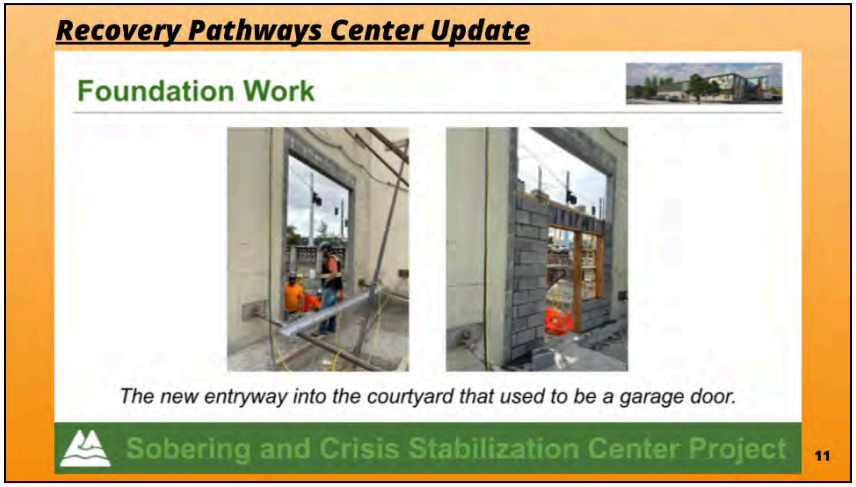
COMMUNITY BRIDGES

Website: communitybridgesinc.org

Recovery Pathways Center Project

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Recovery Pathways Center Update
Foundation Work
It was concrete month! Above is the front of the building before and after the shotcrete installation.
Sobering and Crisis Stabilization Center Project
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Recovery Pathways Center Update
Foundation Work
The new entryway into the courtyard that used to be a garage door.
Sobering and Crisis Stabilization Center Project
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Community Updates
August Minute Approval
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Close Slides for Presentation/Discussion
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November Elections

9 positions available:

- 2 Lived Experience/Family/Advocate members are up for re-election:
  - Barb Rainish
  - Katrina Malachowski

  One vacant seat
- 3 Provider Representative Organizations are up for re-election:
  - Cascadia (Dave Kohler)
  - Multco Sheriff's Office (Rachelle Ross-Schank)
  - NAMI (Kerri Melda)

  3 vacant seats
- Eligible candidates for vacant seats: Mira Peraja, Portland Police Bureau: Zach Kenney and Oregon State Hospital: Jodie Traslavania.



Applications emailed on 9/21/2026. Applications due on 10/13/2026.

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Application Status to Date

Received to date:

- Dave Kohler
- Rachelle Ross-Schank

Declined:

- Portland Police Bureau. Will continue to attend but do not plan on submitting an application.

Outstanding Applications:

- Lived Experience/Family/Advocate:
  - Barb Rainish
  - Katrina Malachowski
  - Mira Peraja*
- Public Service Representative:
  - NAMI Multnomah: Kerri Melda
  - Oregon State Hospital: Jodie Traslavania*



*Met attendance requirements for candidacy or will meet with October meeting attendance.

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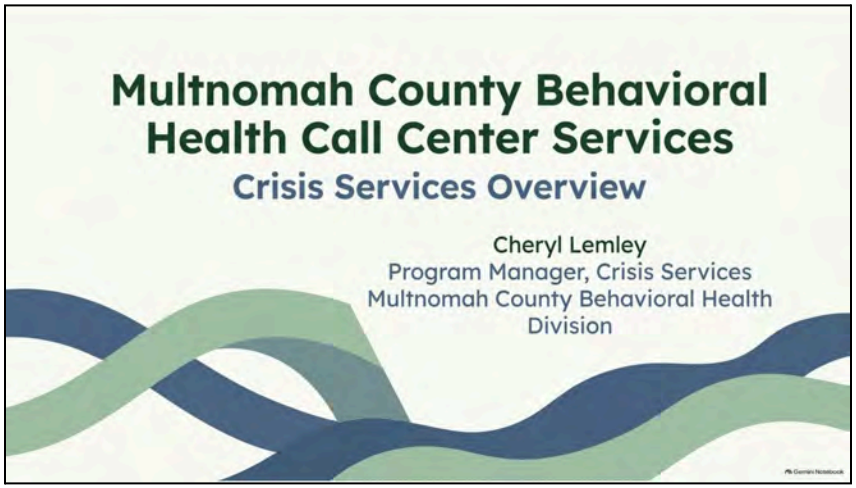
Looking Ahead

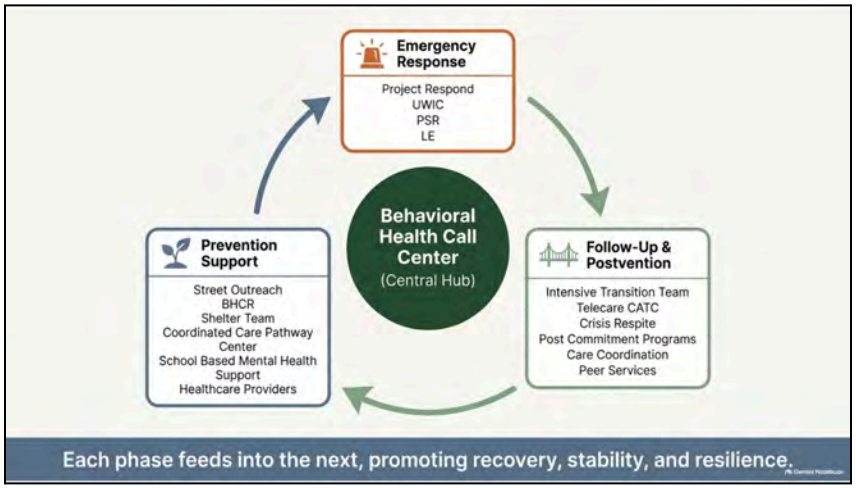
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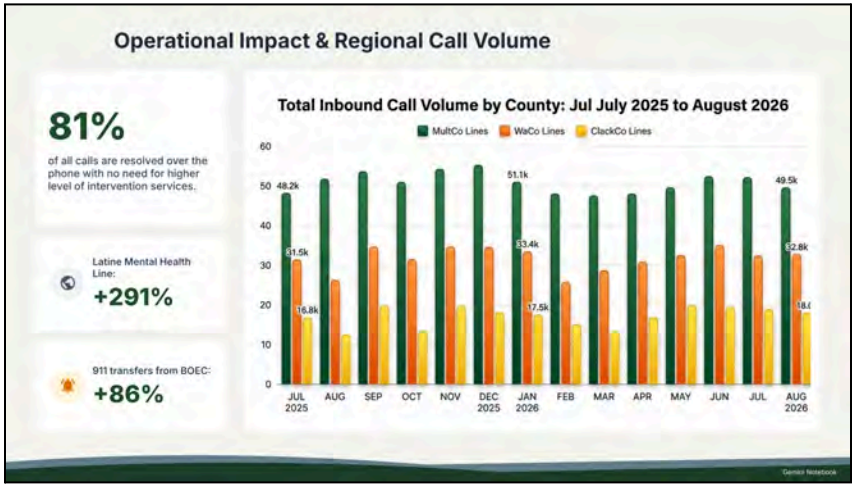
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Crisis Services Slides

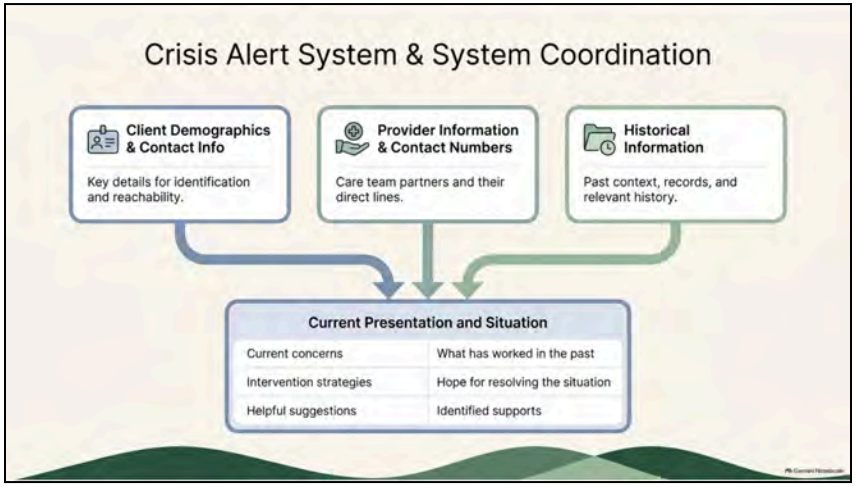


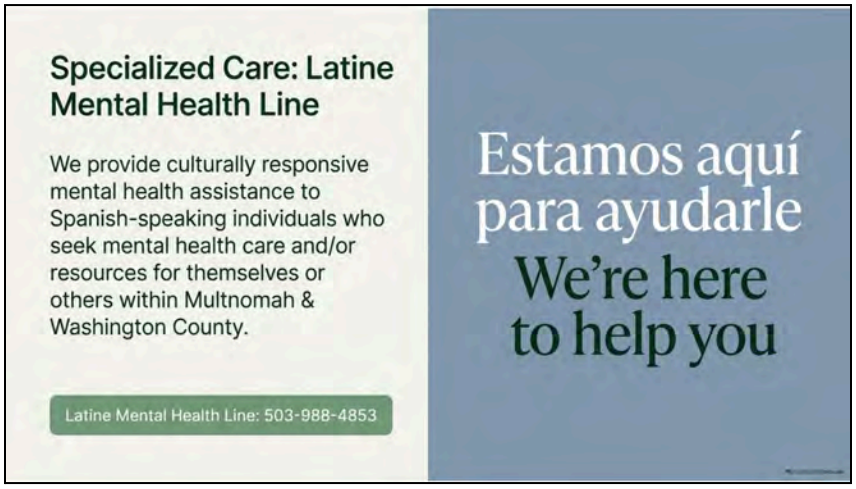


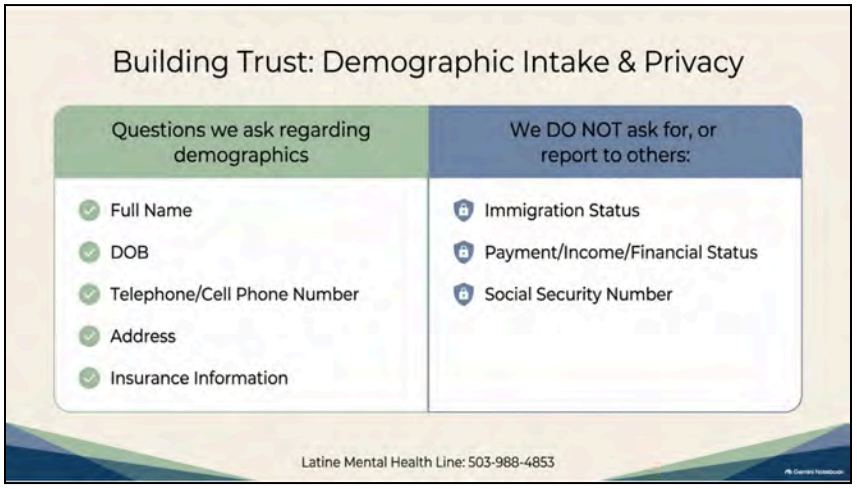





The Caller Journey: What to Expect
Caller Information
Name
Organization
Contact Information
Client Information
Name
Demographics
Location
Assessment
Current Concern (why today?)
Relevant history
Review Crisis Alert
CSSRS; CALM
Plan
Safety Planning
Follow-up
Care Coordination
Recommend, Refer, Deploy


Crisis Alert System & System Coordination
Client Demographics & Contact Info
Key details for identification and reachability.
Provider Information & Contact Numbers
Care team partners and their direct lines.
Historical Information
Past context, records, and relevant history.
Current Presentation and Situation
Current concerns
What has worked in the past
Intervention strategies
Hope for resolving the situation
Helpful suggestions
Identified supports


Specialized Care: Latine Mental Health Line
We provide culturally responsive mental health assistance to Spanish-speaking individuals who seek mental health care and/or resources for themselves or others within Multnomah & Washington County.
Latine Mental Health Line: 503-988-4853
Estamos aquí para ayudarle
We're here to help you


Building Trust: Demographic Intake & Privacy
Questions we ask regarding demographics
Full Name
DOB
Telephone/Cell Phone Number
Address
Insurance Information
We DO NOT ask for, or report to others:
Immigration Status
Payment/Income/Financial Status
Social Security Number
Latine Mental Health Line: 503-988-4853

In-Person Support: Behavioral Health Resource Center

333 SW Park Ave | 503-988-4100
7:00 am - 8:00 pm (BHRC Day Center Referral)
Van phone: 971-352-0582





Services (8am-8pm daily):

	Peers support		Basic wound care
	Restroom, Showers, Laundry, Lockers		Activities
	Computers and charging stations		Warm, safe place to relax

Questions?

Cheryl Lemley
cheryl.lemley@multco.us

Multnomah County Behavioral Health Call Center – Crisis Services Overview.