

**Multnomah County
Behavioral Health Division
Behavioral Health Advisory Council Meeting
March 4th, 2026 10AM - Noon**



Community Lived Experience/Family/ Advocate Representatives	Public Service Representatives	Staff	Guests
<input checked="" type="checkbox"/> Barb. Rainish <input checked="" type="checkbox"/> Courtney Shannon <input checked="" type="checkbox"/> Eric Bray <input checked="" type="checkbox"/> Etta Assuman <input checked="" type="checkbox"/> Joni Scheib <input checked="" type="checkbox"/> June Howard Johnson <input checked="" type="checkbox"/> Katrina Malachowski <input checked="" type="checkbox"/> Laura Bueford <input checked="" type="checkbox"/> Lisa Yu <input checked="" type="checkbox"/> Mamie Gathard <input checked="" type="checkbox"/> Mary Avalon <input checked="" type="checkbox"/> Patty Hamit Arvizu <input checked="" type="checkbox"/> Robert Fentress <input checked="" type="checkbox"/> Ruthie Benjamin <input checked="" type="checkbox"/> Ryan Hamit <input type="checkbox"/> Vacant <input type="checkbox"/> Vacant	<input type="checkbox"/> CareOregon Cassi Sturtz <input checked="" type="checkbox"/> Cascadia Behavioral Healthcare Dave Kohler <input type="checkbox"/> Central City Concern Tuesday Hailey <input type="checkbox"/> Lifeworks NW Mary Fakhoury <input checked="" type="checkbox"/> Multnomah County Sheriff's Office Nora Mains (NWIAS) <input checked="" type="checkbox"/> NAMI Multnomah Kerri Melda <input type="checkbox"/> NARA NW Albie Lemos <input checked="" type="checkbox"/> New Narrative Haven Taylor <input checked="" type="checkbox"/> Quest Center Allison Haws/ Victoria Haberkorn <input checked="" type="checkbox"/> Street Leaves JoAnne Lang <input type="checkbox"/> Vacant	<input type="checkbox"/> Anthony Jordan <input checked="" type="checkbox"/> Deandre Kenyanjui <input checked="" type="checkbox"/> Jay Auslander <input type="checkbox"/> Jenny Tsai <input type="checkbox"/> Jessica Jacobsen <input type="checkbox"/> JJ Jessee <input checked="" type="checkbox"/> Mario Cardenas <input checked="" type="checkbox"/> Olivia Kilgore <input checked="" type="checkbox"/> Roger Garth <input type="checkbox"/> Diego Basabe <input type="checkbox"/> Leah Drebin <input type="checkbox"/> Marc Harris <input type="checkbox"/> Sharmila Bose <input type="checkbox"/> Maren Zieba	<input checked="" type="checkbox"/> PPB BHU: Jennifer Butcher <input checked="" type="checkbox"/> Cee Carver OHA <input checked="" type="checkbox"/> Molly Griggs Cascadia <input checked="" type="checkbox"/> Kells Perry New Narrative <input checked="" type="checkbox"/> Noelle Ramirez Cascadia <input checked="" type="checkbox"/> Nikole C Cascadia <input checked="" type="checkbox"/> Dane Achalas DoGood Multnomah

Topic	Notes:
Welcome and Introductions Group Agreements	Roger led BHAC through a round of introductions. BHAC Co-facilitator Robert Fentress and Barb. Rainish read through the group agreements.
Recognition Month or Awareness Events (if Applicable)	<p>Recognition Month Events (if Applicable) Proclamation Ceremony is 3/4/2026</p> <ul style="list-style-type: none"> ● Woman's History Month & Women in Sustainability ● Brain Injury Awareness Month ● Lunar New Year <p>Other Awareness Events in March:</p> <ul style="list-style-type: none"> ● Developmental Disabilities Awareness Month ● Transgender Day of Visibility (March 31) ● Self Injury and Harm Awareness Day (March 1) ● Gender Equality Month ● World Sleep Day (March 13)
Announcements and Community Updates	<ul style="list-style-type: none"> ● Community updates: <ul style="list-style-type: none"> ○ Courtney Shannon shared that March 18th 5-9pm Welcome home coalition is hosting an art exhibit at Stella Art Gallery. https://www.dearportlandexhibit.com/ ● OCE updates: <ul style="list-style-type: none"> ○ OCE staff helped coordinate and table at a resource fair at the BHRC with those in the BHRN network ○ Peerpocalypse 2026 updates - 7 in person and 2 virtual scholarships awarded ○ OCE is working with the BHD Director's Office and the Regional Arts & Cultural Council (RACC) to identify artists and artwork for the permanent sobering and crisis stabilization center

Topic	Notes:
	<ul style="list-style-type: none"> ○ The May BHAC general council meeting conflicts with Peerpocalypse conference. The meeting has been rescheduled for Wednesday, May 13th. ● BHD Directors Office Updates <ul style="list-style-type: none"> ○ FAC-1 construction for the new sobering & crisis stabilization permanent facility has started. The BHD Director’s Office will be presenting more updates on this project at the board meeting on March 12th, 2026. <ul style="list-style-type: none"> ■ You can submit public testimony at multco.us/info/public-testimony-webform
Minute Approval	February General Council meeting minutes were approved by BHAC members.
Round Table Discussion: Perspectives on aid and assist in Oregon	<ul style="list-style-type: none"> ● Olivia introduced Noel Ramirez (Cascadia), Kels Perry (New Narrative), Cee Carver (OHA), Haven Taylor (New Narrative), Molly Griggs (Cascadia) and Nikole (Cascadia). ● New Narrative does work with folks connected to the psychiatric security review board and aid and assist. In both of these situations, people have been mandated to mental health treatment related to their charges. ● Aid and assist is people who have been charged but not convicted of a crime, but who have been found not able to aid and assist in their own defense. That is a large portion of people at the Oregon State Hospital. <ul style="list-style-type: none"> ○ This has been a crisis point in Oregon for quite some time. There’s not adequate support to support people in stabilizing the community, community restoration or restoring in the community. ● Molly Griggs manages the community navigator pilot for the Multnomah County area. ● People in aid and assist usually have experienced system trauma and there is more work to be done to adequately support that. For example, the trauma people have experienced engaging in the system is not usually taken into account, and how that

Topic	Notes:
	<p>affects their ability to engage moving forward. There are also gaps around housing. If someone is found able to assist, sometimes people are in places where they are starting to receive care, then lose the services with that finding.</p> <ul style="list-style-type: none"> ● Molly shared that aid and assist can be really complicated and difficult to understand, for those impacted and their family/community. ● Kells works at New Narrative with their Community Navigation team as a program manager (Polaris transition team). <ul style="list-style-type: none"> ○ It's really great to have these services available for people, but there is definitely room for improvement. ○ The Mosman Order (2022) changed a lot of things relating to how long people can be held at Oregon state hospital and opened up capacity for new admissions. ● Cee works with the peer recovery dept at the Oregon State Hospital. There are 10 peers for about 700 people at the Oregon state hospital. <ul style="list-style-type: none"> ○ Aid and Assist is complex and difficult to sketch out what the process exactly looks like from start to finish. There are legal perspectives, psychiatry perspectives, psychology perspectives, forensic evaluation services perspectives and the social work perspective. All Oregon state hospital, all of these departments are pretty siloed. That's been a big challenge for the peer team because they aren't embedded in those departments. ○ The goals of the peer support team at Oregon State Hospital is to walk with people, provide 1:1 peer support and to do that with fidelity. They do not take notes or do charting. ● Noelle Ramirez works with a residential treatment facility called McCarthy place. Prioritization for admissions to residential treatment facilities prioritizes and assists folks coming out of the Oregon State Hospital. <ul style="list-style-type: none"> ○ A residential treatment facility is not secure. People have free access to come and go from the facility as they please.

Topic	Notes:
	<ul style="list-style-type: none"> ○ As a program manager, it can be difficult to navigate all of the requirements for the various forms of aid and assist. Some people are ordered to community restoration – they support to figure out what that means and what the things they need to have in place to support that person to engage with the requirements of that. ○ It usually takes about two weeks to get a good idea of what someone’s needs are. They have to establish certain things within a time frame - getting residential service plan, getting a mental health assessment, getting connected with PCP and dentist. ○ Getting an intake and transitioning into a new place is stressful for people. ○ Outside of aid and assist, every resident at McCarthy has a history of or currently has dual diagnosis - mental health and SUD. Noelle has been trying to advocate strongly for peer services for all of the residents, not just aid and assist. <ul style="list-style-type: none"> ■ Having peer support in this way could reduce someone’s desire to leave the facility immediately, which contributes to so much recidivism. ● Kells shared one of the privileges of doing this work is getting to interrupt a cycle that a lot of folks go through, especially when there doesn’t appear to be a lot of alternatives for them. They frequently meet people coming out of jail. <ul style="list-style-type: none"> ○ It can give folks a perspective where they can take a step back when certain basic needs are being met along with community support needs and 1:1 peer support needs are met. ● Molly added that many people do get stuck in a cycle. However, when peers step in and wrap around to provide services and support, and have an understanding of the trauma people have experienced and how it affects them, they do see them change that cycle. It can also show people that there is a different option. Many are jaded by their experiences in the system, and the system is set up to return people and perpetuate that cycle. It is not really set up for people’s success.

Topic	Notes:
	<ul style="list-style-type: none"> ○ The Community Navigator pilot with Cascadia inserts some connection and change, with the possibility for it to be different for folks. ● Barb. asked how often people get reassessed for aid and assist? What percentage of people at Oregon State Hospital are there for aid and assist? <ul style="list-style-type: none"> ○ Cee doesn't know the exact numbers, but typically someone will go in front of the forensic evaluation services within 60 days of going to the hospital. After that evaluation, if they are found able, they go back to jail. If they are not able, they will have another assessment. It also is dependent on how long the term of the charges are. ○ Kells added that mental health evaluations are done periodically through the process, and that is another way people are assessed/considered whether they are able to aid and assist in their own defense. Judges will look at if people are following the mandated treatment they've been given (ex. taking medications, participating in services) ● Nora Mains added that she works in the jails and with the highly acute population and the aid and assist population. <ul style="list-style-type: none"> ○ Typically what they see from the jail side is that someone is having an acute mental health issue where SUD may play a role, as well as systemic trauma. They do not force medication at the jails. If there is an individual who is not wanting or willing to take medication, or if the medication is not working for them or if they are suffering, then it's up to the counselors and medical staff to recommend rapid evaluation or their lawyers can order a psych eval as well. A lot of new lawyers don't understand the process and oftentimes individuals are in custody longer than they should be. ○ Getting that evaluation is big. The judge can also order a 365, which is a one day evaluation, to see if they qualify for a mental health diagnosis. But it can take 6 months for people to even get to the Oregon State Hospital.

Topic	Notes:
	<ul style="list-style-type: none"> ○ There are mental health evaluations with Judge Nan Waller on Tuesdays at 1pm. She will order based on presentation or finding - a 370, 365 or opportunity to check in with forensic evaluation. <ul style="list-style-type: none"> ■ A judge can also order community restoration, which requires that they take medication. ● Joanne Lang asked what capacity is like with the aid and assist program. Do people have high caseloads? Are there enough peers to go around? Are there funding issues you're running into? <ul style="list-style-type: none"> ○ The Community Navigator Program (Cascadia) is currently well funded. But there are many other areas experiencing a lack of funding that does impact their work (ex. housing related, whether people are able to get services, other programs that surround the Community Navigator pilot are breaking down due to lack of funding. ○ Dave Kohler added that for the licensed residential programs for mental health with Cascadia, they now prioritize aid and assist admissions. But there is a lot of competition for those residential care spaces. He also asked the other panelists if they are connected and able to collaborate and coordinate together? <ul style="list-style-type: none"> ■ Yes to both! There are OHA sponsored meetings where folks all come together and talk about the pilot and how that's working. They also have individual relationships and support each other! ○ New narrative's residential mental health treatment programs also have a priority system. <ul style="list-style-type: none"> ■ For this type of program that is not forensic, the funding can shift immensely and can be done in a matter of days, weeks or 30 days max. It's a huge challenge. To address this, they try to push out timelines and leverage diversion funds.

Topic	Notes:
	<ul style="list-style-type: none"> ● Noelle shared that for all folks in Multnomah County, if you don't have an income you can apply for Multnomah County Workbook and have their housing and personal spending funds paid for by Multnomah County. They can be on it as long as they need to, which gives them time to help someone apply for SSI, etc. <ul style="list-style-type: none"> ○ At her program when the waitlist opens up, she gets a mix of people who are on aid and assist and people who aren't. She sees people in aid and assist move through the waitlist very quickly. They are often already off her waitlist before she can make a bed offer. ○ In terms of prioritization, there are levels 1-5. Level 5 folks are the lowest priority- have not committed a crime but experience mental health systems. They shuffle around on the waitlist which is unfortunate. She has not ever been able to make a bed offer to someone who is level 4 or 5. ● Courtney asked what the Mosman Order is and what it means? Earlier it was mentioned that sometimes people get discharged from mental hospitals and they don't get to follow up. With aid and assist, is there a way to track down these folks? How many beds are available and is there a max stay for transitional housing beds? <ul style="list-style-type: none"> ○ Molly shared that transitional beds differ by the program and the way they are funded. In an ideal world in the pilot Molly is working with, they are meeting with people while they are in the hospital, building relationships, and continuing after they get out of the hospital. This is a very complex system. Sometimes they don't know someone's getting out of the hospital or out of jail until they are discharged. Building that relationship inside is very valuable. Once someone has fallen through a crack, whether it was their choice or the system, people disappear and it's very challenging to find them. There's an ongoing flow of people coming in, so they are limited with how much time they can try to track someone. It's a very frustrating and painful system. <ul style="list-style-type: none"> ■ This is a big reason why the pilot program is so needed.

Topic	Notes:
	<ul style="list-style-type: none"> ● Jay Auslander added there are 120 individuals in community restoration at any given time in Multnomah County, over 100 individuals in the state hospital under aid and assist, and at least a couple dozen in jails or invernness. <ul style="list-style-type: none"> ○ New rules, house bills and the Mosman timelines created less time that someone could go to the state hospital. There are now timelines for how long someone can be in community restoration. ○ To go to the state hospital, someone only qualifies if they have a certain level of charge. <ul style="list-style-type: none"> ■ There is now tolling. If someone is not doing what they are supposed to be doing for community restoration, they will put their community restoration time on hold until they can get back in compliance with the court. Then their community restoration time will again. ● Etta asked what supports are in place for family members and loved ones of someone? <ul style="list-style-type: none"> ○ It ultimately depends on how much someone would like to be involved. Often it necessitates a release of information. In Kells' experience, sometimes family (that signs an ROI) might help peers determine what kind of support someone needs. Some peers may offer peer support to the family member. Ultimately there is not a standard, but it varies based on the situation and the individual.
<p>Policy and Advocacy Training Preview</p>	<ul style="list-style-type: none"> ● Policy Academy (created and facilitated by Deandre Kenyanjui) <ul style="list-style-type: none"> ○ This policy training was initially designed for people of color, especially black folks. It is for anyone that wants to build a foundational knowledge of what policy is, how it works and why it matters. It was initially created for Black and other marginalized communities, so keep it in mind. This is the first of two parts. ○ ** see slide deck included below ○ At the County, you can sign up to give testimony directly to the Board of County Commissioners during their regular board meetings.

Topic	Notes:
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ■ Barb. added If you testify, you can mention that you are a member of BHAC, but you need to be <i>really clear</i> that you are not speaking for the council. ■ Some jobs may have a policy about testifying while on the clock. ● Barb added that bills have to go through the house and then the senate to pass. ● For marginalized communities, policy shapes every part of our lives. Policy decides where you can live, the quality of schools our children attend, who has access to healthcare, mental health services, whether people return from incarceration, get housing or jobs. ● Policy and law can be enacted for many years. There are some laws and policies that have been around since the 1930s. ● OCE gets a lot of house and senate bills to review during the legislative session. ● Policies have been used as a tool for oppression and exclusion. <ul style="list-style-type: none"> ○ Examples like redlining, mass incarceration - which affected many black portlanders ○ There were no black people incarcerated during slavery. <ul style="list-style-type: none"> ■ Because slaves were property of white plantation owners, and you could not incarcerate someone's property. Slaves were more valuable and profitable to landowners as chattel slaves. ■ This is when we first started seeing slave patrol, once slaves were freed, which eventually turned into the modern police. ● Many policies have fine print that are important to take note of and track, because it can sometimes negatively impact communities they are intended to serve. ● Joni asked for clarification around if slave patrols evolved into modern day police departments?

Topic	Notes:
	<ul style="list-style-type: none"> ○ Yes, there is a lot of connection there between slave patrols and modern day police departments, which might be challenging to hear. Deandre would advise anyone interested to do their own research. ○ In the 1700s, there was something white folks created called the slave patrol because they felt uncomfortable that there were free black people roaming the streets, and they started to police their neighborhoods. ● Deandre will do some edits to this curriculum and encourages everyone to do further research on policies.
Next Meeting	<p>Next BHAC General Council meeting is Wednesday, April 1st, 2026</p> <p>**Reminder: May's BHAC General Council meeting will now be on 5/13.</p>



**BHAC General
Council Meeting
03/04/2026**

**BEHAVIORAL
HEALTH
ADVISORY
COUNCIL**

BHAC Meeting Reminders and Group Agreements

Making space for all voices

- Hold space, make space
- Remember WAIT (Why Am I Talking?) & 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 (pure intention does not eliminate harmful impact)
- 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
- Limit comments to two minutes
- Limit acronyms and jargon
- Interrupt conversations that cause harm



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BHAC Meeting Reminders and Group Agreements



Self-care

We support one another by taking care of ourselves

Pause before speaking when feeling stressed -
respond rather than react

Expect and accept non-closure

Experience discomfort - (creating a safer space for challenging
conversations can be uncomfortable at times)

Take the conversation off-line with staff

Virtual meeting reminders

Try not to talk over each other - raise hand; use chat; accommodate
people on the phone and tech issues

Silence microphones when not speaking

Go off camera when necessary

3

BHAC Meeting Reminders and Group Agreements

Disruptive behavior during the meeting will result in:

1. Facilitator calls attention to harmful behavior
2. If behavior continues, participant will be reminded of impact and warned of potential meeting separation via private chat or via verbal warning if on phone
3. Separation from meeting with continued disruption



Monthly Awareness and Recognition

Join Proclamation Ceremony 3/4/26 at Noon: <https://www.youtube.com/MultCoBoard>



Lunar New Year



Women's History Month & Women in Sustainability



Developmental Disabilities Awareness Month



Brain Injury Awareness Month



Transgender Day of Visibility (March 31)



Self Injury and Harm Awareness Day (March 1)

Monthly Awareness and Recognition

Join Proclamation Ceremony 1/14/26 at Noon: <https://www.youtube.com/MultCoBoard>



Gender Equality Month



World Sleep Day (March 13)

Announcements

OCE Updates

- OCE staff helped coordinate and table at a resource fair at the BHRC with those in the BHRN network
- Peerpocalypse 2026 updates - 7 in person and 2 virtual scholarships awarded
- OCE is working with the BHD Director's Office and the Regional Arts & Cultural Council (RACC) to identify artists and artwork for the permanent sobering and crisis stabilization center
- The May BHAC general council meeting conflicts with Peerpocalypse conference. The meeting has been rescheduled for Wednesday, May 13th.

Director's Office Updates

- FAC-1 Construction has started at the permanent sobering and crisis stabilization center! More updates will be presented at March 12th Board meeting

FAC-1 Construction - Permanent Facility

Next Meeting on
this topic is on
March 12, 2026

Submit testimony by completing the
public testimony webform:

multco.us/info/public-testimony-webform

If interpretation is needed, please email
boardclerk@multco.us 48 hours in
advance of the meeting

Your Voice at County Meetings

Learn how to attend, watch, and speak at **County Board Meetings**.

Get details:

- > Scan the QR code below
- > Visit: multco.us/info/about-board-meetings

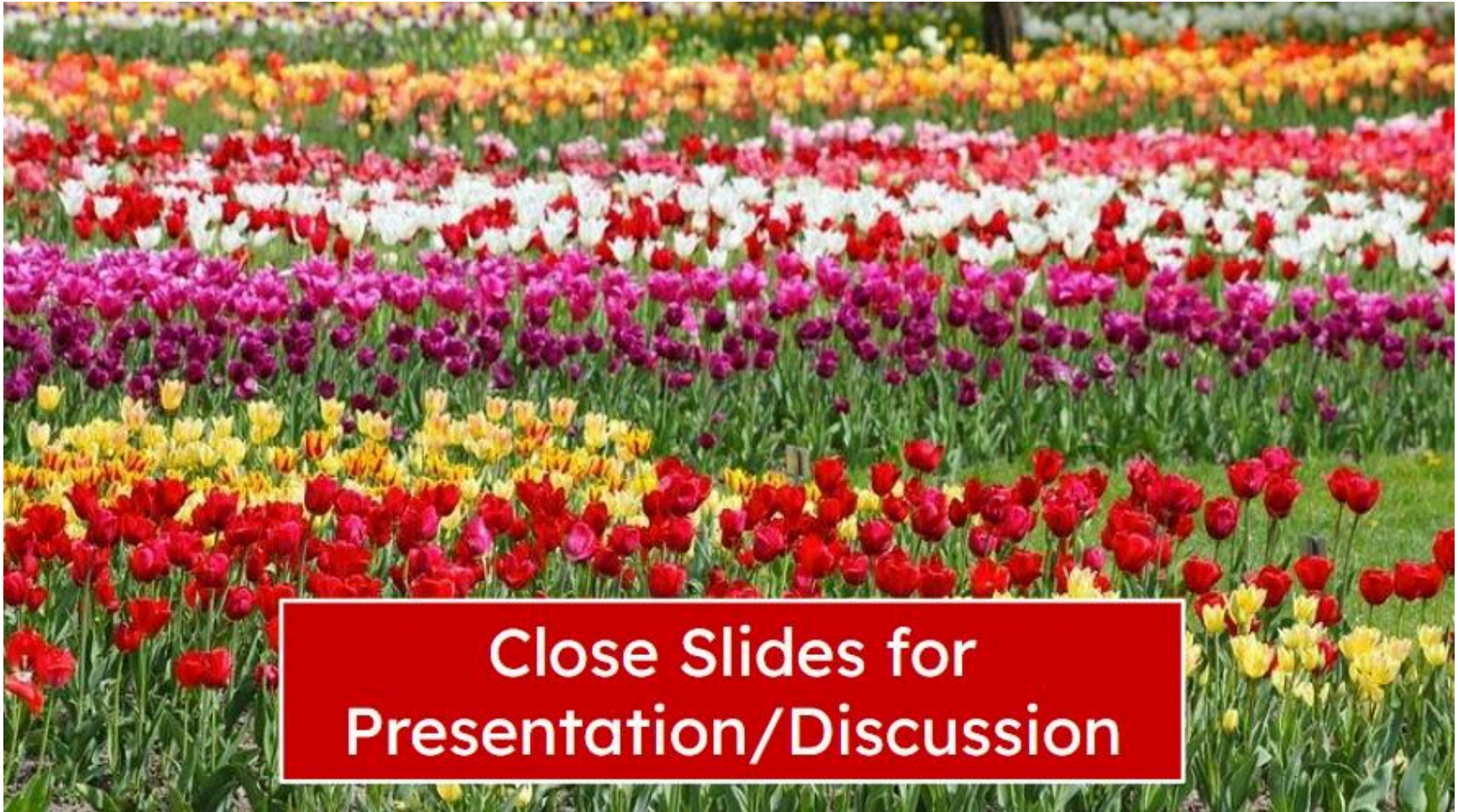
More information at multco.us/info/about-board-meetings



Sobering & Crisis Stabilization Project

A vibrant field of tulips in various shades of red and pink, with green foliage. A red banner with a white border is positioned at the top, containing the text "Community Updates" in white.

Community Updates



Close Slides for
Presentation/Discussion