

# Behavioral Health Resource Center (BHRC)

## Frequently Asked Questions (FAQ) - 2022-2023



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## Table of Contents

<b>Overview</b>	<b>3</b>
What is the Behavioral Health Resource Center (BHRC)?	3
What does low barrier mean?	3
What are the program mission and values?	4
Who are BHRC services intended for?	5
<b>Operations</b>	<b>5</b>
What are the hours and location for the Program?	5
What does the BHRC program do?	5
What are the program components?	7
What is it like at the BHRC Day Center?	7
What additional services are available at the BHRC Day Center?	7
Are pets welcome?	8
<b>Access and Referral</b>	<b>8</b>
Who can access the BHRC Day Center?	8
How are services accessed?	8
The Day Center	9
BHRC Shelter and Bridge Programs	9
<b>Safer Spaces (Safety and Security Practices)</b>	<b>9</b>
As a low-barrier program, how is safety and security prioritized in that BHRC?	10
What are the general safer guidelines and expectations?	10
<b>Continuous Quality Improvement</b>	<b>11</b>
Participant Experience	11
Provider Training	11
Performance Measures and Outcomes	12
Data Tracking Tools	13
From the Oregon.gov HMIS site:	14
The BHRC Advisory Council	14
What strategies does our program use to advance racial equity?	14
<b>Community Engagement</b>	<b>15</b>
How will the community be engaged prior to opening?	15
How can the community get involved?	15
We are exploring donation options and will update this form once we have confirmed a procedure.	15
Contact information:	15

## Overview

### What is the Behavioral Health Resource Center (BHRC)?

The BHRC is a welcoming and safer place for people experiencing behavioral health challenges and houselessness. The project has been developed with significant local guidance to ensure it is consumer/peer-driven, culturally responsive, trauma-informed and accessible to all who need its services.

As part of a larger behavioral health continuum, the BHRC is a peer-led center that contracts with other organizations to provide peer-delivered services. The Day Center program is peer-run, which means a majority of the individuals who oversee the organization's operation have lived experience with mental health, substance use challenges and/or homelessness.

BHRC programs will include a drop-in Day Center, an overnight shelter, and bridge housing and services, with support provided by Peer Support Specialists (PSS) and clinicians (shelter and bridge housing only). Peer Support Specialists provide peer-delivered services to individuals with similar lived experience.

The BHRC will prioritize meeting individuals' basic needs in the short-term, while working with partners to secure stability in the long-term. The County will contract with community service providers to manage and operate the three program areas. Services are inclusive, low-barrier, safer, trauma-informed and culturally responsive in order to assist individuals experiencing serious behavioral health challenges, complex trauma and houselessness.

### What does low-barrier mean?

Low-barrier in the BHRC refers to a service model that removes as many barriers and pre-conditions to entry as possible, while striving to meet consumers and/or program participants where they are.

The goal of the low-barrier model is to provide maximum access to the services most needed by individuals who are experiencing behavioral health challenges and substance use challenges, and who may also be experiencing homelessness.

Our low-barrier approach aims to make services safer by being trauma-informed and culturally responsive for individuals who survive on the streets and who would not be well-served by services and programs with more rigid rules and structures. Concrete examples of ways that the BHRC is low barrier include: accommodations for pets; gender inclusivity; all-day access to the program; flexible participation in programming; not requiring sobriety to begin receiving services; culturally responsive services; and a restorative justice approach to program entry and exit, with any exclusions from the

program based on safety. The BHRC approaches these safety concerns using a Code of Care and the best practice of harm reduction.

### **What are the program mission and values?**

The Behavioral Health Resource Center is one of Multnomah County's innovative programs to support individuals experiencing houselessness and behavioral health challenges. The mission of the Behavioral Health Division (BHD) is to enhance and maintain high-quality, accessible, consumer/peer-driven, culturally responsive and trauma-informed systems of care to promote recovery for individuals living with mental health and substance use.

From the BHRC's inception, program development has been peer-driven. Starting in 2019, participants of the Peer Stakeholder meetings have provided input on what services should be offered, how services should be delivered and how the facility itself can be more trauma-informed in its design. The values that were deemed most important include, but are not limited to, the following:

- Creating a welcoming and safer space for all by being trauma-informed and culturally responsive.
  - Providing services that are easily accessible, by meeting people where they are and reducing requirements for participation and documentation that can create unnecessary barriers.
  - Assuring dignity for all.
  - Facilitating connections by bridging gaps in the behavioral health system.
  - Integrating with the community and helping to secure more permanent housing.
  - Remaining flexible to accommodate changing needs.
  - Supporting overall wellness.
- The values and philosophies outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA) also guide the development and operation of the Behavioral Health Resource Center. These values and philosophies are listed below:
    - Empowerment – Providers must promote the ability of consumers to make decisions that directly affect their own lives;
    - Independence – Providers must support consumers in striving for self-reliance and in pursuing opportunities to function as productive citizens;
    - Responsibility – Providers must encourage individuals to take responsibility for themselves and others;
    - Choice – Providers must promote an environment in which consumers can make informed choices about treatment, housing, and other services and supports;
    - Respect and Dignity – Providers must promote the idea that all individuals are valued and have skills and strengths to offer society.

## Who are BHRC services intended for?

***The BHRC center does not prioritize serving minors and does not permit youth or children in the facility.***

The center has been designed primarily to meet the needs of adults (18+) who have behavioral health challenges and who may live on the streets; stay in a shelter(s), abandoned building or vehicle; or live in any place not meant for human habitation. They may experience complex trauma, substance use and addiction challenges, and/or homelessness.

Upon request, the Day Center's Peer Support Specialists can connect or refer individuals who have children to family and crisis supports, including behavioral health, housing assistance, food, employment resources or wraparound services within the community.

## Operations

### What are the hours and location for the Program?

Address: 333 S.W. Park St.

Day Center hours: 7 a.m. - 10 p.m. (Fall 2022)

Shelter hours: 24/7 (Spring 2023)

Bridge Housing hours: 24/7 (Spring 2023)

### What does the BHRC program do?

The Center will offer peer services, social connection, referrals to community service providers and other services, and access to basic hygiene and self-care services, including showers, laundry, mail, storage for belongings, and charging stations for electronic devices. It is anticipated that the Day Center will serve 75 to 150 participants at any given time during its hours of operation.

***The BHRC is not a Treatment Center, Sobering Center, Detox Facility or Crisis Center.*** The programs at the BHRC will be able to provide connections to crisis services for participants who may be experiencing challenges that require more intensive services than what's available at the BHRC.

Here are the kinds of services the BHRC will provide across its three component programs:

- The 33-bed shelter program will provide short-term accommodations to individuals who need immediate supportive services to support them as they navigate the housing system.

- The 19-bed bridge housing program will serve individuals who are actively working on a plan to obtain and sustain longer-term housing within three months.
- Clinical supports offered throughout the BHRC include and are not limited to:
  - Needs assessments: Tools for helping determine a participant's needs and wants, and for identifying the types of behavioral health and housing services and community resources to which a participant can be referred.
  - Access to basic wound care: Examples include and are not limited to basic wound care, health screening, and referrals to specific health care specialists or services.
  - Services are provided by:
    - Peer Support Specialists
      - Peer Support Specialists (PSS) are individuals providing peer-delivered services to an individual with similar life experience. A peer support specialist shall be certified by the Oregon Health Authority's Office of Equity and Inclusion as required by OAR 410-180-0300 to 0380 and be:
        - (a) A self-identified individual currently or formerly receiving mental health or substance use services;
        - (b) A self-identified individual in recovery from a substance use disorder who meets the abstinence requirements for recovering staff in substance use disorders treatment and recovery programs;
        - (c) A self-identified individual in recovery from problem gambling
    - Nurse Practitioner (NP) with a nurse practitioner license issued by the Oregon State Board of Nursing.
    - Qualified Mental Health Associates (QMHA):
      - A qualified mental health associate (QMHA) must meet the following minimum qualifications:
        - (a) Bachelor's degree in a behavioral sciences field; or
        - (b) A combination of at least three years' relevant work, education, training or experience; and
        - (c) The ability to demonstrate the necessary competence to communicate effectively; understand mental health assessment, treatment and service terminology and apply these concepts; provide psychosocial skills development; implement interventions as assigned on an individual plan of care; and provide behavior management and case management duties.
    - Qualified Mental Health Professionals (QMHP)
      - A qualified mental health professional (QMHP) is a licensed medical

practitioner or any other person who holds any of the following educational degrees and meets the following minimum qualifications:

- (a) Graduate degree in psychology;
- (b) Bachelor's degree in nursing and licensed by the State of Oregon;
- (c) Graduate degree in social work;
- (d) Graduate degree in a behavioral science field;
- (e) Graduate degree in recreational, music or art therapy
- (f) Bachelor's degree in occupational therapy and licensed by the State of Oregon; and
- (g) Whose education and experience demonstrate the competency to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess family, social and work relationships; conduct a mental status examination; document a multiaxial DSM diagnosis; write and supervise an individual plan of care; conduct a mental health assessment; and provide individual, family or group therapy within the scope of their training.

### **What are the program components?**

- Peer Support Services
- Clinical Support Adjunctive Services
- Safety Off the Streets (Day Center)
- Outreach and Engagement
- Supportive Shelter (30 days) and Bridge Housing (90 days)
- Permanent Supportive Housing
- System Support and Access Coordination (Behavioral Health, Substance Use, and Housing)

### **What is it like at the BHRC Day Center?**

The Day Center is on the first two floors of the BHRC. It is intended to be a warm, welcoming, culturally responsive, trauma-informed and safer space. Individuals will be able to meet their basic needs with restrooms, showers and laundry. The Day Center will provide a calm place, both indoors and outdoors, for individuals to relax, get support and connect with others.

In collaboration with community providers, staff will also facilitate referrals to other services, including but not limited to housing, employment, physical health, behavioral health, social services, etc. Participants will be invited to participate in support groups, and skill and social connection building activities, in addition to other social and community gatherings.



### What additional services are available at the BHRC Day Center?

- Peer services
- Basic hygiene
- Basic medical and wound care
- Lockers to store valuables
- Outdoor plaza for relief
- Daily activities
- Referrals to community resources
- Quiet/relief rooms

### Are pets welcome?

Yes! The BHRC recognizes that there are many health and safety benefits of owning a pet. Participants will be able to bring animals that are well-behaved and manageable. The owner of the animal is responsible for caring for, feeding and cleaning up after the animal.

The Day Center Plaza has a pet relief space and will work with owners to meet basic animal care needs.

## Access and Referral

### Who can access the BHRC Day Center?

- **Consumers:** an individual (18+) who is experiencing behavioral health challenges and/or is experiencing homelessness. Individuals do not need to have a diagnosis or be currently engaged in services, though the goal will be to connect them to needed behavioral health services and other resources.
- **Community-based providers:** Local, individual, public or private agencies, or initiatives providing services to individuals experiencing homelessness and behavioral health challenges. Providers wanting to come on site to meet with clients or to schedule on site “office hours” for participant engagement should contact [BHRC-info@multco.us](mailto:BHRC-info@multco.us).

### How are services accessed?

The BHRC recognizes that there are significant barriers that keep many individuals from accessing support. Our goal is to reduce these barriers wherever possible by anticipating and responding to participant needs. At its most fundamental level, this means bringing services to the participant’s



wherever possible, within the scope of the Center.

The BHRC consists of three interconnected, yet separate, programs: a day resource center, a 24-hour shelter and a bridge housing program. Each program serves a distinct purpose and provides a range of services that allows for individuals accessing the BHRC to have the freedom to control and select which programs and services to engage in as they support their behavioral health, housing goals and/or basic needs.

Upon entering the center, the participant will see signs with information about the services on site. Information and service schedules will also be displayed on monitors and will be provided by Peer staff. Laundry and shower services will be available via signup to ensure equitable access. Activities and classes will also be available via signup to ensure supplies and resources are available to the class.

## **The Day Center**

Generally, community members can access the Day Center in two primary ways:

- Walk-in/self-referral
- Direct referrals (word of mouth): Consumers, community members, and business partners, internal and external street outreach teams, and agencies can provide direct referrals.

## **BHRC Shelter and Bridge Programs**

The Shelter and Bridge Housing Programs are by referral only to ensure that they remain accessible for the intended community. The details of the referral process are forthcoming and this FAQ will be updated in partnership with the provider(s) of these services and as we draw closer to opening these programs in Spring 2023.

## **Safer Spaces (Safety and Security Practices)**

Upholding the BHRC's mission, vision and values is key to the program's success. Peer stakeholders, from the start, shared valuable information that has guided the development of BHRC's security practices. From the start, we committed to creating safer spaces, as defined below:

**Safer spaces:** A space that provides a physically and emotionally "safer" environment for an individual or community, especially a space where individuals can freely express themselves without fear of prejudice, negative judgment, etc.; a safe space for individuals with behavioral health trauma and/or challenges to share their experiences.

In the context of the BHRC, a safer space can provide individuals experiencing behavioral health, substance use, and houseless challenges a break from judgment, unsolicited opinions, having to explain themselves and/or behaving in a prescribed way. BHRC aims to be a space that allows

individuals to define and determine their own safety and feel supported and respected as they explore and express what safety means for them.

To that end, we are using every opportunity to build and preserve trust with the community by creating trauma- and equity-informed practices at every level. For example, BHRC security will be called “Safety Partners” to demonstrate our values around creating safer spaces. Safety Partners’ services will be contracted with a current County provider who has demonstrated openness and willingness to adopt the BHRC training curriculum with their team and also to develop their own training to support new staff coming into the program over time. Individuals performing this service will not be armed, and they will follow a no-contact model – relying on verbal, trauma- and equity-informed de-escalation techniques and strategies.

Law enforcement will be engaged as a last resort in situations where an individual refuses to physically disengage with another participant, or refuses to leave the facility when requested. Law enforcement and other first responders will also be called in the event of medical emergencies or other criteria incidents where first responder engagement is appropriate, such as in the event of a fire.

We have also developed a peer stakeholder-reviewed behavioral matrix, which will be posted throughout the center and which describes how provider staff, including contracted Safety Partners, will respond to each situation. Peer staff will also review this information, along with general BHRC rules and standards, as they orient participants to the facility.

### **As a low-barrier program, how is safety and security prioritized in the BHRC?**

Low-barrier access means the BHRC creates an environment that can support people with behavioral health challenges and community members who are also experiencing houselessness and/or substance use.

As a low-barrier program, we are not requiring sobriety/abstinence from substances to use services. But if the person’s substance use/high creates an unsafe environment for others and/or themselves, then intervention will occur.

Weapons are not allowed in the facility. Participants are informed upon entry that the goal of the center is to increase safety. And, in order to do so, all weapons must be removed. Weapons can be labeled and held in a designated locker and returned at time of exit.

Crisis services will be engaged as needed to ensure that the individual is assessed for, and offered the appropriate level of care during, an acute crisis situation.

Our approach is trauma-informed and culturally responsive. The BHRC is focused on how to safely keep people connected to resources while reducing further trauma for both participants and staff. Onsite Safety Partners (security) will partner and collaborate with providers and with the BHRC community to ensure participants and staff are safer and feel supported. The center offers a unique approach to ensure that staff within all roles are adequately trained and supported.

## What are the general safer guidelines and expectations?

- **Be Safer**
  - No smoking inside
  - No possession of alcohol, drugs or weapons onsite
- **Be Respectful**
  - Be a responsible neighbor
  - Threatening, unsafe and inconsiderate behavior is not encouraged, and staff will intervene to ensure a safer space for all
  - No racism, sexism, homophobia, transphobia, xenophobia, ableism, or hate speech
- **Be Considerate**
  - Don't steal, destroy property, or litter in or around the facility

## Continuous Quality Improvement

### Participant Experience

Learning from participants' experiences will be a vital tool for continuous quality improvement. We are creating opportunities for anonymous feedback as well as feedback given directly to BHRC staff. This information will be provided to the BHRC Advisory Council and, when relevant, to the Safety Committee, to guide next steps.

Additionally, the Behavioral Health Division's Complaints and Grievance contact information will be posted throughout the BHRC to create an additional pathway for participants to share their concerns and experiences. This information is reviewed by the Division's Quality Management team, who conduct the follow-through.

### Provider Training

The BHRC planning team, in collaboration with the contracted providers and the Joint Office of Homeless Services, has developed a comprehensive training curriculum. This curriculum will be delivered over several days prior to the opening of the facility. It is expected that provider leadership will incorporate this training into their ongoing training plans for new staff, so that everyone working at the BHRC has the same review and understanding of guidelines, practices and procedures.

The curriculum includes in-person training, to allow for team cohesion and bonding. It also includes self-study modules where individuals will read and attest that they have read the information. The self-study modules will be reviewed during subsequent in-person training sessions to create opportunities for contracted staff to ask questions and share insights. Facilitators are individuals with

expertise from within the County and community agencies, such as the Joint Office of Homeless Services and the Behavioral Health Division.

In addition to an expectation of a review/training of the providers' own onboarding and program policies and procedures, the following training topics are included in the curriculum. Additional topics are under review.

- General Shift Duty Lists and Shift Expectations
- Standard Operating Procedures and Emergency Response Protocols
- Compassionate Communication
- Respecting Names and Pronouns in the Workplace
- Low Barrier, Trauma-Informed Care and Culturally Response Services
- Deescalation 101
- Mandatory Reporting with a Day Center Setting
- Culturally Responsive Onboarding
- Trauma-Informed Practices
- BHRC Programming and Community
- Naloxone (Narcan) Training
- CPR/AED
- Disaster Response
- Perception Training from People with Lived Experiences
- Culturally Responsive Security Practices
- Peer Wellness Support
- Call Center and Crisis Services
- Question, Persuade, Respond (QPR) Suicide Prevention Training
- Mental Health 101
- BHRC Debrief Model
- Incident Reporting Practices
- Applying an Equity Lens
- Compassion-Centered Homelessness Messaging
- OSHA Food Handlers Card
- Assertive Engagement
- Coordinated Access Training
- Peer Support Specialist/Peer Wellness Specialist
- Homeless Management Information System (HMIS)
- Vulnerability Index - Service Prioritization Decision Assistance Tool (VISPDAT) (Housing Assessment Tool)

## **Performance Measures and Outcomes**

The following are high-level performance measures that will be reviewed quarterly by County staff to ensure that the programs are meeting the goals.

<b>Day Center</b>	An entry point for relationship building and engaging people in supportive services	150 individuals served daily	-70% of participants report feeling safer -90% and have access to onsite supports -50% of participants will use onsite connection to community supports
<b>Shelter Program</b>	Safer, trauma and equity informed overnight shelter with access to Day Center services and onsite peer and clinical supports	33 individuals served daily	-50% of participants will engage in service planning to address behavioral health needs -70% of shelter guests will report feeling safer in this space
<b>Bridge Housing Program</b>	Housing and onsite support to create Individualized housing plans that include behavioral health support needs	19 individuals served daily	-100% of participants have individualized housing plans and behavioral health support engagement

Additionally, each program operator will be required to provide quarterly services and activity reports that include information about individuals served (totals, disaggregated by race, gender, age, etc.), number and type of services provided, crisis or first responder services engagement, critical incident and outcomes, housing placement outcomes, activities/classes available to participants and use. Further, qualitative information, such as participant stories and reviews of barriers and/or challenges will also be submitted by the provider and reviewed by County staff.

**Data Tracking Tools**

The BHRC encourages all contracted providers to use the data collection methods that are trauma informed and culturally responsive to the participants, such as quantitative, qualitative data, and/or narratives to fulfill reporting expectations and improve program outcomes.

The BHRC supports individualized program values, operationalized and embedded in the system service delivery, such as a Racial Equity Lens (REL). The BHRC also aims to support programs that collect program-specific data that focus on recovery-oriented and engagement services to capture data about external treatment supports and referrals.

Data will be collected and tracked by contracted provider program operators using their own databases and reporting requirements as listed in their contracts. Additionally, the Homeless Management

Information System (HMIS) will be used throughout the Center. All contracted providers serving the BHRC are required to use HMIS; the BHRC respects the right of individuals to refuse to share information and/or share information outside the basic criteria necessary to receive basic services.

From the [Oregon.gov HMIS site](#):

The Homeless Management Information System (HMIS) is an information system used to collect client-level data. It also collects data on the provision of housing, shelter and services. It tracks services for individuals and families who are homeless or at-risk of homelessness.

The HMIS software used by OHCS and the Oregon Continuums of Care is ServicePoint. The Portland Housing Bureau administers HMIS. They implement the program through NW Social Services Connections (NWSSC).

### **The BHRC Advisory Council**

In general, the purpose of the Advisory Council is to offer recommendations to Multnomah County and BHRC service providers in areas such as:

- Program development, e.g. Policies and procedures
- Program evaluation, e.g. reviewing data for quality improvements
- Reviewing critical incidents for trends, and offering analysis and recommendations
- Providing a forum for system education and coordination

The majority of Advisory Council members will be Peers who are enthusiastic about a leadership role in sharing their own lived experience to support community services for people who are experiencing houselessness and behavioral health challenges. For participation in this Council, “lived experience” is defined as a personal history in mental health and/or substance use recovery; preference may be given to those who have additional experience with houselessness and/or criminal justice system involvement. Individuals are not required to be certified as Peers to serve on the Council.

### **What strategies does our program use to advance racial equity?**

In alignment with County and Health Department values, the BHRC is committed to ending racial disparities in behavioral health and homeless and housing services by promoting racial and social justice, valuing diversity in program design and delivery, prioritizing investments in culturally responsive and specific services, and using a racial equity lens in all levels of decision making.

In order to support individuals with behavioral health challenges to obtain housing, the BHRC acknowledges and addresses the continuing role that structural and institutional racism play in causing significantly disproportionate rates of behavioral health challenges and homelessness among

Communities of Color.

## Community Engagement

### How will the community be engaged prior to the BHRC opening?

Before the BHRC opens, teams of Peer Support Specialists will engage the community by sharing promotional materials, discussing referral pathways and helping the community build an awareness of BHRC's resources and its values. Peer Support Specialists will connect with houseless individuals, neighboring businesses and providers to offer information and build trust in the BHRC, with the aim of increasing acceptance and success upon its opening.

We are also designing a media campaign, aligned with peer outreach, to inform the broader community about the BHRC. The campaign will include use of social media, printed materials and public transportation/TriMet ads. The print and transportation campaign will place ads on buses and bus benches where businesses and commuters will become acquainted with the BHRC's location and services, either to self-refer or so they can refer others. Finally, the campaign will highlight existing resources to address current needs and directly link the BHRC to already-trusted partners.

Members of the planning team are also available to provide presentations to business and community groups to discuss the program and timeline.

### How can the community get involved?

We are exploring donation options and will update this document once we have confirmed a procedure.

### Contact information:

- **Day Center Operator:** Mental Health and Addiction Association of Oregon (MHA AO)
- **Multnomah County:** BHRC Manager: Alexandra Appleton, [BHRC-info@multco.us](mailto:BHRC-info@multco.us)
- **Complaints and Grievances:** call 503-988-8600 or submit a complaint via [this form](#).
- **Multnomah County Behavioral Health Call Center:** 503-988-4888
- **Adult Protective Services:** To report abuse or neglect to Adult Protective Services/Behavioral Health Division, call 503-988-8170.