Overview Behavioral Health Emergency Coordination Network (BHECN)

November 2021





Lived Experience Consultant Faith-based Organization staff / 1:1 session

- Question 1: Can you share a story of a time an individual was experiencing a crisis in or outside the organization where you are employed?
- Question 2: After this experience, what happened? Was there a process of documentation or any kind of conversation with you or other staff, etc.?
- Question 3: What could have been different/meaningful to support you and/or your colleagues?
- Question 4: Have you taken any steps to address your own wellness? Do you know what wellness services are available and accessible to you?

Themes:

- Staff at City Team are in recovery and have lived experience
- Do not have the ability to serve people with severe mental health disorders
- Lack of resources and places for people to go for support; "We've tried to go through the process
 of civil commitment, but the bar is so high and it feels and seems impossible"
- Have tried calling non-emergency lines but response time is many hours long
- Safety For All team are first team they call when there is an incident (trauma informed training)
- Police is called for property damage, verbal or violent acts. Majority of time, come to the scene, talk for bit and then leave

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Lived Experience Consultant Faith-based Organization staff / 1:1 session

Survey Questions:

• On a scale of 1-5, how much impact does this have on your ability to do your job? (5 being most impact)

•3; It's part of what we do, there are some situations that are more intense than others.

• On a scale of 1-5, how much impact does this have on your desire to be at work on the day of an incident? (5 being <u>desire to not</u> be at work)

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• I feel like I need to be at work. 1 for a motivator to be at work than a deterrent.

• On a scale of 1-5, how much impact does this have on your <u>desire to be at work the following day</u>? (5 being <u>desire to not</u> be at work)

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• On a scale of 1-5, how much impact does this have on your <u>desire to be at work the next week</u>? (5 being <u>desire to not</u> be at work)

• By the next week it's not even a thought, a 1.

• On a scale of 1-5, how safe do you feel at work? (5 being unsafe)

• 3, because in general it feels like the city is unsafe.

Portland/Multnomah County Crisis Synstemae

<u>Uncoordinated</u> – no "wrong door" but no clear path to recovery and wellness



Future Vision <u>Coordinated</u> – network approach with a "front door" that leads to recovery and wellness Detox Street Outreach $\sum N$ Trust Building Medical Care BHECN Low-Barrier Fire EMS Peer Support and Police **Care Coordination** Housing **Behavioral**

Continuous

Quality Improvement

Health

Post-Jail

Crisis Lines

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Health

Behavioral

Medicaid Application Assistance -

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Recovery

Programs

Services

People get the help they need as early as possible, in the safest and most supportive setting as possible

Setting standards and leading from ongoing lived-experience consultants, community and systems feedback



 Innovative clinical sobering pathways for meth/opiates, and alcohol



BHECN Approach – Phase 2+



M110 Program – Core Elements

- Equity Lens, Governance and Partner Alignment
- Sobering Model
- Culture and Training for the Network
- Peer-Provider Bridging / Trust Builder Referral
- Rapid Engagement
- Lived Experience Consultant Directory and Community Engagement as Lead Component of Continuous Quality Improvement and Program Evaluation
- Crisis and Mental Health Model (non-duplication)

BHECN Development and M110 Round 1 Timeline (18 Months)

	2022						2023		
	Q1	Q2	G	23	Q	4	Q1	Q2	
	Foundation			Launch		\mathbf{X}	Refine and Expand		
	M110 award			Soft Launch					
Core Services	Design operating model and services Identify workforce requirements Recruit workforce			Recruit workforce Onboard and train		Rol	Roll-out services		
Facility	Facility identification Pre-development Construction				- Li -	Move-in Set-up	1 1 1 1 1 1		
Governance & Contracts	Develop governance model and partner contracting models								
Equity	Roll-out equity lens recommendations for project work and develop program lens			Integrate, adapt, refine equity lens in operating and governance models					
Sustainabilit y	Develop and adapt payment model and pro-forma Identify and pursue funding opportunities								
Community Engagement & Evaluation	Develop evaluation model Integrate evaluation model with lived-experience consultant directory and other community engagement methods					Community engagement and Plan-Do-Study- Act (PDSA) cycles to support continuous quality improvement 8			



Appendix



Participating Organizations*

- 4D
- CareOregon
- Cascadia Behavioral Health
- Catholic Charities
- Central City Concern
- De Paul Treatment Centers
- Health Share of Oregon
- Kaiser
- Legacy / Unity
- Mental Health & Addiction Association of Oregon
- Metropolitan Public Defender
- MH Advocates
- Multnomah County Behavioral Health
- Multnomah County Circuit Court
- Multnomah County Commissioner

- Multnomah County Community Justice
- Multnomah County DA
- Multnomah County Joint Office of Homelessness
- Multnomah County Local Public Safety Coordinating Council
- Multnomah County Sheriff
- National Alliance on Mental Illness, Oregon
- Office of the Portland Mayor
- Office of the State Court Administrator
- OHSU Psychiatry
- Oregon Health Authority
- Portland Police Bureau Behavioral Health Unit
- Portland Business Alliance
- Providence Health System
- TriMet



Governance Committee

<u>Members</u>

- Abbey Stamp, Multnomah County LPSCC
- Carl Macpherson, Metropolitan Public Defender
- Derald Walker, Cascadia Behavioral Health
- Dwight Holton, Lines for Life
- Erika Preuitt, Multnomah County Community Justice
- James Schroeder, Health Share of Oregon
- Janie Gullickson, MH& Addiction Assoc. of Oregon
- Jill Archer, CareOregon
- Julie Dodge, Multnomah County Behavioral Health
- Liz Stevenson, OHSU Psychiatry
- Maree Wacker, De Paul Treatment Centers

- Melissa Eckstein, Unity Center for Behavioral Health
- Michael Leasure, Portland Police Bureau
- Mike Reese, Multnomah County Sheriff
- Mike Schmidt, Multnomah County DA
- Nan Waller, Multnomah County Circuit Court
- Oregon Health Authority
- Robin Henderson, Providence Behavioral Health
- Seraphie Allen, Office of the Portland Mayor
- Sharon Meieran, Multnomah County Commissioner
- Tony Vezina, 4D
- Core Team / Support
- Aaron Lones, Lones Management Consulting
- Bob Day, Bob Day Consulting
- Greg Miller, Unity Center for Behavioral Health
- Jill Archer, CareOregon
- Juliana Wallace, Central City Concern

- Julie Dodge, Multnomah County Behavioral Health
- Kevin Mahon, De Paul Treatment Centers
- Mike Myers, City of Portland
- Monica Parra, Lones Management Consulting

Roadmap – Deliverables



