Multnomah County

Deflection and Sobering Project Plan

August 2024

Multnomah County

Learn more: Deflection Services & The Coordinated Care Pathway Center

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Acknowledgments

Thank you to the numerous contributors responsible for creating this project plan and accompanying documents.

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A. Executive Summary

In 2024, Multnomah County was presented with two legislative priorities: deflection and sobering.

House Bill 4002, which became law in the State of Oregon in April 2024, repeals the Class E violation that previously applied to possession of small amounts of a controlled substance, and replaces it with a new misdemeanor crime of unlawful possession. Additionally, it creates the possibility of a pre-booking deflection program, which, if completed, leads to no criminal charges being filed. Law enforcement officers can refer a person to a deflection program in lieu of arrest. Additionally, in April 2024, a project team released a First Responder Drop-Off and Sobering Center Plan, which **was built on years of work by leaders at the County**. This proposal is for a "no wrong door," first responder drop-off facility with sobering capabilities that diverts intoxicated individuals from local jails and emergency departments, filling a critical gap in the continuum of crisis care that has existed since the closure of Central City Concern's Sobering Station in 2019. To meet these priorities, Multnomah County is working with our partners to create an officer-intervention deflection system, including a facility that's planned to open in October 2024 (Phase 1), with initial expansion to offer sobering, Medications for Opioid Use Disorder (MOUD), and other Medication Assisted Treatment (MAT) in the facility in 2025 (Phase 2), and then a permanent County-owned facility providing deflection, sobering, withdrawal management and connections to other services opening in 2026 (Phase 3).

Multnomah County is firmly committed to reducing overdoses and improving public safety and health outcomes. We recognize that addiction is a chronic illness that can be treated. Substance Use Disorder Treatment remains an effective step on the pathway to recovery for individuals struggling with addiction. Multnomah County intends to both meet the Oregon Legislature's definition of deflection and also provide sobering and other needed services.

Multnomah County's deflection program objective is to connect individuals who would otherwise be arrested for possession of a controlled substance to a behavioral health pathway toward recovery.

B. Background

Background

In 2024, Multnomah County was presented with distinct but complementary objectives: deflection and sobering.

Deflection

HB 4002 became law in the State of Oregon in April 2024. HB 4002 repeals the Class E violation that previously applied to possession of small amounts of a controlled substance, and replaces it with a new misdemeanor crime of unlawful possession of a controlled substance. The new misdemeanor goes into effect Sept. 1, 2024. This new misdemeanor is unique within the criminal justice system because it creates the possibility of a pre-booking deflection program, which, if completed, leads to no criminal charges being filed. Law enforcement officers are encouraged, but not required, to refer a person to a deflection program in lieu of arrest for the new misdemeanor. The Legislature also provided funding via HB 5204 and SB 5701 to support the construction of a behavioral health center. Multnomah County is one of 28 Oregon counties (including one consortium) creating deflection programs, including neighboring Washington and Clackamas Counties.[1]

As required by HB 4002, to qualify for grant funding, Chair Jessica Vega Pederson facilitated a Leadership Team made up of representatives from the systems that play a role in a deflection program. This includes the Portland and Gresham Chiefs of Police, the Multnomah County Chair, the Multnomah County Sheriff, the Multnomah County District Attorney (DA) and DA-Elect, Public Defenders, the Presiding Judge of Multnomah County Circuit Court, the Chief Criminal Judge of the Circuit Court, representatives from the Mayor of Portland's Office, providers from the Behavioral Health Resource Networks, staff from the Chair's Office, and the directors of the Multnomah County Department of Community Justice, the Health Department, and the Local Public Safety Coordinating Council. The Leadership Team discussed a shared approach to deflection and collaboratively defined the program to create a system that could work for all partners.

[1] https://www.oregon.gov/cjc/bhd/Documents/2023-2025_Standard_BHD_Applications.pdf

An individual has successfully engaged in deflection if they have completed all of the following:

- a screening,
- received a service referral,
- and engaged with a referred service as recommended by the screening within 30 days.

If an individual fails any of the above steps, they will not be eligible for deflection for the following 30 days and would instead be arrested and charged if contacted by law enforcement during that time period.

The purpose of a deflection program is to leverage law enforcement's contact with individuals who possess drugs for personal use and create a bridge to recovery. In Multnomah County, individuals stopped by law enforcement are eligible for deflection if they possess illegal drugs for personal use, are not committing any other crimes, and have not failed deflection within the prior 30 days.[2] An individual has successfully completed deflection if all of the following have occurred: a screening has been conducted, they have received a service referral, and they have started the service within 30 days. For example, if an individual is referred to withdrawal management, they start withdrawal management within 30 days. If an individual does not complete any of the above steps, they will not be eligible for deflection for the following 30 days. At all times, law enforcement will be able to access data on whether an individual has not completed deflection within the last 30 days at the time of the encounter. The "Data/IT Approach and Model" section of this Plan outlines preliminary data and system requirements.

Deflection CJC Grant

As directed in HB 4002, the Criminal Justice Commission (CJC) released the Oregon Behavioral Health Deflection Program Grant, a one-time solicitation for counties implementing deflection to fund expenses incurred between July 1, 2024 and June 30, 2025. On Aug. 2, 2024, Multnomah County was notified that the County's CJC Behavioral Health Deflection grant for $4,313,852 was approved. These grants were distributed based on a previously established formula. To qualify for funds, counties were required to create a plan in consultation with a community mental health program and/or a local mental health authority, and engage required partners identified in the legislation: a district attorney, a law enforcement agency, a community mental health program, and a provider from a Behavioral Health Resource Network (BHRN). Proposals outlining the resulting collaborative plan and a proposed budget were due July 1, 2024.

Multnomah County's submitted proposal outlined a three-phase rollout, beginning with an officer-intervention deflection that includes a facility open in September 2024, with expansion to offer MOUD in the facility in 2025.[3] The final phase was described as a full-service deflection and sobering center in a permanent county-owned facility opening in 2026. Successful deflection in Phase 1 was outlined as a screening, referral, and an additional engagement step. The Leadership Team committed to reassess criteria every 30 days during early implementation.

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[2] https://www.multco.us/multnomah-county/news/leadership-team-agrees-key-criteria-initial-deflection-program

[3] https://www.oregon.gov/cjc/bhd/Documents/2023-2025_Standard_BHD_Applications.pdf

Sobering Center

Building on years of work by leaders at the County, in April 2024, a Project Team led by Commissioner Julia Brim-Edwards released a Draft Multnomah County 24/7 First Responder Drop-Off and Sobering Center Plan[4], which recommended the County create and operate a 24/7 drop-off center that will provide a "no wrong door" approach for Multnomah County's first responders to deflect individuals in a crisis from emergency departments and jails. Under the proposal, the center would include a multidisciplinary care team providing trauma-informed, culturally responsive services including rapid intake, triage, assessment, sobering, early withdrawal management, peer provider support, care coordination, and transfers to other providers in the care continuum. Members of the Core Project Team included representatives of law enforcement, the judiciary, providers, Multnomah County Health Department, and County Commissioner offices. The County Board of Commissioners had several work sessions on the Core Project Team's Sobering Center Plan.

This proposal is for a "no wrong door," first responder drop-off facility with sobering capabilities that diverts intoxicated individuals from local jails and emergency departments and that doesn't leave individuals in crisis on the streets. This represents a critical gap in the continuum of crisis care that has existed since the closure of Central City Concern's Sobering Station in 2019.

Central City Concern's Sobering Station closed because clients were increasingly arriving under the influence of methamphetamines and exhibiting symptoms of acute psychosis and, in some cases, combative behavior. The Station's service model was not designed to support those individuals, nor did it have the capability or safety mechanisms in place to respond to the growing need. Modern sobering practices were needed to provide more comfort and support, such as Medications for Opioid Use Disorder (MOUD), with a goal of helping individuals transition to detox, treatment and recovery.

Alcohol and drug withdrawal can occur within hours of consumption. Individuals in active withdrawal may not be appropriate for the level of care provided at a sobering center. However, the National Sobering Collaborative's Recommendations for Sobering Care states that the availability of co-located detoxification services may expand the level of withdrawal accommodated due to the ability for rapid, onsite transition.[5] Therefore, quick access to care and withdrawal management services are vital for individuals impaired by or withdrawing from substances.

Around the time of the Sobering Station's closure, Central City Concern's Dr. Edward Lew gave the following recommendations for what sobering centers should deliver:

- Safe space for clients and their belongings
- General oversight and observation
- Time to stabilize and/or sober
- Vital signs monitoring
- Medical history taking
- Peer support and connection to case management and service navigation
- Direct connection to withdrawal management and shelter or other medical or behavioral health services

The Project Team reviewed and refined recommendations that were developed from Commissioner Brim-Edwards' tours of operational sobering facilities around the country, nationally recognized best practices, and local community input, and the County continues to receive feedback on the plan.

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[4] https://multnomah.granicus.com/MetaViewer.php?view_id=3&event_id=1594&meta_id=172681
[5] https://nationalsobering.org/wp-content/uploads/2023/10/StandardsofCare_Sobering_PUBLIC_2023-10.pdf

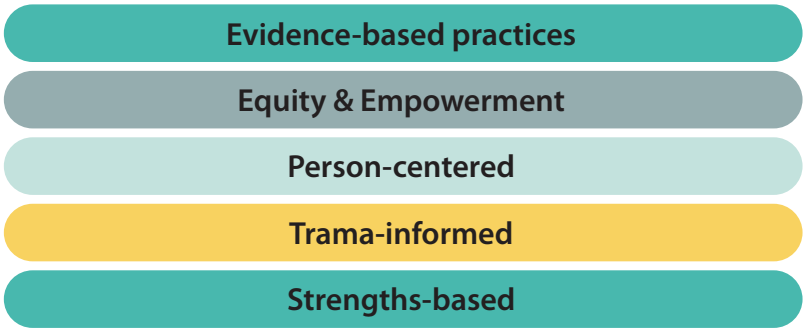
C. Values and Goals

Multnomah County is firmly committed to reducing overdoses and improving public safety and health outcomes.

Expanding Oregon's behavioral health system is essential and critical to addressing the addiction crisis that is impacting the entire region. Substance Use Disorder Treatment remains an effective step on the pathway to recovery for individuals struggling with addiction.

Multnomah County intends to both meet the Oregon Legislature's definition of deflection and also provide sobering center services. Multnomah County's deflection program objective is to connect clients who would otherwise be arrested for possession of a controlled substance to a behavioral health pathway toward recovery. Through a scaled approach and the addition of a permanent sobering facility, Multnomah County anticipates serving additional community members beyond the deflection-eligible population.

"**Recovery** *is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their fill potential." — SAMHSA*



Multnomah County's approach to working with clients is from a strengths-based, trauma-informed, person-centered lens. We use appropriate evaluation by trained professionals and evidence-based treatment practices tailored to the person's stage of readiness. Our focus on outcomes and evidence-based practices allows us to create impactful programming that is tailored to the individual. The County is committed to providing services in a manner that keeps clients and the community safe.

An effective path to recovery acknowledges that recovery takes time. Best practice literature does not provide for a "golden" number of attempts along the recovery path; for most people, it takes numerous attempts to change any behavior (even for things less excruciating than stopping use of an addictive substance).

National deflection guidance says one of the key elements of a successful deflection program is understanding that addiction is a chronic disease and that it can take an individual multiple attempts.[6] Further, having providers and partners who can provide culturally-specific services to potentially better connect with clients is crucial. Comprehensive reviews of deflection programs nationally acknowledge that deflection programs are most effective if they "target and serve those in their communities who can benefit from them."[7]

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[6] https://www.cossup.org/Content/Documents/Articles/CHJ-TASC_Pathways_to_Diversion_Active_Outreach.pdf
[7] https://www.cossup.org/Content/Documents/Articles/CHJ-TASC_Nation_Survey_Report.pdf

Research shows:

- The availability of peer support can improve connections to recovery resources and overall outcomes. This is because peers can facilitate building rapport and trust, reduce stigma and shame, provide hope and inspiration, navigate the recovery system, and enhance motivation and engagement.[8]
- Peer support improves outcomes, such as increased treatment retention, reduced substance use, and increased quality of life (according to a systematic review of nine studies of peer recovery support services).[9]
- Peer-led crisis intervention and stabilization services were also associated with reduced hospitalization and emergency department visits.[10]

Research has also identified key predictors of treatment engagement and success. Those predictors are: internal motivation, a strong support network, integrated care of co-occurring mental health disorders, the type of treatment setting, the quality of the therapeutic relationships with a treatment team, low practical barriers (such as transportation, child care, and financial constraints), and nonjudgmental, stigma-free care.

It is through building relationships and trust (often over time) that we see clients become more engaged in services and move along their journey to readiness and recovery.

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[8]Bassuk EL, Hanson J, Greene RN, Richard M, Laudet A. *Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review*. J Subst Abuse Treat. 2016 Apr;63:1-9. doi: 10.1016/j.jsat.2016.01.003. Epub 2016 Jan 13. PMID: 26882891.

[9]Bassuk EL, Hanson J, Greene RN, Richard M, Laudet A. *Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review*. J Subst Abuse Treat. 2016 Apr;63:1-9. doi: 10.1016/j.jsat.2016.01.003. Epub 2016 Jan 13. PMID: 26882891.

[10]Chinman M, George P, Dougherty RH, Daniels AS, Ghose SS, Swift A, Delphin-Rittmon ME. *Peer support services for individuals with serious mental illnesses: assessing the evidence*. Psychiatr Serv. 2014 Apr 1;65(4):429-41. doi: 10.1176/appi.ps.201300244. PMID: 24549400.

D. Phased Approach Overview

Quarters are described on the Multnomah County Budget calendar.

	FY 23-24	FY 2024-2025				FY 2025-2026				FY 2026-2027			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Apr-Jun	Jul-Sep*	Oct-Dec	Jan-*Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul*-Sep	Oct-Dec	Jan-Mar	Apr-Jun
Deflection+Sobering Program													
LE Field Encounter Criteria & Protocols													
Transportation													
Procurement of Operator													
Partnership Development													
Design and acquisition of Internal Capacities													
Development & Launch of Program Elements													
Deflection													
Deflection+Sobering expansion													
Sobering Center													
Development of BHRN referrals													
Staffing Model													
Provider recruitment and staffing													
Multnomah County recrutiment and staffing													
Program training													
Program policies and procedures													
Deflection+Sobering Facilities													
Procurement of Operator													
Facilities													
Procurement of TEMP facility													
Facility planning & development													
Tenant Improvements Deflection													
Tenant Improvements Deflection+Sobering													
Procurement of PERM facility													
Facility planning & development													
Construction & permitting													
Moving													
Open new facility													
Licensing & Certifications													
Safety & Security Protocols													
Planning of External & Internal Features													
Staffing & Recruitment													
Training Model													
Deflection System													
East County LE Pilot - Development?													
East County LE Pilot - Implementation?													
Community based deflection pathways													
Connecting to existing deflection pathways													
Data and Evaluation													
Identify & recommend IT systems													
Procure & Implement IT systems													
CQI planning													
Implement Data/Eval Processes & CQI Plan													
Communications													

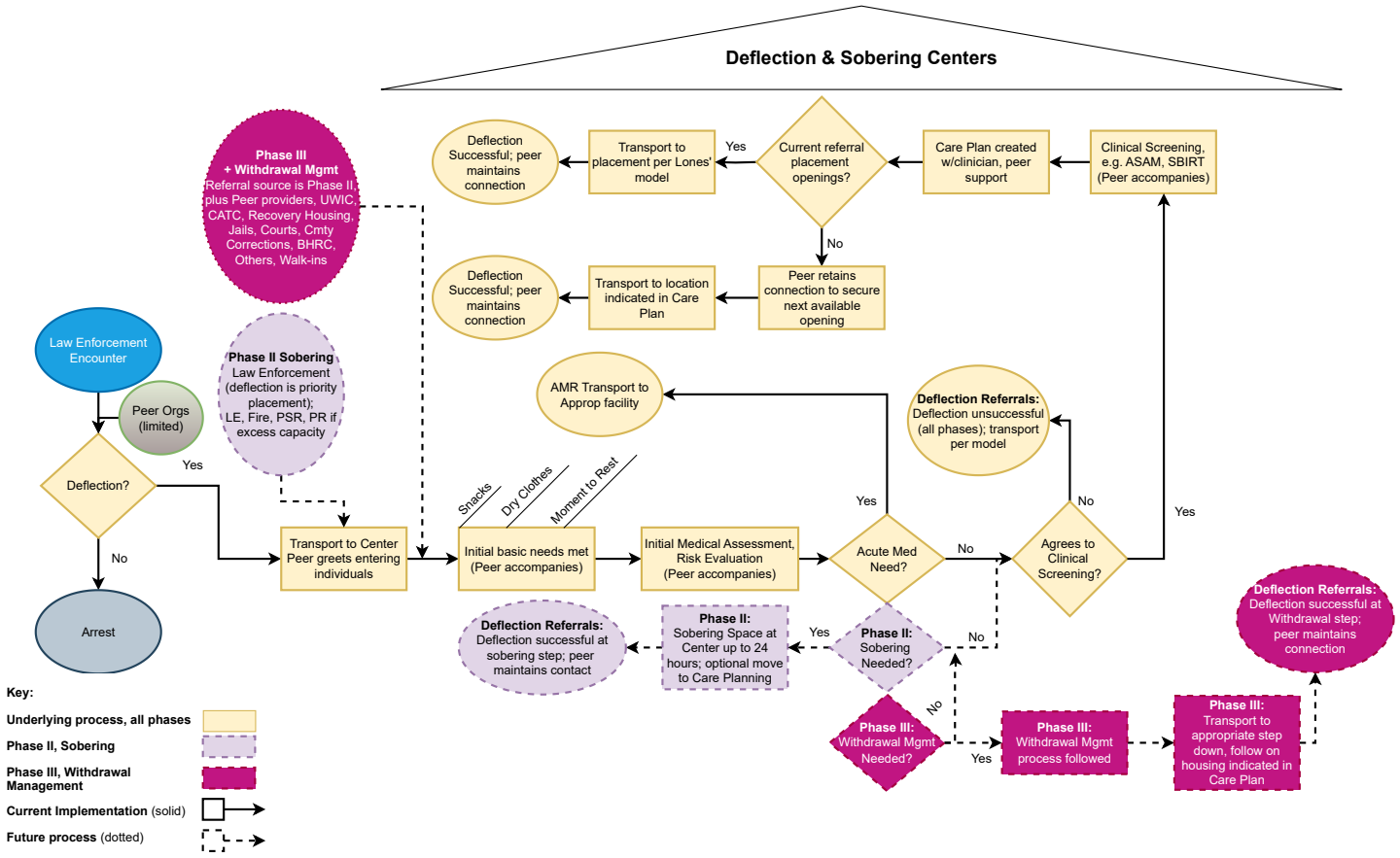
*=Phase launch dates

To balance the need to deliver components of the project expediently with the complexity of developing a sobering center, Multnomah County is taking a three-phased project approach:

Deflection/Sobering Phasing Plan

Program Development	Facility Bed Capacity	Referral Sources to 24/7 First Responders / Sobering / Deflection
PHASE 1		
• 24/7 basic needs services and a place to recuperate (less than 24 hours) • Short term leased facility • Assessment, screening, connection to treatment and recovery services • Transportation	N/A Not offering services that requires beds	• Law enforcement • Limited peer organization
PHASE 2		
• All services provided in Phase 1 • Sobering services and Medications for Opioid Use Disorder (MOUD)	13 -16 beds	• Law enforcement - bed priority for deflection • Excess capacity to support law enforcement, Portland Street Response, and Fire • Project Respond • Emergency Departments possible if pathway development
PHASE 3		
• County-owned 24/7 facility (stays can be longer than 24 hours) • All of the above services • Involuntary holds • Withdrawal management	50 beds	• All of the above AND • Peer Provider Orgs • UWIC, CATC • Recovery Housing Orgs • Jails • Community Corrections • Courts • BHRC • Other shelter providers funneled through a housing retention team • Walk-ins

Deflection & Sobering Centers Flow Chart:



- **Phase 1** (colored in yellow): Will open a temporary deflection center at 980 S.E. Pine St. for clients deemed eligible for deflection by law enforcement.

- **Phase 2** (colored in lavender): Will expand services at the temporary deflection center facility and add system capacity by including sobering and incorporating the evidenced-based practice of Medications for Opioid Use Disorder (MOUD) and other Medication Assisted Treatment (MAT) services. Incoming referral sources will also be expanded to include first responders, mobile crisis interventions, and emergency departments (if pathways are developed). Clients deflected from law enforcement will receive bed priority. This phase supports a sequenced approach to expanding sobering capacity in Multnomah County as identified in the Multnomah County 24/7 First Responder Drop-Off Sobering Center Plan.

- **Phase 3** (colored in dark pink): Will transition services to a new sobering center at a larger, permanent facility. The sobering center will offer co-located and expanded services including sobering with MOUD, other MAT services, and withdrawal management. It will also be a referral source for law enforcement, first-responders, voluntary self-referrals, deflection programs, and other pathways.

Multnomah County has engaged a number of BHRN and health system partners, people with lived experience, the Behavioral Health Advisory Council (BHAC), and other key stakeholders in the Phase 1 and 2 process. These partners provided input on the deflection center and the overall system (including Phase 3). They also provided commitments to support programming and referral pathways during Phase 1 and 2. We will continue to engage behavioral health system partners during Phase 1 and Phase 2 implementation and planning for Phase 3.

Phase 1 & 2: Deflection Center Program – Approach and Model

Coordinated Care Pathway Center

Phase 1 Services

Phase 1 services will be provided at the temporary deflection center facility at 980 S.E. Pine St. Multnomah County's Office of Consumer Engagement and Behavioral Health Advisory Council (BHAC) collaborated to determine a person-centered, trauma-informed name that accurately reflects services being provided at the Phase 1 and 2 deflection center. The BHAC is a council made up of people with lived experience, advocates, behavioral health service providers, public partners, and family members. On Aug. 14, 2024, "Coordinated Care Pathway Center," also referred to as the "Pathway Center," was selected as the deflection center's name.

In July 2024, Multnomah County signed a contract with Tuerk House, a Baltimore-based drug and alcohol treatment provider, to operate the Pathway Center. Tuerk House is a nationally recognized expert in drug and alcohol treatment and has extensive experience providing stabilization services as well as the full range of services facilitating recovery from substance use disorders and working with first responders. Multnomah County and Tuerk House staff will work together at the facility to provide an array of needed services and support.

A certified peer will welcome and receive clients brought to the center by law enforcement from the moment they arrive. Peer support from the start of the intake process is crucial for developing rapport and maintaining connection and support, while reducing future overdose risk. Peers will attempt to ensure that deflection clients are connected "person to person" to the next step in their recovery. This "warm hand off" is more likely to help clients follow through with referrals than a process of paper referrals, phone calls and/or bus tickets to services.

Services available at the Pathway Center will include screenings, assessments, connections to treatment and recovery services, basic needs resources, peer support, and support with applications for Medicaid. Basic needs resources include a safe space for respite, shelter, food, water, bathrooms, showers, and personal/peer connection. Additionally, there will be available storage space for clients at the facility, including 16 2x2-foot cubbies in Phases 1 and 2.

The facility will not be able to accommodate pets, but will use existing protocols for when a member of our community has a pet and is about to enter a healthcare setting or law enforcement custody for a short period. This allows the pet to enter the care of Multnomah County Animal Services for up to 144 hours and then be retrieved by its owner.

Operator planning and operations will include:

- Providing intake services to the Center for those referred by law enforcement;
- Providing screenings and assessment;
- Providing timely connection to appropriate levels of care;
- Ensuring peer services are available during the Center's hours of operation. This may include collaboration with other peer services organizations' staff;
- Coordinating transportation during hours of operation;
- Ensuring appropriate staffing levels, and cultivating a safe, supportive environment that promotes wellness and recovery;
- Developing policies/procedures for the Center, ensuring they meet regulatory requirements for clinical services;
- Providing food, showers and laundry, as well as other appropriate basic needs post-intake;
- Securing licensing to initiate sobering services in a future phase;
- Maintaining medical records documenting services provided and following HIPAA and other applicable laws/regulations;
- Establishing protocols that provide for admission and services for people with limited English proficiency, and/or hearing, speech, physical and cognitive disabilities;
- Establishing protocols for communicating with the County Department of Community Justice about deflection for individuals under pretrial supervision and probation/parole supervision.

Tuerk House will also work with appropriate County representatives and other partners to assess initial and longer-term hours of operation, establish intake eligibility protocols, determine standardized, evidence-based tools for assessing readiness to change at admission, and coordinate janitorial services. At this time, it is anticipated that initial operating hours will be daytime hours. Tuerk House will expand hours as staff are hired and training is completed. The Pathway Center plans to be open 24/7 by Phase 2, if not sooner. Tuerk House is also expected to review intake data for repeat clients and use a continuous assessment model to modify approaches to meet clients' needs and goals.

Phase 1 will allow the County to assess who and how many clients are coming to the Center, peak hours, and primary needs. The County and Tuerk House will take an evidence-based approach throughout the phases and refine programming to better meet needs. Program administrators will also assess staffing requirements, protocols, and safety needs to continue building programming that promotes safety for the clients coming to the Center, staff and partners, law enforcement, and the neighborhood.

At all phases of the project, the County will work to identify and address any emerging issues with Pathway Center staff, law enforcement, County staff, the surrounding community, and others from the treatment and recovery community. A Good Neighbor Agreement will help define the partnership between the community and the Pathway Center.

Who qualifies for Phase 1 Pathway Center admission?

Individuals will be appropriate for the Center in Phase 1 if they meet the criteria for deflection, are able to make a decision to go, and are not in need of urgent or immediate medical or behavioral healthcare. If a person is at high risk of medical complications, violence, or psychological concerns, they will instead be referred and transported to an appropriate facility, including an emergency department or hospital. Most individuals who are not eligible for deflection will be screened out by law enforcement in the field before they arrive at the facility.

The Pathway Center staffing model includes:

- Intake administrator
- Nurse
- Care coordinators
- Peer specialists

The deflection program and center will also be supported by the following Multnomah County staffing:

- Deflection coordinator
- Project manager
- Program specialist senior
- Data analyst senior

The deflection coordinator is responsible for the strategic direction, oversight, and continuous improvement of the nuanced deflection services as defined in HB 4002. This includes managing the Pathway Center for the County; collaborating with internal and external partners and stakeholders, including law enforcement; tracking and reporting data required by the Oregon Criminal Justice Commission and other stakeholders; and reporting program outcomes, challenges, and successes to stakeholders, including successful and unsuccessful deflections to law enforcement.

Phase 2 Services

Phase 2 will include and expand on all of the Phase 1 services to provide:

- The implementation of sobering protocols to determine the appropriateness of sobering services;
- Sobering services with Medication for Opioid Use Disorder (MOUD) and other Medication Assisted Treatment (MAT) services;
- Approximately 13 to 16 sobering beds;
- American Society of Addiction Medicine (ASAM) assessments and mental health assessments as needed, for purposes of referral.

The Center will offer the evidence-based practice of providing MOUD services in coordination with a Multnomah County-contracted Opioid Treatment Program (OTP) provider. This was made possible through Oregon Administrative Rules changes that took effect April 2024. The rules allow the OTP to provide telehealth services in a satellite location.

In addition, Phase 2 will expand referral sources (depending on law enforcement's usage) with bed priority given to law enforcement deflection efforts. The plan for expanded referrals includes law enforcement broadly, Portland Street Response, Project Respond, Portland Fire & Rescue, and possibly emergency departments (if pathways are developed).

The Phase 1 staffing model will remain in place but expand to meet anticipated needs for Phase 2. Again, Phase 1 will allow the County to assess who and how many clients are coming to the Center, peak hours, and primary needs. The County and Tuerk House will use an evidence-based approach to refine programming and staffing to better meet needs and ensure appropriate staffing is provided for expanded services and referral sources.

Phase 2 supports expanding sobering capacity in Multnomah County, which is a need highlighted in the Multnomah County 24/7 First Responder Drop-Off Sobering Center Plan.

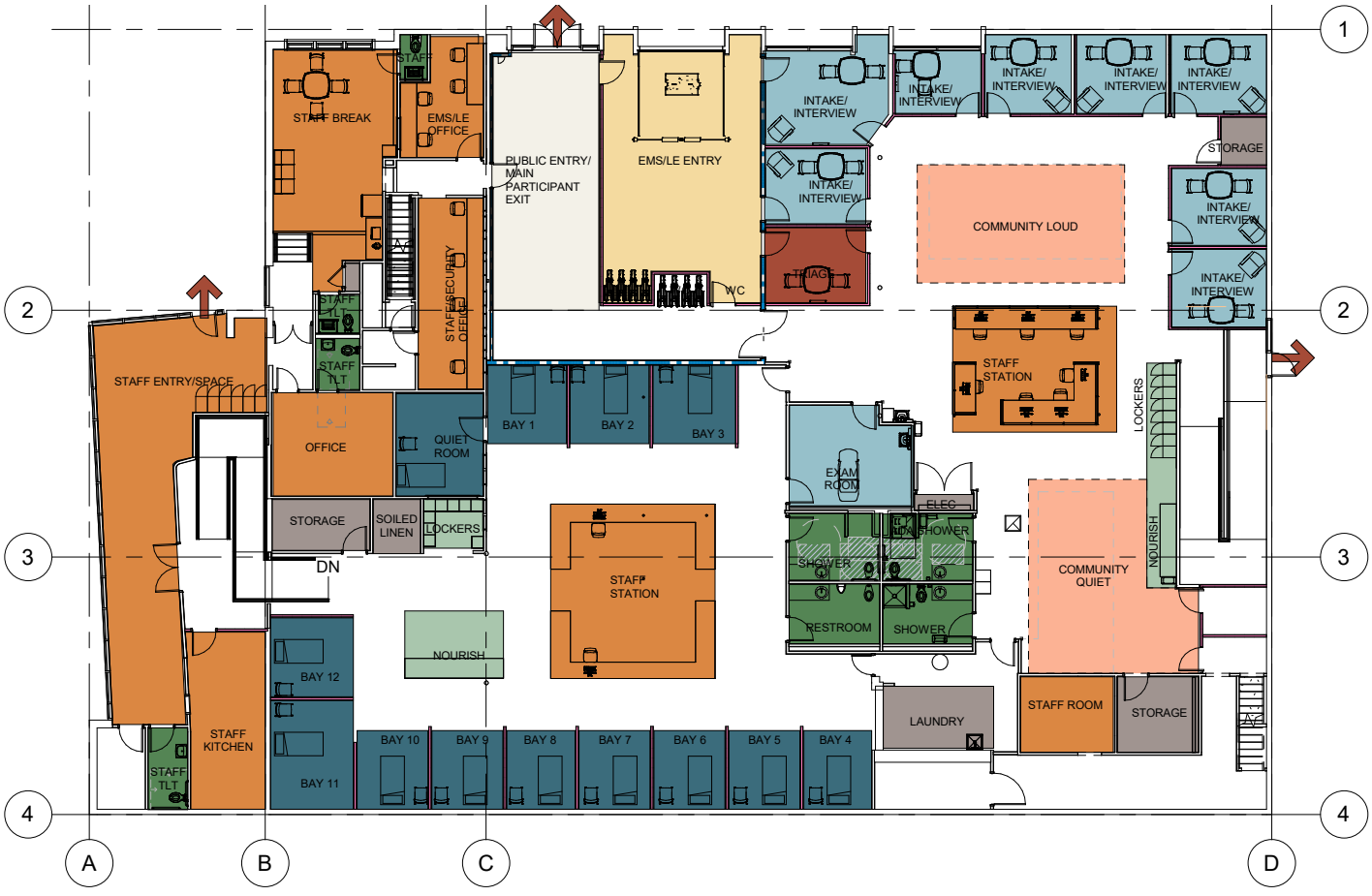
Who qualifies for Phase 2 Pathway Center admission?
Phase 2 will expand referral sources to include other first responder referrals. Law enforcement and other first responders will follow the same criteria as Phase 1 including:

- If they meet the criteria for deflection or are brought by first responders and the other stakeholders identified above;
- Are able to make a decision to go, and;
- Are not in need of urgent or immediate medical or behavioral healthcare.

When a person poses a risk of harm to themselves or others, has high-risk medical complications, or there are psychological concerns, they will be referred and transported to an appropriate facility including an emergency department or hospital. Tuerk House will work closely with law enforcement and other referral partners to ensure that referrals are made in adherence to the above field protocols.

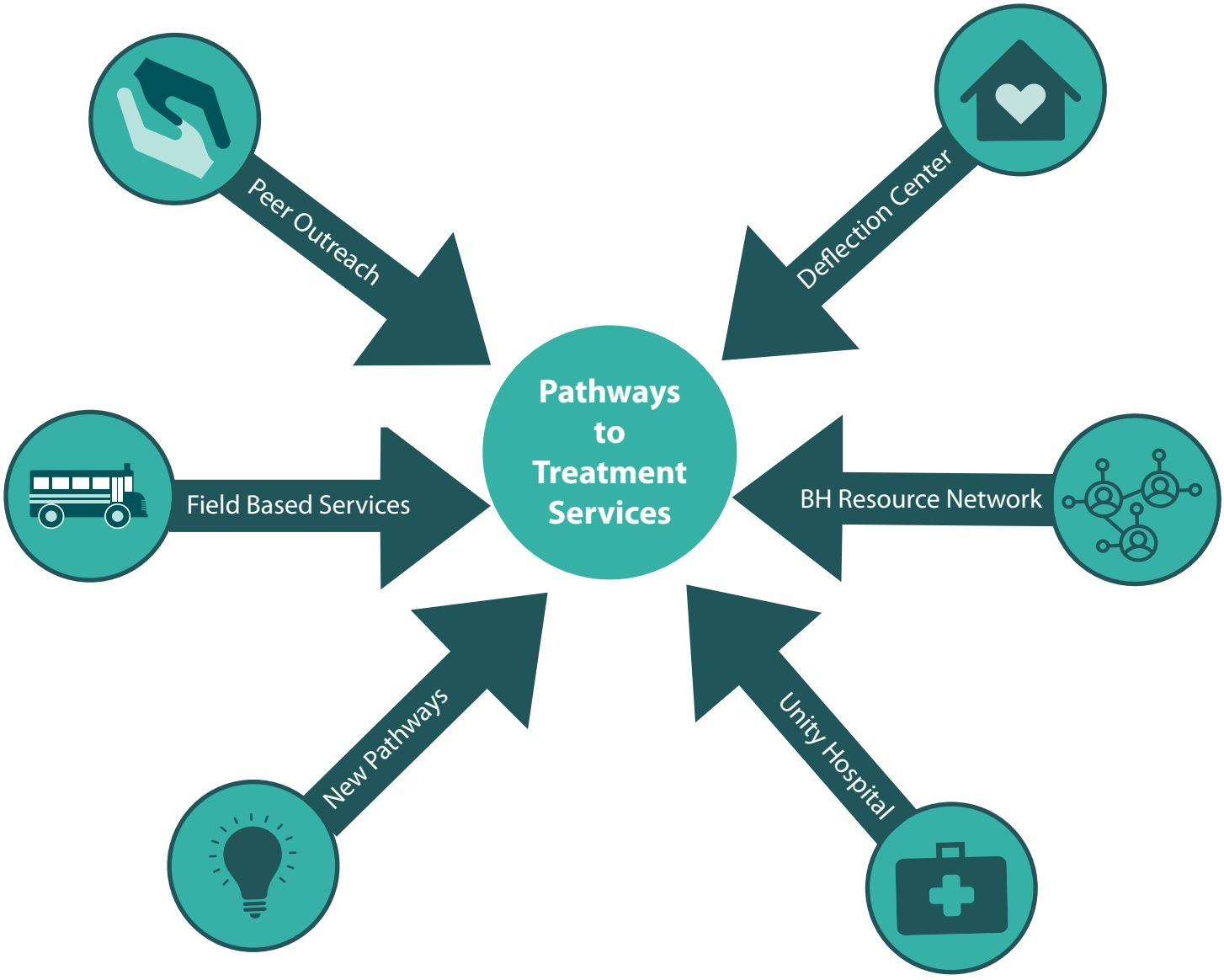
Phase 1 & 2: Coordinated Care Pathway Center Facility – Key Requirements and Approach

Multnomah County Facilities sought to lease a facility that could meet the September timeline for when HB 4002 takes effect and the minimum requirements. The County leased a facility at 980 S.E. Pine St. to house the Phase 1 and 2 programs. Phase 1 will include creating the law enforcement delivery space, triage rooms, exam room, intake/interview rooms, as well as restroom/shower facilities and waiting areas for referral to a partner agency. Staff and security offices, law enforcement work space, and a break room are also part of the Phase 1 build-out. Phase 2 will include the build-out of a 13- to 16-bed ambulatory sobering location for participant stays up to 24 hours.



Deflection System Program: Approach and Model

Recognizing that not all clients eligible for deflection will flow through the Pathway Center, Multnomah County is designing a deflection system with multiple access points for clients with Substance Use Disorder and law enforcement partners seeking to deflect individuals with Substance Use Disorder. All of the different access points will not be developed or operationalized by Sept. 1. The County will add pathways over time in partnership with law enforcement and other jurisdictional partners.



The visual above illustrates various options the County is exploring in coordination with Behavioral Health Resource Network partners (also known as BHRNs) and other key collaborators.

Our goal is to design a comprehensive system that is person-centered and meets the needs of both program clients and law enforcement.

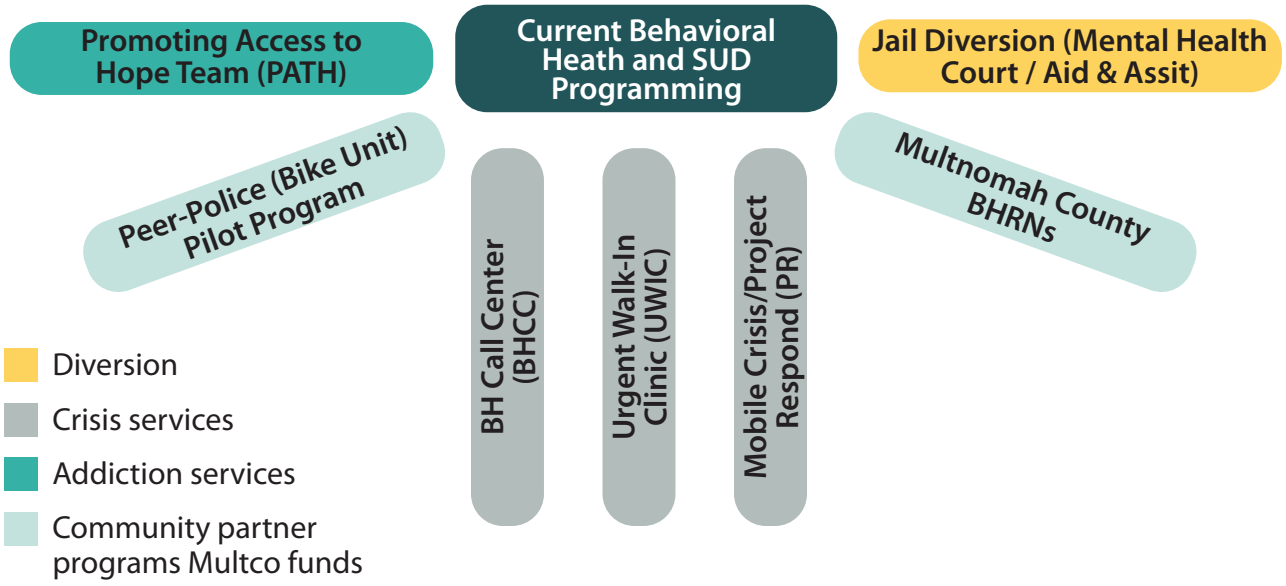
We have reviewed current deflection and pre-arrest diversion programs to develop a framework that builds on evidence-based and best practices to address public health and safety challenges.

- Deflection for clients experiencing Substance Use Disorder must include a set of defined recovery pathways for those who would otherwise become justice-involved as a result of their drug use.
- These pathways include options for sobering, withdrawal management, treatment, peer support, and connections to medical and behavioral health care. In Multnomah County, this also means increasing current capacity in the Substance Use Disorder (SUD) system and leveraging resources that already exist. The County Health Department's Behavioral Health Division is undertaking a Comprehensive Local Plan (CLP) that will support identifying current gaps as well as strategies to then close those gaps.
- Stop, Triage, Engage, Educate and Rehabilitate (STEER) is one example of an evidence-based model for deflection. This tested model provides a roadmap for connecting clients to the treatment and recovery interventions and services that best meet their needs as individuals. Early results from Maryland, where STEER is used, "show that half (51%) of clients who initiated treatment through the deflection method remained actively engaged after 30 days (Addiction Policy Forum, 2017).

A deflection center is one key component of the program. However, Multnomah County knows that a whole system of pathways where law enforcement can connect people with treatment and peer support services must also be built — especially to ensure we have a deflection program that works across the entire County.

The County is taking a comprehensive approach by determining which roles current related services could play as part of the overall program, identifying optimal connection points, and expanding existing programs that meet the needs of deflection.

Related Services:



Depicted above is our:

- Mental Health Court and Aid and Assist program (in yellow).
  - » Mental Health Court is a post-adjudication program, in which the County currently funds one qualified mental health professional (QMHP) and three qualified mental health associates (QMHAs) to assist clients in accessing mental health and SUD treatment in lieu of jail time.
- Crisis services (in gray).
  - » This includes Multnomah County's Behavioral Health Call Center, Urgent Walk-in Clinic, and mobile crisis unit contracted with Cascadia Health's Project Respond.
  - » The Call Center receives direct transfers from 911, also known as the Bureau of Emergency Communications or BOEC, to avoid dispatch of law enforcement or other first responders when their need is not indicated. There is also a direct line for Portland Police to contact the Call Center for information and support.
  - » A current pilot project has placed a Behavioral Health Call Center clinician at BOEC to provide direct support, consultation, and referral.
  - » Project Respond provides on-site mobile crisis support to first responders through a direct paging system.
  - » First responders bring individuals to our Urgent Walk-In Clinic from 7 a.m. to 10 p.m. (including weekends and holidays).
- Promoting Access to Hope team (PATH) (in teal).
  - » The PATH team provides care coordination and connection to services for clients in need at the intersection of homelessness and behavioral health.
- Community partner programs receiving County funds (in light blue).
  - » Programs include a pilot project launched this year in partnership with the Mental Health and Addiction Association of Oregon (MHAAO), Portland Police Bureau, Behavioral Health Resource Center, City of Portland, and various Behavioral Health Resource Network partners (also known as BHRNs). This is in addition to coordination work the County is performing with BHRNs, including with the Pathway Center.
- Training will be developed and provided for law enforcement and first responder partners and SUD continuum partners to maximize appropriate use of the deflection system.

On Sept. 1, the County will implement a community-based deflection program in partnership with Volunteers of America Oregon, 4D Recovery, and the Behavioral Health Division's PATH team. Law enforcement officers will contact a centralized deflection number to reach peer specialists and care coordinators from these organizations. Those staff will meet officers and clients in the field and offer problem-solving, screenings, and referrals to support these clients in lieu of further involvement in the criminal justice system.

Phase 3: Sobering Center Programming – Approach, Model, and Objectives

Approach

The Phase 3 sobering center will be a new County-owned facility that operates 24/7. It is based on the Multnomah County 24/7 First Responder Drop-Off Sobering Center Plan. The Center will be operated by a contracted provider selected through a competitive procurement process. It will include all of the resources previously provided at the Phases 1 and 2 Coordinated Care Pathway Center and expand to provide withdrawal management.

The sobering center will add a mix of 50 sobering sleeper recliners and withdrawal management beds to our Substance Use Disorder continuum. It will allow for law enforcement and first responder drop-offs, referrals from community providers, and voluntary self-referrals while still serving as a deflection pathway. Self-referrals will be considered as the last possible referral type, based on operational and public safety learnings that are evaluated in the first 6 months to 1 year. The center will also be available for law enforcement and other first responders to bring clients with behavioral health challenges that require involuntary services.

The program will take a sequenced approach, accepting referrals from law enforcement and first responders, housing and shelter programs, the criminal legal system, the healthcare system, and the behavioral health system, as well as self-referrals as capacity and protocols allow. The County anticipates incorporating law enforcement and first responders at launch. Referrals are expected to come from the following entities, with priority given to law enforcement and first responders:

- Law enforcement
- Portland Street Response, Project Respond, and mobile crisis intervention teams
- Portland Fire & Rescue
- Emergency medical services
- Emergency departments and psychiatric emergency services
- Peer provider organizations
- Cascadia Health's Urgent Walk-in Clinic (UWIC)
- Crisis Assessment and Triage Center (CATC)
- Recovery housing organizations
- Jails
- Community Corrections
- Courts
- Behavioral Health Resource Center
- Shelter providers, funneled through a housing retention team
- Federally Qualified Health Centers and Certified Community Behavioral Health Clinics
- SUD and mental health treatment providers

The County will use data, quality improvement, evaluation, and other learnings from Phases 1 and 2 to inform sequencing. Critical to the continuous quality improvement model, the program will establish an advisory group to inform design, staffing model, referral sequencing, and overall quality (see Section I: Community Engagement for additional details).

To support the safety and security of clients and staff, first responders will use a field evaluation protocol for drop-off at the center, with a process for triaging high mental and physical health acuity. Phases 1 and 2 will offer the opportunity to test and improve these protocols. We will develop and implement training modules for transportation staff, staff operating the center, dispatchers, community providers, law enforcement, and first responders so they can learn the inclusion/exclusion criteria for drop-off at the facility. Draft protocols are included in the Multnomah County 24/7 First Responder Drop-Off Sobering Center Plan.

In and Out of Scope Transportation and Facility Holds

Type of Hold	Applies To	In Scope	Out of Scope
Police Officer's Civil Custody/ Sobering Hold (HB 4002, page 62)	Facility	Accept holds for up to 72 hours for intoxication holds when the person appears to be in immediate danger, or the law enforcement officer or team member has reasonable cause to believe the person is dangerous to self or to any other person.	
Police Officer's Civil Custody/ Sobering Hold (HB 4002, page 62)	Transport	The ability for law enforcement to place a civil hold to transport someone to a sobering or treatment facility who is intoxicated or under the influence of controlled substances in a public place. The person is not charged with a crime that would lead to an arrest.	
Police Officer Civil Custody (ORS 426.228 Custody)	Transport		The ability for law enforcement to take into custody a person who the officer has probable cause to believe is dangerous to self or to any other person and is in need of immediate care, custody or treatment for mental illness; out of scope for the 24/7 Drop-off Sobering Center.
Mental Health Director's Hold (ORS 426.233)	Transport/ Facility		The ability for a Community Mental Health Program Director's Designee to have someone determined to be dangerous to self or others transported to a facility for further evaluation; out of scope for the 24/7 Drop-off Sobering Center.
Civil Commitment (Mental Health)	Facility		Specific to mental health evaluation and ongoing custody; out of scope for the 24/7 Drop-off Sobering Center.
Deflection	Transport	The ability for law enforcement to transport someone who agrees to deflection in lieu of jail.	

Operating Model

The sobering center will have a mix of 50 sobering sleeper recliners and withdrawal management beds and separation rooms. The facility will be capable of taking voluntary patients and involuntary holds for intoxication. Holds may last for up to 72 hours depending on the level of altered mental status. Holds may be removed as clients become sober and are able to make informed decisions about their care journey.

Services will include:

- Triage, intake, assessment, care coordination, and peer support.
- Sobering, which generally lasts 3-14 hours per visit.
- Medications for Opioid Use Disorder (MOUD) and other MAT services.
- Withdrawal management, which generally lasts between 3-5 days depending on withdrawal risk and medical necessity.

The facility will maintain a patient-centered approach to care; the safety of clients and staff; pathways for clients to transition to the services they need; and an appropriate level of access for law enforcement and first responders to bring clients for services.

The essential operating model components include:

- Trauma-informed, person-centered approaches through a care team with medical, behavioral health and peer staff.
- Mitigating public safety issues around the facility to ensure Good Neighbor Agreements.
- "No wrong door," low-barrier access for law enforcement, first responders, and the other entities listed above, including the ability to provide transportation to and from the facility as needed.
- Design and staffing to safely care for clients who are agitated, combative or experiencing psychosis.
- A reliable model capable of rapid triage, intake, assessment, care coordination, and initiation of care.
- A multidisciplinary care team that includes peers, care coordinators, medical and intake staff.
- Measurable capacity to safely and rapidly triage, assess and transfer care to the most appropriate setting.
- Stabilization of clients experiencing acute intoxication from fentanyl and other opioids, alcohol, methamphetamine or poly-substance use.
- Maintaining a ratio of voluntary vs. involuntary clients relative to appropriate staffing ratios.
- Voluntary and involuntary clients will be assigned to different milieus or separation rooms depending on need.
- Dedicated space for law enforcement and first responder drop-off.
- In-house security capability, integrated with the provider care team.
- Diverse transportation capabilities, including in-house options to support rapid transfers in and out of the facility.

Objectives

- A "no wrong door" approach for Multnomah County's law enforcement and first responders to bring clients in a crisis, keeping them from emergency departments and jails while providing a critical option other than being left on the streets in crisis.
- Coordinating with the Substance Use Disorder continuum to serve as both an entry into the continuum and a conduit to supporting clients in accessing their next, most appropriate step to recovery.
- Services developed and tailored based on the needs of the population and input from the advisory group and community partners.

- Triaging and assessing clients experiencing Substance Use Disorder crises for physical, substance use, and/or mental health needs to identify the appropriate level of care and support to help them stabilize.
- Data-informed and data-governed processes and continuous quality improvement of services to best support people with Substance Use Disorder.
- Continuous quality improvement will be supported by feedback from clients, clients with lived experience, BIPOC advisors, community providers, and law enforcement and first responders.
- Effective communication, learning and improvement between sobering center staff, transportation staff, first responder agencies, providers, the legal system, and other key stakeholders.
- Sustainable operational funding model based on length of stay and level of care.

Phase 3: Sobering Facility Key Requirements

Multnomah County Facilities is searching for a long-term, Phase 3 facility that can support the following:

- The ability to take involuntary holds for substance use.
- A combination of 50 sobering sleeper recliners and withdrawal management beds.
- The ability to provide services to a client beyond 24 hours.

Based on these criteria, the County is working with local and state licensure and permitting agencies to determine building occupancy requirements. The County is also still determining the distribution of sobering sleeper recliners and withdrawal management beds.

Multnomah County Facilities is working with a real estate brokerage firm to identify a Phase 3 facility, as well as options to leverage community resources that may be better located to serve East County. Some of the search criteria include:

- Direct ownership is the primary goal, but the County would consider a lease with an option to purchase.
- Prioritizing a location that all first responder jurisdictions can efficiently access, within a specific search boundary (North: Killingsworth Street; South: Highway 26; West: the Willamette River; East: 162nd Avenue).
- A site more than 1,000 feet "as the crow flies" from a daycare, school or career school that primarily caters to minors.
- Preference for sites built or renovated in the last 25 to 30 years.

The goal is to acquire this property, and then complete design, permitting, and renovations, in time for operations to begin in 2026. This work is proceeding now — concurrently with the temporary deflection center work — to ensure no time is lost to open a permanent facility as quickly as feasible.

All Phases: Transportation Approach and Model

Transportation is a significant logistical challenge that often complicates connecting clients with the next appropriate level of care. Whenever possible, peer providers should connect deflection clients directly to programs and services. This strengths-based approach ensures advocacy and support are built into the transportation model.

The Phases 1 and 2 Pathway Center's central location provides support where it is most needed, in Portland's central core and east side. However, Multnomah County's extensive geographic area complicates Countywide deflection transportation. One-way travel distances from the County's outer boundaries to the Pathway Center can take upward of an hour, and adverse traffic conditions can extend travel times significantly.

The Phase 3 facility will open in a different location than the Pathway Center. The Phase 3 facility will accept clients from the deflection program and other referral sources. Given that the Phase 3 program model provides more comprehensive services and will have higher capacity, there is a need for the in-house transportation capability identified below.

Given the distribution of population density in Multnomah County and the prevalence of Possession of a Controlled Substance (PCS) encounters in the city core and parts of East Portland, we estimate that 80% of initial deflection transportation will happen within a seven-mile radius of the 980 S.E. Pine St. location and the majority of the remaining deflection transportation will occur between Gresham (approximately 15 miles) and St. Johns (approximately 10 miles). Within this area, travel times by car ranged from 12 to 26 minutes (to travel seven miles), and travel times by transit ranged from 38 to 49 minutes, depending on traffic conditions and direction.

We anticipate that deflection center use will increase over time. The transportation capabilities identified below will be implemented iteratively to meet use requirements.

Phase 1 & 2 Transportation

Transportation to the Pathway Center:

- Primarily law enforcement and/or AMR at the request of law enforcement
- Peer referrals
- Other city transportation — to be determined

Transportation out of the Center:

- If a client is experiencing a medical or mental health emergency, Tuerk House will call 911 for EMS transport to an emergency department and/or Unity Center
- For clients who choose to connect to treatment or services, and if those services are ready to receive them:
  - City/County partnership program
  - Vans operated by peer providers
  - Cab or rideshare with peer support
  - Cab or rideshare*
  - Tailored transit with peer support

- For clients who are not connecting to treatment or services:
  - » Vans operated by peer providers
  - » Cab or rideshare with peer support
  - » Cab or rideshare*

*Only if the individual is comfortable with being transported alone and their level of acuity is appropriate for independent transport.

Phase 3 Transportation

Transportation to the long-term deflection and sobering center:

- In-house transportation
- Law enforcement or AMR at the request of law enforcement
- Peer referrals
- Other city transportation — to be determined

Transportation out of the center:

- If a client is experiencing a medical or mental health emergency, EMS transport to an emergency department and/or Unity Center
- For clients who choose to connect to treatment or services, and if those services are ready to receive them:
  - » In-house transportation
  - » City/County partnership program
  - » Vans operated by peer providers
  - » Cab or rideshare with peer support
  - » Cab or rideshare*
  - » Tailored transit with peer support

- For clients who are not connecting to treatment or services:
  - » In-house transportation
  - » Vans operated by peer providers
  - » Cab or rideshare with peer support
  - » Cab or rideshare*

*Only if the individual is comfortable with being transported alone and their level of acuity is appropriate for independent transport.

For additional information about the in-house transportation program, see the Multnomah County 24/7 First Responder Drop-Off Sobering Center Plan (pages 9-11).

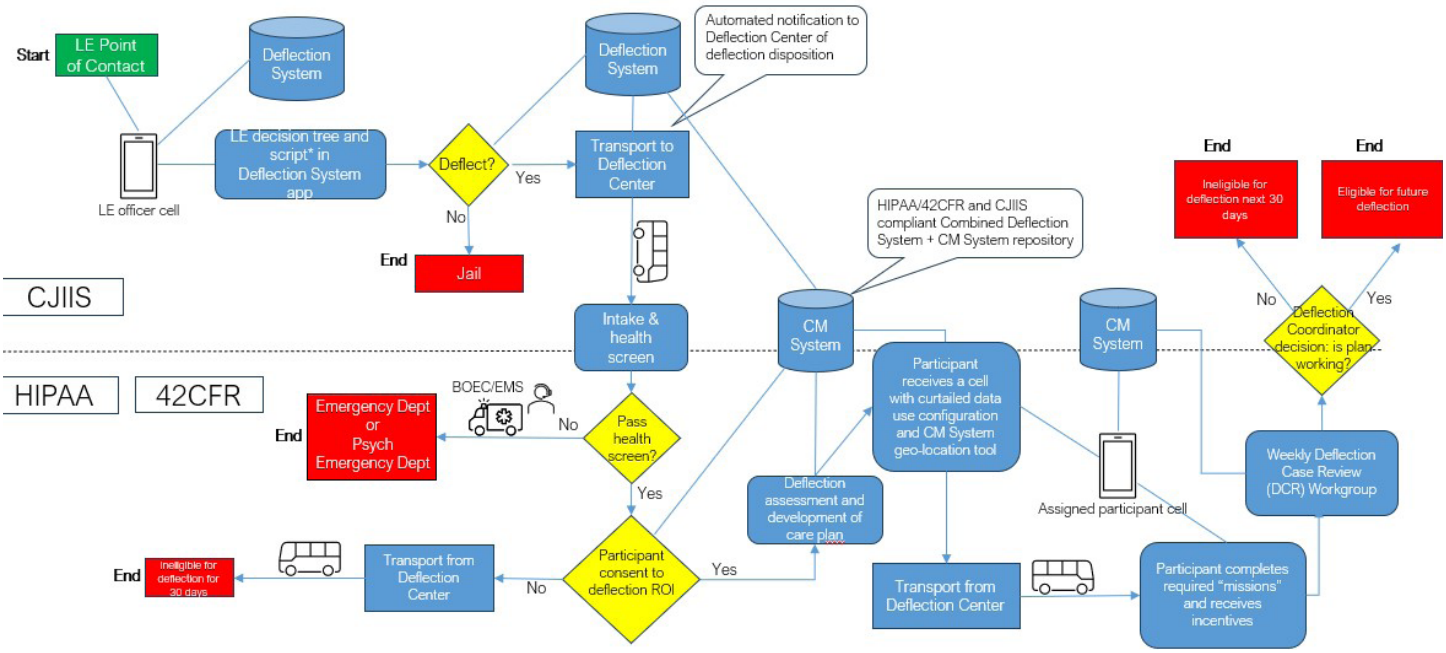
All Phases: Data/IT Approach and Model

Key Data Elements

Data is a critical part of the deflection program. In Phase 1, data will include information from the Coordinated Care Pathway Center, deflection/case management systems, law enforcement, probation and parole, courts, and the Multnomah County District Attorney's Office. In Phase 2 and beyond, additional sources may include BHRNs, CCOs, APAC, and the Measures and Outcome Tracking System (MOTS). These data elements include but are not limited to:

- Date, time and location of deflection
- Participant name, date of birth and demographics
- Where the participant ultimately was taken (Jail, emergency department, the Pathway Center, etc.)
- Date and time of arrival at the Pathway Center
- Date and time of law enforcement completion of drop-off
- Assigned peer provider
- Insurance type and ID number
- Screening and assessment answers (in process; questions to be determined)
- Recommended treatment and social services, including:
  - » Dates and times for each referral activity
  - » Dates and times each referral activity was completed
  - » Type of referral activity completed
- Whether the deflection program was completed successfully
- Satisfaction survey data (various)
- Cost of:
  - » Health services, by type used
  - » Jail services
  - » Court services

Draft Deflection Process/Data Flow



Data Systems and Information Technology

Data and systems requirements for Information Technology (IT) are meant to inform ideal data tracking for continuous quality improvement (CQI) and program development, as well as efficient operational functioning that will inform whether clients successfully complete deflection, communication between agencies and partners, and case management of clients.

Requirements	Needed in Phase 1	Needed in Phase 2 & 3
42CFR Part 2/HIPAA-compliant and secure	X	X
Policies and procedures for HIPAA compliance, data security, personally identifiable information (PII), and uses and disclosures of client protected information	X	X
Data use agreements with other organizations, including but not limited to the State of Oregon, Multnomah County, the Cities of Portland and Gresham, and transportation providers		X

Systems	Needed in Phase 1	Needed in Phase 2 & 3
RedCAP (OHSU database for CJC grant)	X	X
EHR (Electronic Health Record)	X	X
Deflection Management Software/System	X	X
Oregon (Hospital) Capacity System (recommended use by non-clinical admin staff to show bed availability)		X

Information Technology/Hardware	Needed in Phase 1	Needed in Phase 2 & 3
Printer/copier access (with wi-fi or air card, for law enforcement to use on-site and in advance of arrival at the deflection/ sobering center during drop-off)	X	X
Radio(s) (for communication with EMS, PPB and MCSO)	X	X
Cell phone(s)/Voice Over Internet Protocol (VOIP) (for law enforcement to communicate status before arriving)	X	X
Emergency Department Information Exchange (EDIE)/Collective		X
Unite Us	X	X

Implementation Plan Outline - Phase 1

- Configure Electronic Health Record to include needed data points for measuring outcomes and quality, requiring data formats and limiting free text fields for more efficient calculations
- Install and train on case management system
- Install and train on Oregon Capacity System
- Install IT/hardware (above)
- Install and train on EDIE
- Procure independent evaluator(s) to calculate key performance indicators (KPIs) and quality metrics
- Ensure HIPAA privacy and security policies and procedure and training schedule are in place
- Ensure Policies for 42CFR and training schedules are in place
- Ensure data monitoring policies and procedures and schedules are in place and training is complete
- Sign data use agreements with relevant partners

Implementation Plan Outline - Phase 2+

- Configure Electronic Health Record to include needed data points for measuring outcomes and quality, requiring data formats, and limiting free text fields for more efficient calculations
- Install and train on case management system
- Install and train on Oregon Capacity System
- Install IT/hardware (above)
- Install and train on EDIE
- Install and train on Unite Us
- Procure independent evaluator(s) to calculate key performance indicators (KPIs) and quality metrics
- Ensure HIPAA privacy and security policies and procedure and training schedule are in place
- Ensure data monitoring policies and procedures and schedules are in place and training is complete
- Sign data use agreements with relevant partners

All Phases: Safety & Security Approach and Model

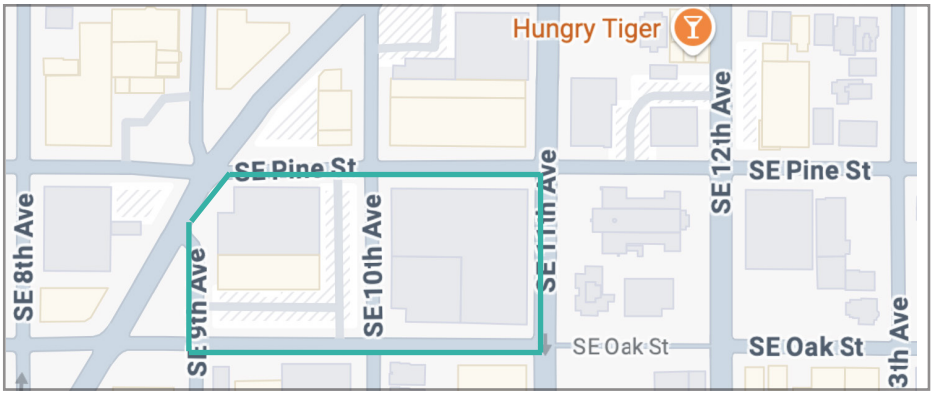
Approximately $740,000 has been allocated for security for the first 10 months of operations. This funding will allow the County to initially provide two uniformed security officers onsite at the Pathway Center 24/7. Additional security needs will be assessed after launch and on an ongoing basis.

Security will be a combination of both new and existing staff. Workplace Security has selected several experienced officers from existing programs (similar in scope to the Pathway Center) to transfer. This will bring experienced officers to the Pathway Center without draining staff from existing programs. Additionally, the vehicle patrol assigned to the sector includes the senior Lieutenant officer on shift. Officers are contractually required to complete the following training (in addition to site specific training):

1. Unarmed officer Department of Public Safety Standards Training (DPSST) certification
2. De-escalation Training
3. Trauma Informed Practice (Trauma Informed Oregon)
4. Basic Customer Service
5. Basic Use of Force
6. Workplace Violence
7. Basic Report Writing
8. Opioid Treatment Response (NARCAN)
9. Response to Silent Panic Alarms
10. Response to Standard Alarm Annunciation
11. Metal Detection Equipment
12. Origami Report Submission
13. Smartsheet Report Submission
14. Safe Driving and Patrol Response
15. Mandatory Reporting
16. Basic HIPAA
17. Radio Communications

County security will conduct daily vehicle patrols around the perimeter of the Deflection and Sobering Center as part of their zone patrols. Those patrols are legally unable to directly interrupt any criminal activity they observe beyond the perimeter of the Center, but they will serve as an additional set of "eyes and ears" in the neighborhood, with the ability to contact law enforcement as needed.

Those patrols will encompass the following area: S.E. Sandy Boulevard to S.E. Pine Street; Pine to S.E. 11th Avenue; 11th to S.E. Oak Street; Oak to S.E. 9th Avenue; 9th to Sandy. (See map below.)



Additionally, Tuerk House and Multnomah County plan to provide proactive outreach in the surrounding area with the Promoting Access to Hope (PATH) team, Office of Consumer Engagement, and Behavioral Health Resource Network partners. Outreach providers will work with people to help identify needs and connect them to resources and transportation.

In the event of potential safety or security concerns arising across the street from the Center, County security will be able to contact the Security Operations Center (SOC), which may then, depending on the needs and circumstances, dispatch a vehicle and/or contact law enforcement. The SOC is a multi-function security alerting, reporting and communication hub located at the Multnomah Building supporting security and emergency service functions, via radio. The SOC connects with appropriate agencies to respond as needed, such as the City of Portland, the Joint Office of Homeless Services, and outreach providers.

In the event of the Center being contacted by members of the community about potential safety or security concerns in the vicinity of the Center, County security will be able to contact the SOC via radio, which would then dispatch a vehicle to examine the situation and, as needed, contact law enforcement.

Phases 2 and 3 will transfer safety and security operations to the contracted program operator. More details will follow after the transition plan is developed.

The security plan is produced, maintained and updated by the Workplace Security Program to support the deflection and sobering center.

Primary Responsibilities

1. The primary responsibility for security staff assigned to the center is to assist in maintaining a stable, orderly, and secure environment for clients and staff inside the deflection center.
2. Monitor CCTV video systems in coordination with the Security Operations Center (SOC).
3. Report encounters and incidents through the Origami reporting portal and/or Daily Activity Reports (DAR).

E. Key Dependencies, Risks and Mitigation

The timelines for opening all of the Phases of this project are ambitious, particularly a Sept. 1 opening of the Pathway Center Phase 1. Many elements of successful program implementation must come together quickly in order to open on schedule, keep clients and the community safe, and meet law enforcement needs for effective deflection.

Some of risks and mitigation of risks that must be considered for the center to open on schedule:

Facility:

- **Risk:** The program requires a fully functional facility including complete construction and inspections, furniture, equipment, signage for drop-off and other signage. Phase 1 facility construction is on track to be completed near Sept. 1. Tuerk House, Multnomah County staff, and third-party providers must be able to access the facility at least two weeks before opening services, in order to familiarize themselves with the space, practice workflows and test protocols.
- **Mitigation:** The Facilities team is already prioritizing this work. Therefore, there is no mitigation to complete construction significantly sooner. However, project teams are pursuing options to offer field-based deflection services starting Sept. 1.

Staffing:

- **Risk:** Starting the program requires adequate staff to operate safely and effectively. Tuerk House is currently hiring staff. Tuerk House is also working with an employment agency to find staff to cover any appropriate roles that they cannot hire in time. Nursing coverage for all hours of operation is required for the program. Multnomah County is also actively hiring deflection program staff and will have capacity gaps related to the critical role of the deflection coordinator. These factors put critical programmatic elements at risk of not being completed in time for the facility to safely operate on Sept. 1.
- **Mitigation:** The program could open with hours of operation limited to acceptable staffing levels. Tuerk House and Multnomah County are working together to find staff to fill in until the facility is fully staffed with permanent employees. BHRN partners may be able to temporarily locate peers at the center. The County continues to pull in additional project management support from the Health Department and Chief Operating Officer's Office.

Staffing Dependencies				
Tuerk House Positions				
Staff Type	**24/7 #**	**One shift only #**	**Time needed to train after start**	**Contingency**
Peer	9	2 (1M/1F)	2 weeks	1 Peer
Intake	4.5	1	2 weeks	County can support
Care Coordinators	7	2	2 weeks	- PATH Care Coordinator - LPC CADC - Call Center MH Consultant to support referrals with Supervisor
Nurse	5	2	1 month	- Staffing Agency - Cannot open without nurse
Program Director	1	1	1 month	Tuerk will cover until hired
MultCo Positions				
Deflection Coordinator	1	N/A	2 weeks	Health Department will cover all positions until hired
Project Manager	1	N/A	2 weeks	
Program Specialist Sr.	1	N/A	2 weeks	
Data Analyst Sr.	1	N/A	2 weeks	

Tuerk House Shift Times

- 7 a.m. - 3:30 p.m. Day Shift
- 3 - 11 p.m. Afternoon Shift
- 11 p.m. - 7:30 a.m. Night Shift
- Exception: Nurses will work 12-hour shifts (7 a.m. - 7 p.m.)

Onboarding, Training, and Safety:

- **Risk:** Onboarding and orientation plans must be in place for Tuerk House, other providers (BHRNs), Multnomah County staff, security, janitorial, and other facility service providers. This is critical to staff and client safety. All center staff must be trained in CPR, Narcan administration, de-escalation skills, and other emergency protocols. Multnomah County, Tuerk House, and Pathway Center-specific training and information must be provided to security, janitorial and other contracted facility service providers.
- **Mitigation:** The Project Core Team has identified additional Human Resources support to develop training and onboarding plans tailored to specific service providers working within the deflection center.

Law Enforcement Referral Protocols:

- **Risk:** Protocols for law enforcement referral to the center must be in place before the center opens. Each law enforcement entity must develop its own orders to officers based upon common protocols. Protocols for interacting with people on probation/parole/post prison supervision also must be developed with the Department of Community Justice. Law Enforcement, Tuerk House, and Multnomah County staff are working on these protocols, including how to identify potential deflection clients in the community, transport them to the facility, and accommodate clients' pets and extra belongings. Sept. 1 is a challenge to having these protocols fully in place.
- **Mitigation:** Multnomah County, Law Enforcement, and Tuerk House are currently finalizing protocols for implementation, including holding operational meetings.

System Familiarization:

- **Risk:** Law Enforcement and BHRN partners must be familiar with the facility, its procedures and its expectations to refer and support individuals who are being deflected. Site tours are the ideal way to bring these partners on board. Law enforcement and Center staff need to practice scenarios on site to finalize workflows and identify areas where more training is needed. The facility must be ready for occupancy before these activities can proceed, which poses a challenge.
- **Mitigation:** The County is actively planning to schedule tours based on when facility occupancy requirements will be obtained.

Data Collection:

- **Risk:** Data regarding who was deflected, what happened and if they were successful, plus demographic data, must be collected starting with the law enforcement encounter right through the deflection. Ultimately, automated systems will capture this data. These systems are not yet in place. Initially data will be captured on paper. These forms must be created and ideally vetted with evaluation partners to ensure all necessary data is being collected. Protocols and agreements for information exchange between Tuerk House and the Department of Community Justice must be created.
- **Mitigation:** The County and Tuerk House are creating these forms and processes.

Data System:

- **Risk:** Required CJC grant data must be collected and entered into a system for tracking. The CJC data collection system will not be operational until Oct. 1. This is the date grantees will need to start using the database.
- **Mitigation:** Multnomah County and Lones Consulting will use an alternate data collection system until the CJC's data collection system is operational.

F. Continuous Quality Improvement & Evaluation

Performance Management

The 24/7 Deflection/Sobering Center project is focused on the creation and effective use of evaluative tools to improve community safety and safety for clients receiving the Center's services.

- A critical component of the contract with the facility operator will be the ability to adhere to performance standards and engage in continuous quality improvement. In addition, tracking performance and adjusting operations or programs to improve performance will help inform each subsequent phase of the project.
- While the State of Oregon Criminal Justice Council has yet to provide recommended metrics related to the justice side of HB 4002, measures relating specifically to the deflection center include, but are not limited to:
  - Ability to track an individual across all providers and agencies
  - Acuity of clients being deflected
  - Appropriate utilization by demographic (not underutilizing)
  - Budget: Deflection center services provided within allocated budget
  - Continuity of care and follow-up visits stratified by demographics
  - Client satisfaction with care and referral
  - Follow-up with clients 6 months post deflection (connected to care) measured by random sample
  - Follow-up with clients 6 months post deflection (Mental Health and Substance Use Disorder diagnosis) measured by random sample
  - How often are clients referred out from the deflection center and to where?
  - Number of minutes it takes a first responder to complete drop-off at the deflection center
  - Referrals out by triage status
  - Referrals to service providers
  - Safety and security incidence rates
  - Satisfaction and engagement of deflection center providers/partners/first responders, both clinical and criminal system – satisfaction with deflection center and each other (Evaluators)
  - Satisfaction of community, business owners, network providers/partners with the deflection center and deflection process
  - Satisfaction with culturally-appropriate services, trauma-informed care, transportation, and peer engagement
  - Success of clients getting connected and staying connected to care and if not, why not (quality of hand-off and staying connected)
  - Successful data entry & exchange

G. Timeline, Milestones, & Deliverables

Quarters are described on the Multnomah County Budget calendar.

												Phase 1	Phase 2	Phase 3
	FY 23-24	FY 2024-2025					FY 2025-2026				FY 2026-2027			
	Q4	Q1	Q2	Q3		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Apr-Jun	Jul-Sep*	Oct-Dec	Jan-*Mar		Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul*-Sep	Oct-Dec	Jan-Mar	Apr-Jun
Deflection+Sobering Program														
LE Field Encounter Criteria & Protocols														
Transportation														
Procurement of Operator														
Partnership Development														
Design and acquisition of Internal Capacities														
Development & Launch of Program Elements														
Deflection														
Deflection+Sobering expansion														
Sobering Center														
Development of BHRN referrals														
Staffing Model														
Provider recruitment and staffing														
Multnomah County recrutiment and staffing														
Program training														
Program policies and procedures														
Deflection+Sobering Facilities														
Procurement of Operator														
Facilities														
Procurement of TEMP facility														
Facility planning & development														
Tenant Improvements Deflection														
Tenant Improvements Deflection+Sobering														
Procurement of PERM facility														
Facility planning & development														
Construction & permitting														
Moving														
Open new facility														
Licensing & Certifications														
Safety & Security Protocols														
Planning of External & Internal Features														
Staffing & Recruitment														
Training Model														
Deflection System														
East County LE Pilot - Development?														
East County LE Pilot - Implementation?														
Community based deflection pathways														
Connecting to existing deflection pathways														
Data and Evaluation														
Identify & recommend IT systems														
Procure & Implement IT systems														
CQI planning														
Implement Data/Eval Processes & CQI Plan														
Communications														

*=Phase launch dates

While the lists below do not include all of the milestones and deliverables for the three phases, the lists provide a high-level overview of some of the milestones and deliverables that must be achieved to open and operate the deflection and sobering centers.

Milestones & Deliverables for Phase 1 Coordinated Care Pathway Center

- Project implementation teams identified
- Project plan drafted
- Oregon Behavioral Health Deflection Program grant application drafted and submitted
- Phase 1 client journey mapping completed
- Temporary facility location identified
- Facility construction and improvements project plan drafted
- Community engagement plan developed
- Communications plan drafted
- Request for Information (RFI) released
- Operator identified
- Pilot exemption submitted
- Operator scope of work completed
- Operator staffing model identified
- Multnomah County staffing model identified
- Initial facility and operational costs determined
- Board of County Commissioners (BoCC) briefed on HB 4002 and sobering
- BoCC Q&A document created
- FAC-1 Construction Project Plan approved
- BoCC briefed on project plan
- Deflection success criteria determined by Leadership Team
- Oregon Behavioral Health Deflection Program grant application approved
- Security plan created
- Referral pathways identified
- Transportation model identified
- Data and IT systems model determined
- Facility permitting completed
- Third-party service contracts in place (janitorial, pest control, landscaping, laundry, etc.)
- Good Neighbor Agreement (GNA) framework in place
- Intake and screening procedures identified
- Provider staff hired and onboarded
- Construction/facility improvements completed
- IT systems installed
- Transportation agreements and protocols in place
- Data sharing agreements and protocols in place
- Building furnishings and lockers for clients' belongings installed
- Signage installed
- Office of Consumer Engagement and Behavioral Health Advisory Council submitted facility name to Chair for approval
- Multnomah County staff hired and onboarded
- Multnomah County policies and procedures training given to facility operator
- Multnomah County, facility operator, and deflection center policies and procedures training given to third-party providers working within the facility

- Multnomah County, facility operator, and deflection center policies and procedures training given to external third-party service vendors
- HB 4002 educational outreach created and shared with clients
- Emergency crisis communications plan created
- Law enforcement deflection center protocols developed by Portland Police Bureau (PPB), Gresham Police Department (GPD), and Multnomah County Sheriff's Office (MCSO)
- MCSO, GPD and PPB officers and deputies trained on deflection center protocols
- MCSO, GPD, PPB, and provider protocol, workflow, and scenario exercises completed
- Pathway Center process one-pager created for law enforcement
- Provider and Workplace Security scenario exercises completed
- Department of Community Justice (DCJ) communication and data tracking protocols created
- Operator and DCJ trained on communication process and data tracking protocols
- Operator site workflow exercises and training completed
- Operator and third-party provider workflow exercises and training completed
- Temporary 980 S.E. Pine St. facility opens

Milestones & Deliverables for Phase 2 Pathway Center

- Phase 2 client journey mapping completed
- MOUD/MAT protocols created
- Staff trained on MOUD/MAT protocols
- Applications for Phase 2 licensing and certifications submitted
- Applications for Phase 2 licensing and certifications approved
- 13-16 beds added to deflection center
- Secondary egress path created
- HVAC and fire suppression improvements made
- Hot water heater and laundry equipment installed
- Two additional restrooms and upgrades completed
- Capacity for new referral sources confirmed
- New referral sources identified
- Protocols for new referral sources created
- New referral sources trained on deflection center protocols
- Site workflow and scenario exercise completed with new referral sources
- Communications plan drafted for Phase 2
- Sobering and MOUD/MAT services offered to clients

Milestones & Deliverables for Phase 3 Sobering Center

- Sobering center location identified
- Facility construction and improvements project plan drafted
- Community engagement plan developed
- Good Neighbor Agreement framework in place
- Communications plan drafted
- Sobering center FAC-1 Construction Project Plan approved
- Applications for Phase 3 licensing and certifications submitted
- Applications for Phase 3 licensing and certification approved
- Sobering center permitting process begins
- Request for Pre-Qualification (RFPQ) drafted
- RFPQ released
- Operator selected

- Operator scope of work (SoW) completed
- Operator staffing model identified
- Projected facility and operational costs updated
- Phase 3 client journey mapping completed
- Security plan created
- MOUD/MAT protocols created
- Withdrawal Management protocols created
- Staff trained on MOUD, MAT, and Withdrawal Management protocols
- Transportation model updated for sobering center
- Data and IT systems model updated for sobering center
- Construction/facility improvements completed
- Sobering center furnishings installed
- Sobering center signage installed
- Sobering center IT systems installed
- Office of Consumer Engagement and Behavioral Health Advisory Council submitted facility name to Chair for approval
- New/updated transportation agreements and protocols in place
- New/updated data sharing agreements and protocols in place
- Provider recruitment and hiring completed
- Provider onboarding and training completed
- Multnomah County policies and procedures training given to Phase 3 sobering center facility operator
- Multnomah County, facility operator, and sobering center policies and procedures training given to third-party providers working within the Phase 3 sobering center
- Multnomah County, facility operator, and sobering center policies and procedures training given to third-party service vendors servicing the sobering center
- Emergency crisis communications plan created
- Law enforcement sobering center protocols developed by PPB, GPD and MCSO
- MCSO, GPD and PPB officers and deputies trained on sobering center protocols
- MCSO, GPD, PPB, and provider protocol, workflow, and scenario exercises completed
- Sobering center process one-pager created for law enforcement
- Sobering center operator site workflow exercises and training completed
- Sobering center operator and third-party provider workflow exercises and training completed
- Sobering center opens

H. Communications

Background
To help reduce overdoses and increase treatment options, Oregon passed a new law, HB 4002, that will make possessing small amounts of illegal substances a crime effective Sept. 1.

Key Audiences
- Criminal legal professionals including:
  - » Law enforcement
  - » Multnomah County Department of Community Justice
  - » District Attorney's Office, Public Defenders and Circuit Court
- People personally using drugs or experiencing Substance Use Disorders
  - » Health providers
  - » Advocates

- Neighbors, including local businesses and neighborhood constituents
- Wraparound service providers including hospitals, physical and behavioral health care, housing, etc.
- Elected and appointed officials
  - » Jurisdictional partners
- Business associations
- Media

I. Community Engagement

System Partners
A deflection program requires collaboration from the systems involved to be an effective bridge between the legal system and the recovery system.

- Our law enforcement partners are responsible for determining eligibility and connecting individuals to deflection. This includes data tracking about their encounters and deflection rates.
- The Health Department and community providers are responsible for the services provided once someone has been deflected. Per the legislation, this is defined as creating community-based pathways to treatment, recovery support services, housing, case management, or other services. This includes the role of a coordinator who can report back to the legal system when someone has successfully deflected.
- The legal system is responsible for what happens if there is a failed deflection and an individual is arrested.

The Health Department routinely meets with behavioral health providers and other partners, and has convened them to discuss the deflection program.

The Health Department has engaged a number of BHRN and health system partners, people with lived experience, the Behavioral Health Advisory Council (BHAC), and other key stakeholders in the Phase 1 and Phase 2 process, as well as the framework for Phase 3. We will continue to engage behavioral health system partners during Phase 1 and 2 implementation and planning for Phase 3. An advisory group will be formed to support Phase 1 and 2 implementation and inform design, the staffing model, referral sequencing, and overall quality for Phase 3. The advisory group will include individuals with lived experience; Black, Indigenous, and People of Color (BIPOC) advisors; BHRN providers; and law enforcement and other first responders.

We will also iteratively integrate feedback from clients. In our engagement with partners to date, we have heard support for the phased approach.

Additionally, Multnomah County's deflection program is a part of a statewide effort towards deflection implementation. The CJC has partnered with OHSU and the TASC Center for Health and Justice to provide technical assistance to deflection programs.

Neighborhood Engagement
The Multnomah County Chair's Office has convened a Good Neighbor Advisory Committee (GNAC) to develop a Good Neighbor Agreement (GNA) for the Coordinated Care Pathway Center. That committee includes:

- Two representatives of the Buckman Community Association (BCA), representing neighbors and residents
- Two residents living near the center, identified by the Buckman Community Association

- Two representatives of the Central Eastside Industrial Council (CEIC), representing the business district
- Two representatives of the Central Eastside Enhanced Service District Board (ESD), representing the enhanced service district and ratepayers
- Escuela Viva, representing the preschool community and parents
- Multnomah County District 1 Commissioner Sharon Meieran
- Tuerk House, the program operator and representing social service providers
- Multnomah County Chair's Office Staff have agreed to participate in weekly meetings with the GNAC and to develop the process of creating a GNA in collaboration with the GNAC members. The first meeting of the GNAC took place Monday, Aug. 19, and the meeting primarily consisted of a discussion about how to move forward in light of the Chair's announcement on Aug. 19 of a mid- to late October timeframe for opening the Pathway Center.

Prior to the Aug. 19 meeting, staff distributed a google survey to GNAC members soliciting their input on what should be incorporated into a GNA Framework, which was intended to be the initial set of expectations and commitments in-place on Sept. 1 and serve as a starting point for additional conversations around a full GNA. The results of that survey, as well as extensive stakeholder engagement between late June and mid-August, informed the development of a draft GNA Framework shared with the GNAC on Aug. 16. That draft GNA Framework included:

- Articulation of the County's commitments to maintaining a peaceful and orderly environment, preventing excessive loitering, and maintaining outside cleanliness;
- Establishing clear lines of communication between neighbors and the center;
- Establishing expectations for responsiveness to issues raised and an escalation process; and
- Identifying points of contact for public safety concerns related to the center.

Following the new timeline for the center's opening, staff have suggested to the GNAC that this draft framework can serve as a starting point for GNA discussions. The GNAC will develop the process for drafting a GNA at upcoming meetings.

GNAC meetings will take place in a hybrid format, with in-person and virtual attendance options. Based on committee feedback, upcoming meetings will be closed to members of the GNAC and invited guests and staff. Meeting minutes will be published online following approval by the GNAC. The GNAC will discuss the format of meetings and develop consensus around how to receive input from the broader community at an upcoming meeting.

J. Budget

Phase 1-3 Funding Sources

Multnomah County currently has the below funding secured to support Phases 1-3.

State, City, and County Funds			
Funding Source	**Description**	**Amount**	**Phase**
Criminal Justice Commission (CJC)	$4,313,852 million grant approved on Aug. 2, 2024, to support deflection program operations. The final amount increased from our application due to an increase in the formula from CJC.	$4,313,852	Phase 1
City of Portland	Funding to support sobering services.	$1,900,000	Phase 2-3
Multnomah County	County General Fund to support the deflection program.	$2,000,000	Phase 1-3
TOTAL		**$8,213,852**	

State One-Time-Only Funds			
Funding Source	**Description**	**Amount**	**Phase**
House Bill (HB) 5204	One-time-only funding to support construction of a behavioral health drop-off center and possibly operations once Phase 3 capital costs have been determined.	$10,000,000	Phase 1-2
HB 5701	Funding to support construction of a behavioral health drop-off center.	$15,000,000	Phase 2-3
TOTAL		**Phase 2-3**	

Phase 1 and 2: 22-Month Operating Budget (Sept. 1, 2024 - June 30, 2026)

The below budget is an estimate for facility operations for the temporary site and support for the overall deflection program. We will continue to understand actual costs as implementation of the center moves forward and we work toward operating all services at 24/7 capacity. We are leveraging BHRN provider capacity for community based (non-center) deflection pathways as well as referral pathways for the deflection center.

Phase 1 and 2 Line Items	Estimated Cost
Multnomah County Staffing	
6.00 FTE: Deflection Coordinator, Data Analyst Sr., Project Manager, Program Specialist Sr., Mental Health Consultant, PATH Care Coordinator.	$1,917,780
Tuerk House (Facility Operator)	
Staffing, administrative costs, food, medical and basic needs supplies, janitorial services, laundry services, and professional services. *The contract length for FY 2025 is 8/1/2024-6/30/2025. The estimate for FY 2026 (07/01/2025-6/30/2026) is based on the FY 2025 contract.	$3,922,545
Training	
Training for Multnomah County staff, Tuerk House, Law Enforcement, BHRN partners, and other key stakeholders	$100,000
Security	
Total cost for three security officers providing 24/7 coverage. The Pathway Center will start with two security officers in September.	$1,628,000
Supplies	
Basic needs supplies for the deflection program.	$75,000
Transportation	
Transportation services to and from the Pathway Center.	$2,000,000
Facility Lease	
24-month lease for the Pathway Center (began in July 2024).	$440,640
Utilities	
Pathway Center utilities for 22 months.	$341,000
Internal Services	
IT and other internal service costs for County staff.	$84,000
Professional Services	
Contracts for consultants, communications, MOUD services, and other professional services.	$1,250,000
TOTAL	**$11,758,965**

Phase 1 and Phase 2 Capital Expenditures

Phase 1 will include the creation of triage and interview areas, as well as hygiene services with waiting areas. Phase 2 will include a build-out for 13-16 sobering sleeper recliners.

Costs for these phases include renovating and upgrading the existing site with restroom/shower facilities, laundry areas, storage, a kitchenette, interview rooms, community spaces, and beds for sobering. Within these program requirements, electrical, plumbing, mechanical, and fire life safety systems will need some modifications and improvements. Capital expenditures are estimated at $2,000,000.

FY 2025 Funding Allocations

The County has allocated all CJC grant funds to support operations. City of Portland funds will also be used for operations if needed. In addition, we estimate using $2,000,000 in HB 5204 and HB 5701 funds to cover Phase 1 and 2 capital expenditures, leaving $23 million for purchasing and renovating/upgrading the Phase 3 facility. We are working to determine how operating costs will be funded in FY 2026 and anticipate receiving additional CJC funds to offset these costs.

Phase 3

Facility: The County is in the process of identifying a facility for Phase 3. Once a facility is identified, we will have a better understanding of capital costs needed for purchase and renovations/upgrades. HB 5204 and HB 5701 funds will be used to purchase and renovate/upgrade the facility.

Operations: The County has yet to determine the staffing model or number of sobering sleeper recliners vs. withdrawal management beds. Learnings from Phase 1 and 2 and input from the advisory group and other key stakeholders will inform these decisions. One key component for Phase 3 will be the ability to offer ample reimbursable services to support the operating model in reaching sustainability.

K. Definitions

Acronym/Term	Definition	Notes
ASAM Criteria The American Society of Addiction Medicine	The criteria in the Third Edition of The American Society of Addiction Medicine (ASAM) for the assessment, level of care placement and treatment of addictive, substance-related, and co-occurring conditions. The ASAM Criteria is a clinical guide to developing patient-centered service plans and making objective decisions about admission, continuing care, and transfer or discharge for individuals	
Assessment	Assessment means the process of obtaining sufficient information through an interview to determine a diagnosis and to plan individualized services and supports. For outpatient substance use disorders services, the assessment is multidimensional and consistent with the ASAM Criteria.	
BHRN Behavioral Health Resource Network	Behavioral Health Resource Networks are a group of community-based organizations who together immediately screen the acute needs of people who use drugs and/or alcohol and who assess and address any ongoing needs through ongoing case management, harm reduction, treatment, housing and linkage to other care and services.	This term originated with Measure 110
BH/Behavioral Health Treatment	Behavioral Health (BH) Treatment means treatment for mental health, substance use disorders, and problem gambling.	OAR 305-018-0105
Care Coordination	A process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs. Care coordination includes facilitating communication between the person or family served, the family, natural supports, community resources, and involved providers and agencies; organizing, facilitating, and participating in team meetings; and providing for continuity of care by creating linkages to and managing transitions between levels of care and transitions for young adults in transition to adult services.	
Case Management	OAR 309-019-0105 (18) Case Management or Targeted Case Management means the services provided to assist individuals who reside in a community setting or are transitioning to a community setting in gaining access to needed medical, social, educational, entitlement, and other applicable services.	OAR 309-019-0105 (18)

Acronym/Term	Definition	Notes
Crisis	Crisis means either an actual or perceived urgent or emergent situation that occurs when an individual's stability or functioning is disrupted and there is an immediate need to resolve the situation to prevent a serious deterioration in the individual's mental or physical health or to prevent referral to a significantly higher level of care.	309-018-0105
CSC Crisis Stabilization Center	Crisis Stabilization Centers are designed to prevent or ameliorate a behavioral health crisis or reduce acute symptoms of mental illness or substance use disorder; and certified by the state to provide less than 24 consecutive hours of observation and Crisis Stabilization Services for individuals who do not require inpatient treatment.	New Draft OAR
Crisis Stabilization Center OHA Requirements	The Oregon Health Authority shall adopt by rule requirements for crisis stabilization centers that, at a minimum, require a center to: (a) Be designed to prevent or ameliorate a behavioral health crisis or reduce acute symptoms of mental illness or substance use disorder, for individuals who do not require inpatient treatment, by providing continuous 24-hour observation and supervision; (b) Be staffed 24 hours per day, seven days per week, 365 days per year by a multidisciplinary team capable of meeting the needs of individuals in the community experiencing all levels of crisis, that may include, but is not limited to: (A) Psychiatrists or psychiatric nurse practitioners; (B) Nurses; (C) Licensed or credentialed clinicians in the region where the crisis stabilization center is located who are capable of completing assessments; and (D) Peers with lived experiences similar to the experiences of the individuals served by the center; (c) Have a policy prohibiting rejecting patients brought in or referred by first responders, and have the capacity, at least 90 percent of the time, to accept all referrals; (d) Have services to address substance use crisis issues;	ORS 430.627(2)

Acronym/Term	Definition	Notes
	(e) Have the capacity to assess physical health needs and provide needed care and a procedure for transferring an individual, if necessary, to a setting that can meet the individual's physical health needs if the facility is unable to provide the level of care required; (f) Offer walk-in and first responder drop-off options; (g) Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated; (h) Screen for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated; and (i) Meet other requirements prescribed by the authority.	
CSS Crisis Stabilization Services	Crisis Stabilization Services means providing evaluation and treatment to individuals experiencing a crisis. Crisis Services may be provided prior to completion of an intake. These services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.	OAR 309-018-0150
Culturally Responsive Care Development/ Culturally Responsive Services	Culturally Responsive Care Development means meaningfully including culturally responsive organizations to develop care services that are effective, equitable, understandable, and responsive to a diversity of cultural health beliefs, practices, and needs. Culturally Responsive services means services that are respectful of and relevant to the beliefs, practices, culture, linguistic needs of diverse people.	Oregon Health Authority
Diversity	Multnomah County's Office of Diversity and Equity (ODE) defines diversity as the range of differences and similarities that make each person unique, both visible and non-visible.	
Equity	Multnomah County defines equity as ensuring that all people have equal access to opportunities and resources to succeed and reach their full potential, especially those who have been historically disadvantaged or underrepresented.	
Harm Reduction	Harm reduction interventions including, but not limited to, overdose prevention education, access to naloxone hydrochloride and sterile syringes, sobering and stimulant-specific drug education and outreach.	

Acronym/Term	Definition	Notes
Inclusion	Integrating and prioritizing the voices, perspectives, and wisdom of people from communities that have been historically marginalized, colonized, or enslaved into power structures, and into the decision-making process from beginning to end. Inclusion means that people from these communities are empowered and invested in so that they are able to thrive.	Hybrid SW Washington Accountable Communities of Health and Oregon Library Association
Law Enforcement SUD Hold	Powers given to peace officers to hold individuals for up to 72 hours when individuals are found to be under the influence of substances,incapacitated, their health is in immediate danger or they are a danger to self or others. If the person is incapacitated, the person shall be taken by the police officer or team member to an appropriate [treatment] facility or sobering facility. If the health of the person appears to be in immediate danger, or the police officer or team member has reasonable cause to believe the person is dangerous to self or to any other person, the person shall be taken by the police officer or team member to an appropriate facility or sobering facility. A person shall be deemed incapacitated when in the opinion of the police officer or team member the person is unable to make a rational decision as to acceptance of assistance. If the person is incapacitated or the health of the person appears to be in immediate danger, or if the director has reasonable cause to believe the person is dangerous to self or to any other person, the person must be admitted. The person shall be discharged within 72 hours unless the person has applied for voluntary admission to the facility.	ORS 430.399
LMHA Local Mental Health Authority	Local Mental Health Authority (LMHA) means one of the following entities: (a) The board of county commissioners of one or more counties that establishes or operates a CMHP; (b) The tribal council in the case of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services; or (c) A regional local mental health authority composed of two or more boards of county commissioners. In Multnomah County, the Board of County Commissioners serves as the Local Mental Health Authority.	ORS 430.630

Acronym/Term	Definition	Notes
MOUD/MAT Medicated Assisted Treatment	Medication for Opioid Use Disorder (MOUD) is the commonly used term for Medication Assisted Treatment. MAT is still used in the OARs. Medication Assisted Treatment (MAT) means the use of medication in combination with counseling and behavioral therapies for the treatment of substance use disorders.	OAR 309-018-0105
Possession of a Controlled Substance	A charge for illegal drug possession or a charge for possession of a small amount of illicit drugs.	
PSS Peer Support Specialist	Peer Support Specialist means any of the following individuals who meet qualification criteria adopted by the authority under ORS 414.665 (Traditional health workers utilized by coordinated care organizations) and who provide supportive services to a current or former consumer of mental health or addiction treatment: (a) An individual who is a current or former consumer of mental health treatment; or (b) An individual who is in recovery, as defined by the Oregon Health Authority by rule, from an addiction disorder.	OAR 309-018-0105 Often just referred to as "a peer" in a treatment setting
Recovery	Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential.	SAMHSA
Sobering Facility	Sobering Facility means a facility that meets all of the following criteria: (a) The facility operates for the purpose of providing to individuals who are acutely intoxicated a safe, clean and supervised environment until the individuals are no longer acutely intoxicated. (b) The facility contracts with or is affiliated with a treatment program or a provider approved by the authority to provide addiction treatment, and the contract or affiliation agreement includes, but is not limited to, case consultation, training and advice and a plan for making referrals to addiction treatment. (c) The facility, in consultation with the addiction treatment program or provider, has adopted comprehensive written policies and procedures incorporating best practices for the safety of intoxicated individuals, employees of the facility and volunteers at the facility. (d) The facility is registered with the Oregon Health Authority under ORS 430.262 (Registration of sobering facilities).	ORS 430.306

Acronym/Term	Definition	Notes
Substance Use Disorder	Substance Use Disorder is a complex, treatable mental disorder that involves a problematic pattern of substance use which affects a person's brain and behavior leading to their inability to control their use of substances like legal or illegal drugs, alcohol or medications. It can range from mild to severe (addiction).	
Substance Use Disorder Treatment	Substance Use Disorders Treatment and Recovery Services means outpatient, intensive outpatient, and residential services and supports for individuals with substance use disorders.	OAR 309-018-0105
Trauma Informed Care	Trauma Informed Care means services that are reflective of the consideration and evaluation of the role that trauma plays in the lives of people seeking mental health, substance use, or problem gambling services, including recognition of the traumatic effect of misdiagnosis and coercive treatment. Services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization and facilitates individual direction of services.	OAR 309-018-0105
Withdrawal Management	Withdrawal Management Services are designed to assist patients in safely withdrawing from alcohol or other substances. American Society of Addiction Medicine (ASAM) defines multiple levels of withdrawal management: (10) "Adult ASAM Level 3.2-WM Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM)" means a setting as described in The ASAM Criteria, Third Edition in which patients experience moderate withdrawal symptoms and need 24-hour support to complete withdrawal management and increase the likelihood of continuing treatment or recovery. Clinically managed services are directed by non-physician addiction specialists rather than medical and nursing personnel. This level emphasizes peer and social support and is for patients whose intoxication is sufficient to warrant 24-hour support or whose withdrawal symptoms are sufficiently severe to require primary medical nursing care services. (11) "Adult ASAM Level 3.7-WM Medically Monitored Withdrawal Management (ASAM Level 3.7-WM)" means a medical, inpatient setting as described in The ASAM Criteria, Third Edition that provides 24-hour medically monitored intensive inpatient treatment services for patients assessed at ASAM Level 3.7-WM. Patients who meet criteria for admission to this level of care experience severe withdrawal syndrome and need 24-hour nursing care and LMP visits as needed.	ASAM Criteria

L. Project Structure

Deflection/Sobering Center
Phase 1 & 2 Roles

DEFLECTION CENTER IMPLEMENTATION TEAM Coordinating and communicating across responsible parties		
Executive Sponsor	**Chair** **Jessica Vega Pederson**	• Oversee project execution • Creates conditions & strategies for project success • Provides ongoing direction & resources to support project
Chair's Office Staff	**Alicia Temple** with Jenny Smith, Hayden Miller	• Leadership Team facilitation • State and regional compliance • Goals, values, definitions • Programmatic goals & requirements
Chief Operating Officer's Staff	**Serena Cruz** with Allison Don, Joanne Fuller	• Implentation Team support • Progress reporting
Facilities	**Greg Hockert** with Don Zalkow, Toni Weiner, Scott Edwards Architecture	• Facilities project management • Phase 1 and 2 lease & capital improvements • Phase 3 facility purchase & improvements • Ongoing maintenance
Health Department	**Rachael Banks & Marc Harris** with Leah Drebin, Natalie Amar, Heather Mirasol, Anthony Jordan	• Center programming & staff model development • Implementation project management • Search for 3rd party provider • Tuerk contract management
Tuerk House	**Bernard Foster** with Tuerk House team	• Programming & staff at the Center (co-created with Health Department) • Intake, triage, assessment, referral
Lones Management Consulting	**Aaron Lones** with Lones Management Consulting team	• Transportation • Data/IT Model • Security protocols • Additional duties as agreed upon

Deflection/Sobering Center
Phase 1 & 2 Roles

DEFLECTION CENTER IMPLEMENTATION TEAM, CONTINUED Coordinating and communicating across responsible parties		
Department of Community Justice	**John McVay**	• Implementation thought partnership
Workplace Security	**Dorothy Elmore** with Inter-Con Security Systems, Inc.	• Responsible for training and maintaining 2+ security staff at the deflection center • Establish security protocols with Lones Management Consulting and Tuerk House team
Project Core Team	**Alicia Temple & Marc Harris** with Allison Don, Leah Drebin, Aaron Lones, Joanne Fuller	• Smaller, nimble subset of the Implementation Team • Creates agendas, shares information, responds quickly to urgent requests

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Oregon Statutes and Administrative Rules Reviewed:

Oregon Statutes

426.150 *Transportation to Treatment Facility*

426.228 *Custody*

430.262 *Registration of Sobering Facilities*

430.397 *Voluntary Admission of Person to Treatment Facility*

430.399 *When a Person Must be Taken to Treatment Facility or Sobering Facility*

430.401 *Liability of Public Officers, Providers, Treatment Facilities, and Sobering Facilities*

682.062 *County Plan for Ambulance and Emergency Medical Services*

Oregon Administrative Rules

309-035-0100 through 309-035-0220 *Residential Treatment Facilities and Residential Treatment Homes for Adults with Mental Health Disorders*

309-072-0100 through 309-072-0160 *Mobile Crisis Intervention Services and Stabilization Services*

410-136-3120 *Medical Transportation Services*

415-012-0000 through 415-012-0090 *Licensure of Substance Use Disorders and Problem Gambling Residential Treatment and Recovery Centers*