

**Minutes of the Meeting of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, January 19, 2016**

BOARD BRIEFING

Chair Deborah Kafoury called the meeting to order at 10:06 a.m. with Vice-Chair Loretta Smith and Commissioners Jules Bailey and Judy Shiprack present. Commissioner Diane McKeel was excused.

Also attending were Jenny Madkour, County Attorney, and Marina Baker, Assistant Board Clerk.

B.1 Informational Board Briefing on the Rockwood Library Makerspace Project. Presenters: Vailey Oehlke, Library Director; Terrilyn Chun, Programming & Community Outreach Director; David Lee, Rockwood Library Administrator; Lyndsey Runyan, Creative Learning Spaces Coordinator.

Chair Kafoury: GOOD MORNING, WELCOME TO MULTNOMAH COUNTY BOARD OF COUNTY COMMISSIONERS AND WE ARE HERE WITH A BOARD BRIEFING. FIRST UP I THINK WE HAVE OUR FRIENDS THE MULTNOMAH COUNTY LIBRARY. GOOD MORNING.

Ms. Oehlke: GOOD MORNING, CHAIR KAFOURY, COMMISSIONERS, VERY NICE TO SEE YOU ALL THIS MORNING. THANK YOU FOR HAVING US TODAY TO UPDATE YOU ON A FIRST OF ITS KIND EFFORT IN MULTNOMAH COUNTY. I'M JOINED BY TERRILYN CHUN, WHO IS THE LIBRARY'S PROGRAMMING COMMUNITY OUTREACH MANAGER, DAVID LEE, OUR ROCKWOOD LIBRARY ADMINISTRATOR, AND LYNDSEY RUNYAN -- THIS IS THE BEST TITLE OF THE BUNCH -- CREATIVE LEARNING SPACES COORDINATOR.

Chair Kafoury: EXCELLENT.

Ms. Oehlke: I'M VERY PLEASED TO LET YOU KNOW THE NEW MAKERSPACE IS IN THE FINAL STAGES OF COMPLETION. IT'LL PROVIDE YOUNG PEOPLE OF DIVERSE BACKGROUNDS TO LEARN, CREATE, MAKE MEANINGFUL PERSONAL CONNECTIONS AND MOST IMPORTANTLY, HAVE FUN DOING IT. IT REFLECTS OUR COMMITMENT TO DIGITAL INCLUSION, REMOVING BARRIERS TO TECHNOLOGY, PROVIDING ACCESS AND TRAINING AND SUPPORT FOR YOUNG PEOPLE. THE LIBRARY DOES THIS ACROSS THE FULL SPECTRUM OF OUR SERVICES BUT THE ROCKWOOD MAKERSPACE PUTS THOSE PIECES TOGETHER IN A NEW WAY THAT MEETS MANY CHALLENGES WITH THE DIGITAL DIVIDE HEAD ON. WHAT CAN MULTNOMAH COUNTY LIBRARY DO TO MAKE OUR LIBRARY A CENTER FOR SELF-DRIVEN CREATIVE LEARNING? HOW CAN THE LIBRARY BEST ALLOCATE RESOURCES TO CREATE NEW OPPORTUNITIES FOR UNDERSERVED YOUTH USING APPROVE MODELS? HOW

CAN WE CONTRIBUTE TO WORKFORCE AND ECONOMIC DEVELOPMENT, FOCUS ON S.T.E.A.M. SKILLS, AND MAKE YOUNG WOMEN A DELIBERATE PART OF THAT FOCUS?

Ms. Oehlke: TOGETHER WITH ENGAGED PARTNERS AT THE MOUNT HOOD CABLE CHANNEL 12 WE ENVISION WAYS TO MEET THOSE CHALLENGES. I'D LIKE TO THANK MOUNT HOOD CABLE REGULATORY COMMISSION FOR HELPING FIND WAYS. WE ARE VERY PROUD TO HAVE MET THIS STANDARD AND I HOPE THE OUTCOMES WE EXPECT FULFILL THEIR VISION. I'D LIKE TO THANK THE LIBRARY FOUNDATION AS PRIMARY PARTNER IN THIS EFFORT. WE'RE GREAT FOR THE SUSTAINED COMMITMENT TO ENHANCING WORK IN THE LIBRARY TO SUPPORT EARLY LITERACY, SCHOOL AGE SUCCESS AND LEARNING FOR LIFE. THE PRIVATE FUNDS CONTRIBUTE BY THE LIBRARY FOUNDATION AND THE GRANT FROM MHCRC AUGMENT AND STRENGTHEN THE LIBRARY'S PUBLIC RESOURCES TO CREATE SOMETHING NEW AND SPECIAL IN ROCKWOOD. THIS EFFORT WOULDN'T BE POSSIBLE WITHOUT ITS RANGE OF ENGAGED AND ENRICHING PARTNERSHIPS. MANY INDIVIDUALS AND GROUPS HAVE CONTRIBUTED TO ITS GOALS, ITS DESIGN AND ITS IMPLEMENTATION. I'D LIKE TO ACKNOWLEDGE SOME OF THEM, THOSE THIS LIST IS VERY FAR FROM COMPLETE.

PIXEL ARTS IS USING VIDEO GAMES AS WAY TO ENGAGE YOUNG PEOPLE IN DIGITAL DESIGN. THE PORTLAND METRO S.T.E.M. PARTNERSHIP HELPS US TARGET OUR OUTCOMES AND SERVED AS A LINK TO OTHER ORGANIZATIONS. EAST METRO S.T.E.A.M. PARTNERSHIP HELPS ADVANCE DEVELOPMENT IN COLLABORATIVE PARTNERSHIP. PORTLAND COMMUNITY COLLEGE HAS SHARED INFORMATION AND INSIGHT BASED ON THEIR KNOWLEDGE AND EXPERIENCE. SINCE THE GROUNDBREAKING LAST AUGUST, WHICH SEVERAL OF YOU ATTENDED, CREWS FROM TWO KG CONTRACTORS HAVE BEEN HARD AT WORK MAKING OUR SHARED VISION A REALITY. THIS WEEK WE'RE ASSEMBLING FINAL PIECES OF THIS VISION. PAINT IS GOING ON THE WALLS, WIRES AND CABLE RESOURCE GOING TO THE RIGHT PLACES, WE'RE BLENDING THE EXTERIOR INTO THE EXISTING BUILDING. AFTER THAT IS THE FUN STUFF YOU'LL HEAR MORE ABOUT IN JUST A BIT. WE'LL BE SETTING UP TOOLS LOOK A LASER CUTTER, 3-D PRINTER, POWERFUL LAPTOPS, MINI-CMC MILLING MACHINE -- I HAVE NO IDEA WHAT THAT IS -- AND MORE.

I'M VERY GRATEFUL TO MULTNOMAH COUNTY FACILITIES AND ASSET MANAGEMENT FOR ITS PROJECT MANAGEMENT AND OVERSIGHT. I'D LIKE TO REALLY ACKNOWLEDGE THE PARTNERSHIP AND GOOD THINKING OF MULTNOMAH COUNTY I.T. FOR EMBRACING NEW AND INNOVATIVE APPROACHES TO THIS PROJECT. I.T. HAS FAST-TRACKED THE PROCUREMENT OF SOFTWARE AND EQUIPMENT. STAFF WAS ALLOWED TO HAVE GREATER ACCESS TO MANAGE TOOLS HE AND THEY ARE EXPERIENCING WITH A DIFFERENT WAY TO DEPLOY A PUBLIC NETWORK AND MANAGE PUBLIC DEVICES. ASIDE FROM MAKING THE PROJECT A SUCCESS OUR PARTNERSHIP

WITH I.T. HAS HELPED US LEARN NEW WAYS TO ADMINISTER RESOURCES IN PUBLIC SETTINGS THAT WE COULD PUT INTO PLACE ELSEWHERE. WHAT A WONDERFUL PARTNER THEY HAVE BEEN IN THIS PROJECT.

Ms. Oehlke: WE SEE THE LIBRARY AS A LEARNING ORGANIZATION. OUR PATRONS COME TO THE LIBRARY TO LEARN AND CREATE IN NEW WAYS; WE'RE ALSO LEARNING ADAPTING AND CHANGING. WE HOPE TO USE THE ROCKWOOD MAKERSPACE AS A MODEL. AS A WHOLE THE LIBRARIES HAVE A SMALL PHYSICAL FOOTPRINT AS YOU'RE ALL AWARE. OUR AIM IS TO DISCOVER HOW AND WHERE WE CAN REPLICATE SUCCESS IN THE FUTURE AT OTHER LIBRARIES. WE CAN'T WAIT FOR YOUNG PEOPLE TO DIVE INTO EVERYTHING THE MAKERSPACE OFFERS. WE PLAN FOR A PERIOD OF ON-THE-JOB LEARNING AND EXPLORATION FOR OUR OWN PAST SITE LOOKS LIKE THEY KNOW WHAT THEY ARE DOING WHEN IT OPENS. WE'RE WORKING THROUGH SCHEDULING CONSIDERATIONS WITH OUR STAKEHOLDERS BUT ARE TENTATIVELY PLANNING MARCH 5TH AS THE DATE TO CELEBRATE THE AMAZING RESOURCE FOR OUR YOUTH IN MULTNOMAH COUNTY. WITHOUT FURTHER ADO I'LL TURN IT OVER TO THE FUN AND INTERESTING PEOPLE HERE TO TELL YOU MORE. IT'S OUR PLEASURE TO SHARE THIS PROGRESS WITH YOU TODAY.

Ms. Chun: I'M GOING JUST GO AHEAD AND TALK A LITTLE MORE ABOUT WHAT VAILEY MENTIONED. THE LIBRARIES HAVE LONG BEEN SOURCES OF FORMAL LEARNING. WHETHER IT'S LEARNING TO CHANGE THE OIL IN YOUR CAR OR USE THE COMPUTER YOU CAN GO TO THE LIBRARY FOR HELP. WE ARE SO VERY EXCITE FOR THE OPENING OF THE ROCKWOOD LIBRARY MAKERSPACE. IT'LL TAKE THE ROLE ONE STEP FURTHER TO OPEN MORE OPPORTUNITIES FOR CREATIVE LEARNING TO THE YOUNG PEOPLE OF THE COMMUNITY. AT THE HEART OF CREATIVE LEARNING IS, OF COURSE, CREATIVITY. IT IS A CRITICAL SKILL THAT WILL HELP TRANSFORM TODAY'S CHILDREN INTO TOMORROW'S INNOVATORS, THOUGHT LEADERS AND PROBLEM SOLVERS. THE ABILITY TO SEE SOLUTIONS WHERE OTHERS DON'T WHICH IS SO IMPORTANT IN TODAY'S RAPIDLY CHANGING WORLD.

IF YOU THINK ABOUT IT, THE SKILLS THAT WILL BE NEEDED IN THE FUTURE REALLY HINGE ON CREATIVITY. IT'S A VERY DIFFERENT EMPHASIS THAN, FOR EXAMPLE THE INDUSTRIAL ERA, OR EVEN LIKE THE PROFESSIONAL ERA THAT WE'RE IN RIGHT NOW. ACCORDING TO THE VERY LATEST RESEARCH ON CREATIVITY IN AGES 6-14 FROM THE CENTER FOR CHILDHOOD CREATIVITY, THERE IS A PATH TO BECOMING CREATIVE. CREATIVITY CAN BE CULTIVATED AND LIBRARIES ARE IN AN IDEAL POSITION TO HELP YOUNG PEOPLE DEVELOP THE SKILL. THE NEW RESEARCH HAS OUTLINED SEVEN COMPONENTS OF CREATIVITY. THEY ARE: IMAGINATION; ORIGINALITY; THAT IS COMING UP WITH IDEAS THAT ARE UNUSUAL OR NOVEL; FLEXIBILITY; AN OPENNESS TO UNIQUE AND NOVEL EXPERIENCES; DECISION-MAKING; THE ABILITY TO REFINE IDEAS; SELECT FROM A VARIETY OF IDEAS AND COME UP WITH THE BEST SOLUTION.

COMMUNICATION AND SELF-EXPRESSION; SO NOT JUST COMING UP WITH THE IDEA BUT BEING ABLE TO TALK ABOUT IT WITH OTHERS. MOTIVATION, INTERNAL MOTIVATION TO SATISFY CURIOSITY WITHOUT THE PROMISE OF REWARD, JUST SO LEARNING AND KNOWING FOR THE SAKE OF LEARNING AND KNOWING. COLLABORATION, WORKING AS A TEAM TO COME UP WITH BETTER SOLUTIONS. LAST, ARE ACTION AND MOVEMENT, WHICH ENABLES BETTER FOCUS, ENHANCES MEMORY AND THE ABILITY TO LEARN.

Ms. Chun: IN ADDITION, THE CENTER FOR CHILDHOOD CREATIVITY HAS COME UP WITH A FRAMEWORK FOR CREATING LEARNING ENVIRONMENTS THAT ARE MOST SUCCESSFUL ARE CHILD OR SELF-DIRECT, GIVING LEARNERS THE OPPORTUNITY TO COME UP WITH WHAT THEY WANT TO KNOW MORE ABOUT, THEY ARE RISK FRIENDLY, FOCUSING MORE ON EFFORT AND THE PROCESS THAN THE ACTUAL OUTCOME. THEY ARE EMOTIONALLY TUNED AND PROVIDE SUPPORT AND ENCOURAGEMENT FOR LEARNERS. THEY ALLOW FOR ACTIVE MOVING AROUND, FOR EXAMPLE WHITEBOARDING OR USING POST-IT NOTES AROUND THINGS. THEY ARE TIME FLEXIBLE, SO THEY ENCOURAGE SELF-PACED LEARNING AND ONGOING INTERNAL MOTIVATION. THEY ARE EXPLORATORY; THEY ALLOW MANY POSSIBLE SOLUTIONS AND ENABLE PEOPLE TO REFINE THINKING, TEST, REITERATE, AND TRYING AGAIN. IT'S A LOT OF THE ELEMENTS OF HUMAN DESIGN IF YOU'RE FAMILIAR WITH THOSE CONCEPTS. I THINK WE ARE RIGHT ON TRACK WITH WHAT WE ARE TRYING TO DO WITH THE ROCKWOOD LIBRARY MAKERSPACE. I'M NOW GOING TO TURN IT OVER TO DAVID AND LYNDSY FOR AN UPDATE OF OUR ONGOING PROGRAMMING.

Mr. Lee: I'M GOING TO SHARE QUICKLY A LITTLE ABOUT THE DEMOGRAPHICS OF THE ROCKWOOD NEIGHBORHOOD. I THINK MOST OF US ARE PRETTY FAMILIAR WITH THAT NEIGHBORHOOD, AND COMMISSIONER MCKEEL, WHO IS NOT HERE TODAY. I'M SURE SHE KNOWS VERY WELL THIS NEIGHBORHOOD. TO POINT OUT THAT ROCKWOOD NEIGHBORHOOD IS ONE OF THE MOST CULTURALLY DIVERSE NEIGHBORHOODS IN MULTNOMAH COUNTY, AND ONE OF THE FASTEST GROWING COMMUNITIES. THE ROCKWOOD POPULATION, CURRENTLY APPROXIMATELY 80,000, IS GROWING MORE QUICKLY THAN THE REST OF MULTNOMAH COUNTY. 22% INCREASE FROM 2000 TO 2010 AS COMPARED TO 11% FOR THE REST OF MULTNOMAH COUNTY. SO THAT'S LIKE DOUBLE. IT'S ALSO ONE OF THE YOUNGEST COMMUNITIES, THE LARGEST PROPORTION OF THE ROCKWOOD POPULATION, 20%, IS UNDER 18 YEARS OLD. ABOUT 60% OF THE POPULATION IS BETWEEN THE AGES OF SEVEN AND 17, PRETTY MUCH THE AGE RANGE THAT WE'RE TRYING TO FOCUS ON WITH THE MAKERSPACE.

THE ROCKWOOD LIBRARY ALSO LIES WITHIN THE REYNOLDS SCHOOL DISTRICT WHERE TWO OF ITS NEAREST ELEMENTARY SCHOOLS, ALDER AND DAVIS, AND THE AND THE CLOSEST MIDDLE SCHOOL, H.B. LEE, HAVE THE HIGHEST NUMBER WAS STUDENT WHO ARE ECONOMICALLY

DISADVANTAGED, BASED ON THE FREE LUNCH STATISTICS. ALSO THE HIGHEST PERCENTAGE OF ENGLISH LANGUAGE LEARNER STUDENTS OF ANY OF THE EIGHT OTHER SCHOOL DISTRICTS. SO WITH ALL THIS IN MIND WE'VE NOTICED THAT THERE'S SOME CHALLENGES THAT THIS COMMUNITY FACES. WE'VE NOTICED THE THREE BIG DIVIDES THEY ARE FACING ARE THE OPPORTUNITY DIVIDES, LANGUAGE DIVIDES AND DIGITAL DIVIDES.

Mr. Lee: THIS COMMUNITY HAS VERY LIMITED ACCESS TO COMPUTERS AT HOME AND TECHNOLOGY. A LOT OF THEM COME TO THE LIBRARY TO USE COMPUTERS AND DIFFERENT RESOURCES WE HAVE THERE FOR THEM. SO JUST REALLY QUICKLY, SOME OF THE SERVICES THE LIBRARY HAS BEEN PROVIDING TO MEET THESE DIVIDES AND SOME OF THE CHALLENGES. WE'VE GOT MULTILINGUAL STAFF AT THE BRANCH, 12 OF THE 14 STAFF MEMBERS THERE SPEAK A SECOND LANGUAGE OTHER THAN ENGLISH. IN FISCAL YEAR 2015 WE LOGGED 39,000,635 COMPUTER SESSIONS, WE ARE CURRENTLY ADDING MORE COMPUTERS, TRYING TO FIND SPACE TO DO THAT FOR THE PUBLIC. WE'RE ADDING COMPUTERS IN THE MAKERSPACE OF COURSE BUT THEY ARE CURRENTLY LIMITED ACCESS TO JUST TEENS. WE'RE KEEPING IN MIND THE ADULTS. WE SERVE 2,214 SUMMER LUNCH MEALS IN FY 15 DURING THE MONTHS OF JUNE AND AUGUST. OUR ESL CLASSES AT THE LIBRARY IN 2015 TOTALED A RECORD 2,277 VISITS. WE HAVE A HOMEWORK HELPER PROGRAM WITH TEENS THAT HELP THE KIDS IN THE NEIGHBORHOOD WITH HOMEWORK IN DIFFERENT LANGUAGES. WE LOGGED ABOUT 549 SESSIONS WHICH IS ABOUT 382 HOURS TOTAL. SO WE'RE TRYING TO FIND DIFFERENT WAY TO MEET THE NEEDS OF THE COMMUNITIES AND I THINK THAT MAKERSPACE IS ONE OF THE MORE EXCITING WAYS. SO LYNDSEY WILL TALK MORE ABOUT THAT.

Ms. Runyan: THE ROCKWOOD LIBRARY MAKERSPACE PROVIDE A SPACE FOR TEENS TO EXPLORE PROJECT-BASED LEARNING WITH VERY INNOVATIVE TECHNOLOGY, TOOLS, EXPERIENCED MENTORS AND INSTRUCTORS. LIBRARY STAFF WHO ARE TRAINED TO FACILITATE AN INTRODUCTION TO SUCH LEARNING AND A SPACE TO HELP ENGAGE TEEN PATRONS WITH WHATEVER LEVEL THEY ARE COMING IN AT. SO JUST A BACKGROUND: WE WERE PART OF A 2012 INSTITUTE OF MUSEUMS AND LIBRARY GRANTEE COHORT FOR A LEARNING LAB PLANNING GRANT. WE PARTNERED WITH OMSI AT THE TIME WHICH IS A LOT OF THE PLANNING THAT ACTUALLY INFORMED THIS PROJECT. WE STARTED WORKING WITH PIXEL ARTS TO DEVELOP A MENTORSHIP MODEL FOR HOW THIS PROJECT IS GOING TO WORK. ALSO WE'RE USING WHAT'S CALLED A HOMAGO, HANGING OUT, MESSING AROUND AND GEEKING OUT. IT'S COMING OUT OF MIT. WE'RE PART OF AMERICA OF ORGANIZATIONS DOING THIS LEARNING LAB WORK. WE ALL SUB DESCRIBE TO THE HOMAGO MODEL. I'M GOING TO TALK ABOUT THE LARGER GOALS AND TOUCH ON SOME SPECIFICS IN THE GRANT. BASICALLY WE WANT TO CONTINUE TO SERVE THE COMMUNITY IN THE WAYS THAT LIBRARIES DO IT BEST, SPARKING CREATIVITY AND LIFELONG LEARNING, ENGAGING TEEN INTEREST IN

S.T.E.A.M. TOPICS, THAT'S SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, AND MATH. AND BUILDING TEEN EMPOWERMENT AND A SENSE OF COMMUNITY. OUR SPECIFIC GOALS ARE THAT WE SERVE UP TO 400 LEARNERS IN THE FIRST YEAR OF OUR GRANT AND 800 FOR EACH TWO AFTER, IT'S A THREE-YEAR GRANT, CERTIFYING THEM IN ONE OF THOSE S.T.E.A.M. SKILLS OR MANY HOPEFULLY.

Ms. Runyan: WE WILL PROVIDE LEADERSHIP PATHWAYS FOR USE BY OFFERING OPPORTUNITIES FOR THEM TO MOVE UP AS LEADERS IN THE SPACE AND TEACH OTHER TEENS THEIR SKILLS. OH, SORRY. WE'RE CONFIDENT THAT 90% OF PARTICIPANTS WILL IMPROVE THEIR INTERESTS, COGNIZANCE AND SKILLS IN TEEN TOPICS BECAUSE OF THESE PROGRAMS. ONE REALLY IMPORTANT ONE THAT'S UNIQUE IS THAT WE'RE AIMING FOR AT LEAST 40% OF ROCKWOOD LIBRARY MAKERSPACE LEARNERS TO BE YOUNG WOMEN. WE'RE REALLY COMMITTED TO THIS, WE SEE THE GAP IN TECHNOLOGY AND INDUSTRY, AND WE WANT TO HELP ADDRESS THAT AT AN EARLY STAGE. ROCKWOOD LIBRARY AND MAKERSPACE WILL HELP RUN WITH THE HELP OF COMMUNITY MENTORS, VOLUNTEERS AND PAID INSTRUCTORS, AND THE GOAL THERE IS TO BUILD RELATIONSHIPS WITH YOUTH AND SHARE THEIR OWN SKILLS HOPEFULLY LEARNED IN THE INDUSTRY WITH TEAMS AND COACHING AND WORKING ONE ON ONE WITH YOUTH. ANOTHER GOAL WE'RE COMMITTED TO IS A LOW BARRIER APPROACH. SOMEONE CAN COME IN WITH LIBRARY FINES AND STILL PARTICIPATE IN THE PROGRAM.

I'M JUST GOING GO OVER SOME OF THE PROGRAMS THAT WE'RE OFFERING RIGHT NOW. WE DO SERIES OF FOUR TO FIVE CLASSES ON THE SAME TOPICS. WE DO ONE-OFF WORKSHOPS AND WEEK-LONG CAMPS AND DAILY DROP-INS WHICH WE'RE CALLING MAKERLABS WHERE TEENS CAN WORK ON SELF-DIRECTED PROJECTS. INSTRUCTION IN ROBOTICS, VIDEO GAME DESIGN, 3-D DESIGN AND PRINTING ELECTRONICS, COMPUTER CODING, ART MAKING, FILMMAKING, AND I'M SURE WE'LL DO MORE IN THE FEW OF. WE PROVIDE LEADERSHIP OPPORTUNITIES BY HAVING A PROGRAM CALLING THE MAKERSPACE TEEN COUNCIL, WHICH IS A GROUP OF TEENAGERS WHO ARE PROVIDING OR REALLY HELPING US SHAPE WHAT THE PROGRAMS ARE LOOKING LIKE. THEY ARE TELLING US WHAT THEY ARE INTERESTED IN OR NOT INTERESTED IN. THEY ARE COMING UP WITH SAFETY AGREEMENT FOR THE SAFE AND HELPING TO PLAN THE GRAND OPENING. SO FROM APRIL TO DECEMBER OF 2015 WE'VE OFFERED 207 MAKERSPACE PROGRAMS, 100 DROP-IN CLASSES AND 98 WORKSHOP SERIES AND/OR CAMPS. WE'VE SERVED A TOTAL OF 1,369 YOUTH, 46% OF THESE WERE YOUNG WOMEN.

I'M GOING TELL YOU TWO STORIES FROM THE SPACE, ONE YOU CAN SEE BEHIND YOU IS FROM A PARENT WHO EMAILED ME. WE WERE READING THE BOOK, "WHO IS STEVEN SPIELBERG." IT SAID AT AGE 11 HE KNEW HE WANTED TO MAKE MOVIES FOR A LIVING. SAM IS AGE 11; HE SAID I WANT TO BE A VIDEO GAME PROGRAMMER. THE CLASSES HAVE PUT A TRUE SPARK AND

PASSION IN HIM. THIS KID IS COMING FROM CORBETT AND HAS ATTENDED EVERY ONE OF OUR VIDEO GAME DESIGN PROGRAMS, OUR FILMMAKING PROGRAMS AND OUR HIP HOP CAMP. AND HE'S AGE 11 WHICH IS GRADE SIX, THE BEGINNING OF WHERE WE'RE HOPING TO START THESE GUYS OFF.

Ms. Runyan: I HAVE ANOTHER STORY FOR YOU. THIS IS COMING FROM OUR LIBRARY ASSISTANT WHO WORKS IN THE WORKERSPACE, HER NAME IS DESIREE. "I WAS WORKING AT THE REFERENCE DESK, AND I NOTICED A SOUND ESCAPING FROM AN IPAD AND WALKED OVER TO HELP. A BOY AT THE NEXT IPAD WAS BEGINNING TO TROUBLESHOOT THE IPAD TOO. WHEN I GOT TO THE TABLE, HE SAID 'LET ME HELP. I WANT TO GO TO ROBOT NERD HIGH SCHOOL.' TOGETHER WE FIGURED OUT THE PROBLEM WITH THE IPAD. I NOTICED THE OPPORTUNITY AND I GRABBED THE ROBOT FLIER AND BROUGHT IT TO HIM. I TOLD HIM ABOUT THE MAKERSPACE AND ALL THE DIFFERENT THINGS WE DO. HE LOOKED AT ME WITH TEARS IN HIS EYES AND, SERIOUSLY, TEARS; HE SAID I'M ONLY 10 I CAN'T GO TO THIS CLASS. I TOLD HIM IT WAS ONLY ONE YEAR AND WE MIGHT BE ABLE TO MAKE AN EXCEPTION. HE SAID I CAN'T, I HAVE SUN SCHOOL AFTER SCHOOL EXCEPT FOR FRIDAY. THIS BOY LOOKED CRUSHED. I TOLD HIM THAT WE WERE PLANNING A PROGRAM ON FRIDAY AFTERNOONS FOR PEOPLE IN HIS AGE GROUP. I ASKED IF HIS MOM OR DAD WERE AROUND. HIS FACE LIT UP AND WALKED AWAY. HE RETURNED WITH HIS MOM. AT FIRST SHE LOOKED ANGRY AND TOLD ME HER SON NEEDED TO BE IN SUN SCHOOL SO SHE COULD WORK. I TOLD HER WE WERE STARTING A PROGRAM FOR KIDS HIS AGE ON FRIDAYS. HER FACE SOFTENED AND SHE SAID 'FRIDAYS ARE GOOD.' I SHOWED HER THE MAKERSPACE AND TOLD HER THE SPACE WOULD BE GROWING. SHE LOOKED AT ME AND SAID, THANK YOU, THIS IS WHAT MY SON NEEDS."

THESE ARE JUST TWO EXAMPLES OF HOW WE'RE HOPEFULLY TOUCHING THE LIVES OF YOUNG PEOPLE IN THAT COMMUNITY. AND THEN ACTUALLY FROM THE YOUNG PEOPLE WE HAVE TWO VIDEOS. ONE IS LONG SO WE'LL JUST DO A LITTLE BIT. WE'LL START WITH THE SHORT ONE. THIS IS AT HIP-HOP CAMP AND THIS YOUNG MAN IS ONE OF OUR REGULARS. THE KIDS LIKE TO PLAY THIS GAME SO SOMETIMES IT'S HARD TO GET THEM TO COME INTO THE MAKERSPACE AND ENGAGE IN LEARNING. WE HAD DIFFICULTY WITH THIS GUY WITH HIP-HOP CAMP.

[VIDEO PLAYS]

Ms. Runyan: JUST A VERY SHORT EXAMPLE. THEN THE NEXT ONE IS FROM OUR ANIMATION SERIES. WE DO STOP-MOTION ANIMATION.

[VIDEO PLAYS]

Ms. Oehlke: I GUARANTEE YOU'LL HAVE THIS SONG STUCK IN YOUR HEAD FOR THE REST OF THE DAY. [LAUGHTER]

Ms. Runyan: SO I'LL STOP RIGHT THERE. IT CONTINUES AND YOU CAN FIND IT ON YOUTUBE, IF YOU'RE INTERESTED. SO THAT LEADS US TO OUR GRAND OPENING WHICH, LIKE VAILEY SAID, IS A TENTATIVE DATE. WE'RE HOPING IT'LL BE SATURDAY, MARCH 5TH AT 11:00. THAT IS ALL I HAVE.

Ms. Oehlke: THANK YOU, LYNDESEY AND OTHERS. DO YOU HAVE ANY QUESTIONS FOR US?

Vice-Chair Smith: MADAM CHAIR, I DON'T HAVE ANY QUESTIONS BUT JUST A COMMENT. I KNOW DIANE MCKEEL WAS A HUGE SUPPORTER OF IT. MENTORING YOUNG PEOPLE IS A HUGE DEAL, ANY TIME WE CAN HAVE PROFESSIONALS INTERACT WITH OUR YOUNG PEOPLE TO HELP THEM GET TO THE NEXT LEVEL I AM SO SUPPORTIVE OF. THANK YOU FOR ALL THE HARD WORK.

Ms. Oehlke: THANK YOU, COMMISSIONER. ANYTHING ELSE?

Commissioner Bailey: I CAN'T WAIT; I HOPE THIS IS AROUND WHEN MY SON IS OLD ENOUGH TO PARTICIPATE IN THIS. THIS IS REALLY COOL.

Chair Kafoury: THANK YOU SO MUCH, WE LOOK FORWARD TO SEEING YOU MARCH 5TH, FINGERS CROSSED, 11:00 A.M.

B.2 Informational Board Briefing on the Mental Health System. Presenters: Joanne Fuller (Health Department Director); David Hidalgo (Director of Mental Health and Addiction Services); Neal Rotman (Community Mental Health Program Manager); Chris Farentinos (Director of Behavioral Health Services, Legacy Health); Jay Auslander (Senior Director of Emergency Service, Cascadia Behavioral Health); Jon Betlinski (Chief Medical Officer, Cascadia Behavioral Health); Kevin McChesney (Administrator, Telecare) Ann Kasper (Peer Advocate).

Chair Kafoury: OUR NEXT BRIEFING WE HAVE AN INFORMAL BOARD BRIEFING ON A SMALL TOPIC, MENTAL HEALTH. COME ON DOWN. I THINK WE HAVE JOANNE FULLER, HEALTH DEPARTMENT DIRECTOR KICKING THINGS OFF.

Commissioner Shiprack: MAYBE I CAN INTRODUCE US A LITTLE BIT, MADAM CHAIR, WE'RE GOING TO HAVE A REALLY DIVERSE CAST THIS MORNING REPRESENTING A VERY WIDE ARRAY OF STAKEHOLDERS IN WHAT IS A REALLY IMPORTANT TOPIC. THE MENTAL HEALTH CRISIS SYSTEM THAT PLAYS AN ESSENTIAL ROLE FOR SO MANY PEOPLE IN THE COMMUNITY, I THOUGHT IT WAS TIMELY TO LEARN MORE ABOUT THE SERVICES THAT MAKE UP THIS SYSTEM, TO STABILIZE AND TREAT INDIVIDUALS IN CRISIS. IT'S BEEN OVER 50

YEARS SINCE PRESIDENT KENNEDY SIGNED THE COMMUNITY MENTAL HEALTH ACT INTO LAW. THE PRESIDENT HAD SOME PERSONAL EXPERIENCE WITH MENTAL HEALTH ISSUES, AND IN HIS FAMILY. AND THINK THAT WHAT WE FIND THAT IS MANY OF THE LEADERS IN THIS TOPIC ALSO HAVE HAD EXPERIENCES AND FRUSTRATIONS WITH HOW THE COMMUNITY HAS FAILED TO ADDRESS MENTAL HEALTH CRISIS. BUT IT IS HEARTENING TO SEE THE INDIVIDUALS THAT WE HAVE TODAY TO PRESENT, WHO WORK TIRELESSLY TO FILL OUT A CONTINUUM OF CARE FOR MULTNOMAH COUNTY.

Ms. Fuller: THANK YOU. THANK YOU, MADAM CHAIR, MEMBERS OF THE COMMISSION. JOANNE FULLER, YOUR HEALTH DEPARTMENT DIRECTOR. AND I HAVE WITH ME TODAY NEAL ROTMAN, THE SENIOR MANAGER IN THE MENTAL HEALTH AND ADDICTIONS SERVICES DIVISION. WE'RE EXPECTING DAVID HIDALGO. WE'RE RUNNING A LITTLE BIT OF AHEAD OF TIME. I'M EXPECTING HIM TO JOIN US. WE HAVE WITH US REPRESENTATIVES OF A VARIETY OF ORGANIZATIONS THAT ARE OUR CLOSE COLLEAGUES AND COLLABORATORS IN THE CREATION OF THE CRISIS SYSTEM. YOU'RE GOING TO BE HEARING FROM THEM AS WE GO THROUGH THIS PRESENTATION. WHAT WE WANTED TO DO TODAY WAS TO GIVE YOU A LITTLE BIT OF AN ORIENTATION ABOUT WHERE WE'RE AT IN TERMS OF THE DEVELOPMENT OF A CRISIS SAFETY NET FOR MENTAL HEALTH SERVICES IN MULTNOMAH COUNTY, AND TALK WITH YOU ABOUT THE EXCITING DEVELOPMENTS HAPPENING IN THIS SYSTEM. AND THEN GIVE YOU A SENSE OF THE TIMELINE FOR THE COMPLETION OF THOSE OPPORTUNITIES AND OUR CONTINUES ASSESSMENT OF WHAT WE NEED AND WHERE WE NEED TO INVEST OUR RESOURCES IN THIS IMPORTANT SYSTEM. SO JUST TO KIND OF GIVE YOU A LITTLE BIT OF AN ORIENTATION HERE'S AN OVERALL OF THE GOALS OF THE CRISIS SYSTEM.

SO JUST SO THAT YOU REMEMBER, WE HAVE RESPONSIBILITY FOR CREATING A CRISIS SAFETY NET FOR PEOPLE WHO ARE BOTH INSURED AND UNINSURED IN OUR COMMUNITY AS A PART OF OUR RESPONSIBILITIES AS THE PUBLIC MENTAL HEALTH AUTHORITY WHICH HAS GRANTED US BY LAW BY THE STATE OF OREGON. THEY DON'T NECESSARILY MAKE A CONSISTENT INVESTMENT IN THIS SYSTEM. IT'S AN EXPECTATION THAT THE COUNTY PROVIDE THE SYSTEM. WE IN MULTNOMAH COUNTY PROVIDE THE MOST ROBUST CRISIS SAFETY NET BY FAR BY ANY MEASURE ACROSS THE STATE PER CAPITA. RAW RESOURCES, VOLUME OF SERVICES, THAT'S NOT UNEXPECTED. IT'S ALSO A CHALLENGE TO US BECAUSE WE ALSO HAVE MORE HOSPITAL BEDS AND MORE HOSPITAL E.R.S IN THIS COMMUNITY, AND THAT SERVES AS A PLACE THAT PEOPLE SEEK ACCESS TO THIS SYSTEM. SOMETIMES APPROPRIATELY, SOMETIMES NOT APPROPRIATELY. AND SO WE CONTINUE TO BE CHALLENGED WITH THAT EASY ACCESS IN COMPARISON TO ALTERNATIVES THAT WE ARE BUILDING. AND WORKING WITH OTHER PARTNERS TO BUILD. SO JUST TO REMIND YOU OF THE GOALS, THE FIRST GOAL IS REALLY 24-HOUR ACCESS AND AVAILABILITY FOR EVERYONE AS I WAS SAYING. THIS CRISIS SYSTEM IS INTENDED TO BE THE FRONT DOOR, AND CRITICIZE SYSTEMS

THAT ARE WORKING EFFECTIVELY HELP PEOPLE TO GET QUICK AND RAPID ACCESS TO THE LEVEL OF CARE THAT THEY NEED.

Ms. Fuller: THE CRISIS SYSTEMS THAT ARE WORKING ALSO DIVERT PEOPLE FROM HIGHER LEVELS OF CARE AND TRY TO SERVE THEM IN LOWER LEVELS OF CARE. THAT SERVES TO CREATE LESS DISRUPTION IN PEOPLE'S LIVES. IT ALSO HOPEFULLY CUTS OFF INSTITUTIONALIZATION AND THE TRAUMA THAT CAN BE ASSOCIATED WITH THAT. AND IT ALSO HELPS US HOPEFULLY TO AVOID PEOPLE WINDING UP IN INAPPROPRIATE INSTITUTIONAL SETTINGS LIKE THE JAIL. THE SYSTEM ALSO SERVES THE WAY THAT WE'VE STRUCTURED THE SYSTEM AS A NAVIGATIONAL SYSTEM. SO HOPEFULLY HELPING PEOPLE TO STAY CONNECTED, LETTING THE PROVIDERS OF CARE FOR INDIVIDUALS WHO ARE EXPERIENCING CRISIS KNOW THAT PEOPLE WHO ARE ASSIGNED TO THEM FOR CARE ARE EXPERIENCING CRISIS. AND GIVING THOSE ORGANIZATIONS AN OPPORTUNITY TO REACH OUT AND STABILIZE PEOPLE WHO ARE THERE REALLY UNDER THEIR CARE. SO FOR EXAMPLE IF SOMEONE IS SEEING A CASE MANAGER AT CASCADIA, LETTING THAT PERSON KNOW THAT AN INDIVIDUAL IS EXPERIENCING A CRISIS THAT THEY MIGHT NOT KNOW ABOUT SO THEY CAN GET THAT EASY ACCESS TO STABILIZATION. AND THEN, IT HELPS ALSO ALLOW US TO LOOK AT TRENDS IN THE COMMUNITY, LOOK AT WHERE CRISIS IS HAPPENING, IT ALSO GIVES US AN OPPORTUNITY TO FIGURE OUT WHAT PARTS OF THE SYSTEM ARE UNDERFUNDED OR UNDERACCESSED OR UNDERRESOURCED SO THAT WE CAN FIGURE OUT HOW WE CAN INVEST THE PRECIOUS RESOURCES THAT WE HAVE.

I JUST WANT TO PLACE A CAVEAT ON ALL OF THIS, WHICH IS THIS IN MULTNOMAH COUNTY THROUGH THE COURSE OF MANY YEARS OF BUDGET REDUCTIONS, REDUCTIONS FROM STATE FUNDING, REDUCTIONS FROM COUNTY GENERAL FUND, CHALLENGES TO SERVE THE MEDICAID POPULATION, WE HAVE CONTINUED TO EXPERIENCE -- AND I EXPECT WILL EXPERIENCE -- CHALLENGES IN FIGURING OUT HOW TO FULLY FUND THIS SYSTEM. SO IT'S A SYSTEM WHERE WE'RE ALWAYS TRYING TO FIGURE OUT HOW CAN WE MAKE SURE THAT WE HAVE ENOUGH RESOURCES AVAILABLE TO FUND IT. AND TO BALANCE, IF WE SPEND EVERY DOLLAR ON A CRISIS SYSTEM, WE DON'T HAVE RESOURCES FOR OTHER TREATMENT, WHICH IS THE PLACE THAT WE REALLY WANT PEOPLE TO BE GETTING THEIR CARE, WHICH IS ONGOING CARE FROM SPECIALTY PROVIDERS, OR SUPPORTING THEIR GENERAL MEDICAL PROVIDERS TO BE ABLE TO PROVIDE CARE.

Vice-Chair Smith: WE DON'T HAVE THIS 24/7 SYSTEM TO DATE?

Ms. Fuller: WE DO HAVE THIS 24/7 SYSTEM.

Vice-Chair Smith: WHERE ARE THESE 24/7 FRONT DOORS?

Mr. Hidalgo: THE FRONT DOORS OF THE CRISIS SYSTEM, THEY ARE REALLY TWO 24-HOUR FRONT DOORS. THAT IS THE MENTAL HEALTH CRISIS LINE STAFFED AND OPERATED THROUGH THE COUNTY HAS BEEN SINCE ABOUT 2000. AND THEN THE MOBILE MENTAL HEALTH OUTREACH TEAM THAT IS A CONTRACT THAT THE COUNTY HAS WITH CASCADIA BEHAVIORAL HEALTH CARE. MANY PEOPLE KNOW THAT PROGRAM BY CASCADIA'S NAME OF PROJECT RESPOND. THAT PROGRAM IS AVAILABLE FOR ACCESS THROUGH CONTACTING THE CRISIS LINE FOR THE GENERAL PUBLIC. HE AND THE OTHER ENTITY THAT HAS DIRECT ACCESS TO THAT 24 MOBILE MENTAL HEALTH TEAM IS THE POLICE. WE ALSO HAVE THE URGENT WALK-IN CLINIC AVAILABLE APPROXIMATELY 15 HOURS A DAY, THAT IS ALSO A FRONT DOOR TO THE SYSTEM, SWSM THE OTHER TWO ARE 24/7 AT THIS OPPONENT.

Vice-Chair Smith: WITH THE POLICE, WHAT HAPPENS WITH THE POLICE? WE CAN CALL THE POLICE AND THEY WILL PICK SOMEONE UP? AND WHAT WILL THEY DO WITH THEM?

Mr. Hidalgo: IN TERMS OF THE POLICE, THE GREAT THING HE IS THAT THE POLICE REALLY HAVE HONED A VERY NICE CONNECTION AS HAS THE CRISIS SYSTEM, WITH PUBLIC SAFETY. SO THE POLICE ACTUALLY HAVE A PROTOCOL DIRECTLY TO KNOW IF THERE'S A MENTAL HEALTH OUTREACH DISPATCH, THEY ARCH CONTACT PROJECT RESPOND TO JOIN THEM ON THAT CALL. OR ONCE ON SITE, IF THEY REALIZE THERE REALLY IS A NEED FOR MORE MENTAL HEALTH SUPPORT THEY WILL CONTACT PROJECT RESPOND. OUR LAST STATISTICS AND NEAL CAN POTENTIALLY SPEAK TO THAT OR CASCADIA CAN, WELL, APPROXIMATELY 50% OR MAYBE A LITTLE HIGHER ARE DIRECTLY IN CONTACT WITH POLICE REQUEST.

OKAY. SO I'D BE HAPPY TO TALK ABOUT THE NEXT SLIDE, IT REALLY IS ABOUT THE INTERFACE OF THE CRISIS SYSTEM AND HOW IT CONNECTS WITH THE LARGER COMMUNITY SYSTEMS OF CARE OR OTHER SYSTEMS. SO THE CRISIS SYSTEM ULTIMATELY IS AN EFFECTIVE AS ITS RELATIONSHIPS WITH THE REST OF THE COMMUNITY AND ITS KNOWLEDGE ABOUT THE COMMUNITY SYSTEMS. AS YOU CAN SEE THE MENTAL HEALTH CRISIS SYSTEM REALLY SITS AS THE HUB, REALLY A KIND OF CENTRAL POINT THAT INTERFACES WITH MANY OTHER SYSTEMS ACROSS THIS COMMUNITY. REALLY, WHEREVER PEOPLE COME IN CONTACT WITH THE REST OF THE PUBLIC HERE IS WHERE THOSE CRISIS SYSTEMS HAVE CONTACT. YOU CAN SEE AT THE VERY TOP THE COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES; MANY PEOPLE MAY THINK THE CRISIS SYSTEM OF COURSE INTERFACES WITH THE MENTAL HEALTH AND ADDICTION SYSTEM. YES, ABSOLUTELY SO. AND THE CRISIS STAFF AND TEAMS IN THE SYSTEM MUST HAVE INTIMATE KNOWLEDGE OF THE AVAILABLE SERVICES AND ALL THE AVAILABLE PATHWAYS TO HELP ACCESS CARE, LONGER TERM CARE. THE GOAL PRIMARILY OF CRISIS SERVICES IS REALLY THAT THEY ARE SHORT-TERM IN DURATION, THEY ARE

SOLUTION FOCUSED. AND OF COURSE THEY ARE ALSO PERSON-CENTERED TO HELP PEOPLE GET TO THE NEXT STEP.

Mr. Hidalgo: THE GOAL OF THE CRISIS SYSTEM IS NOT TO HOLD INDIVIDUALS IN THAT CENTRAL POINT. BUT, IF YOU WILL, TO REALLY ACT AS A BIT OF TRAFFIC CONTROL FOR THE LARGER SYSTEM TO MAKE SURE PEOPLE GET TO THE RIGHT SPOT, PEOPLE CAN ACCESS INFORMATION ABOUT WHERE TO GO IN THE SYSTEM. IF SOMEBODY REALLY DOES HAVE A MENTAL HEALTH CRISIS THAT THAT CRISIS CAN BE QUICKLY STABILIZED, SUPPORTING THE RESILIENCE AND STRENGTH OF THE INDIVIDUAL, SUPPORTING RECOVERY AND HELPING TO PLAN FOR THE NEXT STEP. OTHER SERVICES THAT WE'VE TALKED ABOUT, THE SOCIAL DETERMINANTS OF HEALTH, THE CRISIS SYSTEMS INTERFACE WITH HOUSING AND RESIDENTIAL SOURCES. THEY HELP PEOPLE WHO MAY BE IN A CRISIS IN THEIR HOME AND HELP STABILIZE THAT CRISIS, HELPING SOMEONE TO RETAIN THEIR HOUSING. THEY INTERFACE WITH ADDICTION SERVICES, WITH OUR COUNTY COMMITMENT SERVICES, PEOPLE WHO COME IN CREASE AND ONCE AGAIN MAY NOT NEED A HOSPITALIZATION BUT MAY NEED SOME OF THEIR HELP AND SUPPORT TO MOVE TO THE NEXT STEP IN THEIR RECOVERY.

JAIL DIVERSION SERVICES IS ANOTHER SERVICE TO CONNECT WITH. COMMISSIONER SMITH MENTIONED, AS WELL, THAT'S FIRE, PORTLAND POLICE, 911. WHILE CRISIS SERVICES ARE NOT FRONT LINE EMERGENCY SERVICES, THEY ARE PAIRED UP WITH THOSE EMERGENCY SERVICES BECAUSE THEY ARE THE BEHAVIORAL HEALTH EXPERTS. THEY CAN HELP AUGMENT, RESPONSE, AND GO AHEAD AND IMPROVE RESPONSE FOR PEOPLE WHO HAVE A MENTAL HEALTH CRISIS. PREVENTION AND EDUCATION, WE'RE ALSO IN CLOSE CONTACT WITH SCHOOLS AND OTHER PREVENTION PROGRAMS TO ENSURE THAT IF THERE'S A SITUATION THAT HAPPENS IN A SCHOOL THAT LEADS TO AN INDIVIDUAL CRISIS PERHAPS OR A GLOBAL CRISIS IN THE SCHOOL, THE CRISIS SERVICE CAN HELP SUPPORT THE SCHOOL'S RESPONSE. AGAIN, NOT THE LONG TERM RESPONSE BUT THEY HELP WITH THE UP FRONT IMMEDIATE STABILIZATION OF THE SYSTEM. THAT'S REALLY THE LANDSCAPE OF HOW THEY INTERFACE. IF YOU HAVE ANY QUESTIONS I'D BE HAPPY TO ANSWER, OTHERWISE WE'LL PASS IT ON TO NEAL.

Commissioner Shiprack: I HAVE JUST A QUESTION THAT KIND OF COMES FROM THE WHOLE DISCUSSION OF HOW WE CAN INVEST THE APPRECIATION RESOURCES. AND OBVIOUSLY AS ALWAYS LIMITED RESOURCES THAT WE HAVE IN THIS SYSTEM. I'M TRYING TO GET A GRASP ON THE PROPORTION OF CONTACT FROM MULTNOMAH COUNTY RESIDENTS THROUGH THE CRISIS SERVICE SYSTEM. DO WE HAVE A CONCEPT OF HOW PROPORTIONATELY THE HEALTH DEPARTMENT IS CONTACTED IN RELATIONSHIP TO MENTAL HEALTH CRISIS?

Mr. Hidalgo: THANK YOU, THAT'S A PERFECT LEAD INTO OUR NEXT SLIDE.

Mr. Rotman: GOOD MORNING, CHAIR KAFOURY, COMMISSIONERS, THANK YOU SO MUCH FOR THE OPPORTUNITY TO BE HERE THIS MORNING. THE MULTNOMAH COUNTY BEHAVIORAL HEALTH CRISIS SYSTEM HE IS A CONTINUE OF BEHAVIORAL HEALTH SERVICES, REPRESENTED BY THE INTENSITY OF PSYCHIATRIC AND SUPPORT SERVICES FROM THE TOP END OF THE SPECTRUM OF HOSPITAL EMERGENCY DEPARTMENTS, INPATIENT UNITS, LOWER END OF THE SPECTRUM, COMMUNITY OUTPATIENT AND PRIVATE PRACTITIONERS. THE CRISIS SYSTEM CAN BE ACCESSED AT MANY POINTS ALONG THE CONTINUUM WITH A FOCUS ON ENSURING THE SAFETY OF THE INDIVIDUAL EXPERIENCING THE CRISIS, THE SAFETY OF THE COMMUNITY AND ENGAGING THE INDIVIDUAL EXPERIENCING THE CRISIS TO IDENTIFY THE LEAST INTENSIVE INTERVENTION THAT SUPPORTS RESOLUTION OF THE IMMEDIATE CRISIS, PROVIDES CONNECTIONS TO ONGOING SUPPORTS AND MINIMIZES TRAUMATIC EXPERIENCES.

THE SEVEN MAIN SERVICES YOU SEE IN FRONT OF YOU. WE'LL START AT THE TOP WITH THE MENTAL HEALTH CALL CENTER. IT REALLY IS THE CENTER OR THE HUB OF THE CRISIS SERVICES SYSTEM FROM WHICH ALL OF CRISIS SERVICES CAN BE ACCESSED. THE CALL CENTER IS A CRISIS LINE WITH BRIEF CRISIS COUNSELING AND ASSESSMENTS WHICH CAN BE DONE OVER THE PHONE. INFORMATION AND REFERRALS TO ALTERNATIVE SERVICES, SPECIALTY MENTAL HEALTH SERVICES. IT'S A DISPATCHER FOR THE MOBILE CRISIS OUTREACH TEAM AND A DIRECT LINK TO 911 AND FIRST RESPONDER DISPATCH. IT'S A REPOSITORY FOR CRISIS ALERTS AND REAL-TIME COMMUNITY MENTAL HEALTH INFORMATION. IF WE HAVE A PROVIDER WHO HAS A LEAK IN THEIR BUILDING AND HAS TO CLOSE THEIR DOORS EARLY, THEY CALL AND REPORT THAT SO IF IT'S FOUND TO BE CLOSED FOR ANY REASON. THE LAST SNOW OR ICE EPISODE CAME IN HAND AS PROGRAMS CONTACTED THE CALL CENTER TO GIVE UPDATES ON A REGULAR BASIS OF THEIR STAFFING. IT IS STAFFED 24 HOURS A DAY, SEVEN DAYS A WEEK BY MENTAL HEALTH PROFESSIONALS. WE HAVE SEVERAL PHONE LINES DEDICATED TO CRISIS CALLS. 911 TRANSFERS THAT DO NOT MEET THE CRITERIA FOR FIRST RESPONDERS DISPATCHING. LAW ENFORCEMENT HAS THEIR OWN LINE. MEMBERSHIP SERVICES AND FAMILY CARE BEHAVIORAL HEALTH SERVICES AFTER HOURS. WE HAVE A COMMUNITY LEAD FOR BEHAVIORAL HEALTH QUESTIONS, CONCERNS AND COMMUNITY RESOURCES AND SUPPORT SERVICES.

IN ADDITION, THE CALL CENTER PROVIDES SUPPORT TO INDIVIDUALS WHO NEED BRIEF DETAIL SUPPORTIVE OR THERAPEUTIC CONTACTS TO LIVE INDEPENDENTLY IN THE COMMUNITY. TO MOVE ON THROUGH OUR SPECTRUM THE URGENT WALK-IN CLINIC, ANOTHER VERY VITAL PROGRAM, IS OPEN SEVEN DAYS A WEEK FROM 7:00 A.M. TO 10:30 P.M. THEY SEE INDIVIDUALS AND FAMILIES IN CRISIS WHO NEED AN APPOINTMENT WITH A

PSYCHIATRIC AND MENTAL HEALTH PROFESSIONAL. ANYONE CAN RECEIVE SERVICES HERE WITH OUR WITHOUT INSURANCE COVERAGE. THE URGENT WALK-IN CLINIC ACTS AS BRIDGE TO SERVICES WHICH CAN CONTINUE TO SUPPORT INDIVIDUALS INTO ALTERNATIVE TREATMENT SERVICES ARE ESTABLISHED. A STABILIZATION RESOURCE ROOM AT THE URGENT WALK-IN CLINIC, AND SPECIALISTS TO HELP AND A HALF GATE AVAILABLE SERVICES AND BENEFITS. NEXT UP, AS WE MOVE AROUND OUR CIRCLE CLOCKWISE IS THE MOBILE CRISIS, AS EVERYBODY AFFECTIONATELY KNOWS THEM AS PROJECT RESPOND IN OUR COMMUNITY IT'S A MOBILE OUTREACH TEAM OF MENTAL HEALTH PROFESSIONAL WHOSE WORK IN THE COMMUNITY, PERFORMING ON-SITE EVALUATIONS OF PEOPLE IN CRISIS TO DETERMINE THE APPROPRIATE LEVEL OF TREATMENT TO STABILIZE THEIR SYMPTOMS.

Mr. Rotman: THE CALL CENTER AND 911 ARE DISPATCHES FOR THE TEAM WHICH IS AVAILABLE 24/7, 365 DAYS A YEAR. THE PROGRAM CAN PERFORM FOLLOW-UP, CHECK-INS, AND SHORT-TERM ONGOING OUTREACH TO INDIVIDUALS IDENTIFIED AS IN A CRISIS EPISODE, BUT ARE NOT INITIALLY MEETING EMERGENCY HOLD CRITERIA AND THUS HOSPITALIZATION. RECENT STATE GRANTS FUNDING ADDED A PEER SPECIALIST TO THE TEAM WITH A FOCUS ON FOLLOW UP CONTACTS AND SUPPORTIVE SERVICES. AS WE MOVE DOWN WE GET TO THE CRISIS SPECIALIST AND TREATMENT CENTER. IT'S REFERRED TO AS A SUBACUTE PROGRAM. WHEN AN INDIVIDUAL NEEDS CRISIS STABILIZATION BUT DOES NOT REQUIRE THE LEVEL OF MEDICAL INTENTIONS AVAILABLE IN A HOSPITAL UNIT. OR TO STEP DOWN FROM A HOSPITAL WHEN THAT LEVEL OF TREATMENT IS NO LONGER NEEDED. MEDICAL AND MENTAL HEALTH PROFESSIONALS AND PEER SPECIALISTS ARE ON STAFF AT THE SITE. PSYCHIATRIC AND MEDICAL TREATMENT, TEMPORARY AND PERMANENT HOUSING REFERRALS, ASSISTANCE WITH BENEFITS ELIGIBILITY.

EXCUSE ME. I DID NOT MENTION MENTAL HEALTH TRIAGE, WHICH IS PART OF CATC. IT'S PART OF THE PROGRAM FOR INDIVIDUALS WITH MENTAL HEALTH SYMPTOMS BEING RELEASED FROM JAIL. THEY WOULD NEED ADDITIONAL COORDINATION OF ONGOING TREATMENT SERVICES. IT MAY LEAD TO A DIRECT ADMISSION TO THE SUBACUTE PROGRAM OR THEY COULD BE REFERRED TO ALTERNATIVE LEVELS OF CARE AND TREATMENT LIKE RESPITE, ADDICTION SERVICES OR COMMUNITY MENTAL HEALTH SERVICES. PARTICIPANTS INCLUDING INDIVIDUALS IDENTIFIED WITH BEHAVIORAL HEALTH CONCERNS BEING RELEASED FROM JAIL, THE DEPARTMENT OF COMMUNITY JUSTICE MENTALLY ILL OFFENDER UNIT PROGRAM. OUR OWN JAIL DIVERSION PROGRAM, OR REFERRALS FROM THE PORTLAND POLICE BUREAU, THE BEHAVIORAL HEALTH UNIT. WE CAN SEND FOLKS TO JUSTICE TRIAGE FOR ASSESSMENT AND REFERRAL FOR ONGOING SERVICES.

NEXT UP IS CRISIS RESPITE, WHICH PROVIDES AN IN-HOME LIKE SETTING, RESPITE ENVIRONMENT IS UTILIZED 24/7 BY MENTAL HEALTH SPECIALISTS IN

ORDER TO STABILIZE. IT PROVIDES A STRUCTURE AND SUPPORT MANY NEED TO AVOID HOSPITALIZATION AND RETURN SAFELY TO INDEPENDENT LIVING SITUATIONS. AS WE MOVE UP OUR CIRCLE OF PROGRAMS WE COME TO OUR EMERGENCY DEPARTMENT LIAISONS. THEY ARE DEDICATED TO HOSPITAL EMERGENCY DEPARTMENT STAFF AND SOCIAL WORKERS. THEY HELP SAFELY DIVERT INDIVIDUALS FROM UNNECESSARY HOSPITAL STAY AND CONNECT THEM TO ALTERNATIVE TREATMENT SERVICES. THE PROGRAM IS ADMINISTERED THROUGH THE MOBILE CRISIS OUTREACH TEAM, PROJECT RESPOND, WHICH INCREASES THEIR ABILITY TO MAKE AFTER HOURS REFERRALS AND MAINTAIN ENGAGEMENT TO CRISIS SERVICES UNTIL THE CRISIS EPISODE HAS RESOLVED. LAST IN OUR CIRCLE IS THE CRISIS PREVENTION OUTREACH PROGRAM RUN BY THE MORRISON CENTER. IT PROVIDES SERVICES TO CHILDREN AND FAMILIES REFERRED BY THE CALL CENTER. OUTREACH COUNSELORS WORK WITH CHILDREN AND FAMILIES IN THEIR HOMES OR WHILE IN TEMPORARY PLACEMENT WHILE IN CRISIS SITUATIONS. CRISIS RESOLUTION, SUPPORTING A BRIDGE TO ONGOING TREATMENT AND NEEDED SERVICES WITH TREATMENT TO CHILDREN AND FAMILIES.

Commissioner Shiprack: JUST SORT OF A BUBBLE THAT IS IN THE SPACES BETWEEN MAYBE THE BLUE BOXES ON YOUR GRAPH. AND THAT WOULD BE A QUESTION, ARE THERE GAPS IN THIS SYSTEM, AND NEAL, FROM YOUR PERSPECTIVE, WHAT ARE THOSE GAPS, AND AGAIN, FROM THE COMMENTARY, JOANNE, THAT YOU KIND OF LED OFF WITH, ARE THOSE GAPS SOMETHING THAT CAN BE FILLED IN BY INVESTING OUR PRECIOUS RESOURCES, OR ARE THOSE GAPS THAT WE NEED TO FILL IN WITH CREATIVITY OR WITH SOME OTHER KIND OF COMMUNITY WORK THAT WE SHOULD BE ENGAGED IN?

Mr. Rotman: THIS IS A VERY STRONG CONTINUUM OF SERVICE. ALL THE WAY AGAIN FROM THE TOP OF EMERGENCY DEPARTMENTS, INPATIENT UNITS, DOWN TO OUR SUBACUTE PROGRAM TO RESPITE, WE SORT OF HAVE A FULL CONTINUUM OF SERVICES. THERE ARE SOME MINOR GAPS. WHEN YOU SAY BETWEEN THE BLUE BOXES, I LIKE TO THINK WE HAVE ONGOING SERVICES. IF PROJECT RESPOND IS WORKING WITH SOMEONE THAT PERSON HE IS NOT WILLING AND NOT READY TO GET ENGAGED IN REGULAR TREATMENT, THEY WILL CONTINUE THEIR OUTREACH DURING THAT EPISODE. THEY WON'T STOP JUST BECAUSE THAT TEAM MEMBER GETS OFF DUTY DOESN'T MEAN THEY STOP CHECKING IN WITH THAT PERSON. THEY DON'T STOP THEIR OUTREACH, THEY CONTINUE TO WORK. WE HAVE A VERY STRONG NETWORK NOW WORKING THROUGH THE BEHAVIORAL HEALTH UNIT, AS WELL. THEY MIGHT TAKE THAT CASE AND STAFF IT WITH OTHER CRISIS SERVICES SAYING WHO HAS THIS CONNECTION. WHEELS ARE THEY TOUCHING AT THAT POINT, WHERE ARE THE TOUCH POINTS TO GET THIS PERSON ENGAGED IN MORE ONGOING SERVICES.

Ms. Fuller: I'D LIKE TO ADD A COUPLE OF THINGS. I THINK THAT FOR THE SIZE OF OUR COMMUNITY AND THE VOLUME THAT WE HAVE, WE PROBABLY DON'T HAVE ENOUGH OF THE RESOURCES THAT ARE STEP-DOWN FROM THE HOSPITAL. AND YOU KNOW, THE NUMBER OF CRISIS BEDS WE HAVE IN THIS COMMUNITY FOR EXAMPLE, IS PROBABLY LESS THAN WE WOULD WANT TO HAVE. THERE HAVE BEEN CHALLENGES WITH KEEPING OUR CRISIS RESPITE BEDS PROGRAMS OPEN. THEY ARE CHALLENGING PROGRAMS TO SITE, TO BUILD, TO FUND. SO I THINK THAT THAT'S AN ONGOING CHALLENGE. A COUPLE OF OTHER THINGS I THINK I WOULD ADD, WELL, TWO THINGS: FIRST OF ALL, I AM NOT CONFIDENT THAT OUR TREATMENT SYSTEM AND THE SOCIAL SERVICE SYSTEMS ATTACHED TO IT ARE DOING ENOUGH UPSTREAM TO KEEP PEOPLE FROM BECOMING IN CRISIS. SO THAT CREATES MORE PRESSURE ON THE CRISIS SYSTEM. I THINK WE AND OUR PARTNERS IN THAT TREATMENT SYSTEM NEED TO DO A BETTER JOB OF FIGURING OUT HOW TO HELP PEOPLE, IDENTIFY PEOPLE EARLIER WHO ARE AT RISK OF GOING INTO CRISIS, AND FIGURE OUT THE RIGHT ASSISTANCE FOR THEM, AGGRESSIVE ENOUGH OUTREACH. SO I THINK THERE'S THAT, WHICH ISN'T A PROBLEM OF THE CRISIS SYSTEM BUT IS A PROBLEM UPSTREAM OF THE CRISIS SYSTEM.

I THINK THE OTHER THING IS THE ONGOING CHALLENGE OF HELPING FIRST RESPONDERS LIKE THE POLICE TO HAVE EASY ROUTES TO GET PEOPLE DIVERTED FROM WINDING UP IN THE HOSPITAL. SO IF THE EASIEST THING IS TO TAKE SOMEONE TO JAIL OR THE HOSPITAL, MY EXPERIENCE WITH SYSTEMS, IS THE EASY ROUTES ARE THE ROUTES THAT GET TAKEN NO MATTER WHETHER THAT'S REALLY WHERE PEOPLE WANT TO TAKE PEOPLE. AND IF THERE ARE MORE BARRIERS FOR WHERE PEOPLE MIGHT BE BETTER OFF OR WE MIGHT BE ABLE TO SERVE THEM WITH LOWER LEVELS OF CARE, BUT IF THOSE ARE MORE CHALLENGING FOR FIRST RESPONDERS TO CONNECT WITH, THAT WON'T HAPPEN. WE STILL HAVE NOT CRACKED THAT NUT COMPLETELY YET. WE'VE DONE A LOT OF GREAT WORK WITH THE POLICE AND BEHAVIORAL HEALTH UNIT BUT THERE'S STILL A GREAT DEAL OF WORK TO BE DONE.

Commissioner Bailey: PARTICULARLY YOUR POINT ABOUT THE PRESSURES IN STEP-DOWN CARE IN THE FACILITIES THAT WE HAVE FOR FOLKS. OBVIOUSLY AN IMPORTANT ADDITION TO THIS SLIDE WHEN IT'S OPEN WILL BE THE UNITY CENTER WILL BE A CRITICAL PIECE FOR OUR SYSTEM, AND REALLY AN IMPORTANT GATEWAY FOR HOW WE SERVE THIS COMMUNITY. WE WILL ALSO THEN HIGHLIGHT SOME OF THOSE PRESSURES IN HOW WE PROVIDE STEP-DOWN CARE, AND HOUSING AND ONGOING SERVICES TO FOLKS ONCE THEY ARE OUT OF AN ACUTE SETTING. I GUESS THE REQUEST WOULD BE, I HOPE THAT YOU WILL KEEP US WELL UP TO DATE ON WHERE WE NEED TO MAKE TARGETED INVESTMENTS, IN ADDITION TO THE ACUTE SIDE OF THE EQUATION, TO MAKE SURE WE ARE SUPPORTING A SYSTEM AND CONTINUUM THAT IS WORKING ALL THE WAY DOWN WITH THIS REALLY IMPORTANT PIECE BEING ADDED TO IT.

Ms. Fuller: ABSOLUTELY. YOU WILL HEAR MORE ABOUT THE UNITY CENTER IN A MINUTE. I'LL JUST SAY THAT AT THE END OF THE PRESENTATION, PART OF WHAT I WANT TO SHARE IS SORT OF MY PERSPECTIVE, WHICH IS THAT THE UNITY CENTER IS LIKE WHEN YOU DROP A STONE IN THE POOL AND THE RIPPLES HAPPEN. ONCE IT OPENS AND THE SERVICES ARE STABILIZED, WHICH USUALLY TAKES AT LEAST SEVERAL MONTHS FOR A NEW PROGRAM, THEN I THINK WE WILL UNDERSTAND WHAT THOSE RIPPLES ARE IN THE CRISIS SYSTEM POOL, AND HOW WE CAN ADJUST THE WAY THAT WE ARE FUNDING RESOURCES TO ACCOMMODATE THE CHANGES THAT WITH HAPPENED.

Commissioner Bailey: I WOULD IMAGINE THAT THE OTHER VARIABLE THAT'S AT PLAY HERE IS THE CHANGES THAT HAVE HAPPENED SINCE THE INCEPTION OF THE AFFORDABLE CARE ACT. THAT'S OBVIOUSLY BEEN A GAME-CHANGER IN THE SYSTEM. IF YOU DON'T HAVE THE NUMBERS RIGHT NOW IT WOULD BE GREAT TO GET A FOLLOW UP, A SNAPSHOT OF HOW THINGS HAVE CHANGED FROM SERVICE LEVELS PRIOR TO IMPLEMENTATION OF THE AFFORDABLE CARE ACT, AND SERVICE LEVELS TO MOST RECENTLY AFTERWARDS SO WE CAN HAVE A SENSE OF BOTH THE OPPORTUNITY AND SORT OF THE MAGNITUDE OF WHAT WE'RE DEALING WITH HERE.

Ms. Fuller: WE'D BE HAPPY TO PROVIDE THAT. WE DEPARTMENT OF HAVE ALL THOSE NUMBERS WITH US TODAY BUT WE'D BE HAPPY TO PROVIDE THAT INFORMATION TO THE WHOLE BOARD.

Commissioner Bailey: THANK YOU.

Vice-Chair Smith: MADAM CHAIR, I HAVE A QUESTION. NEAL, ONE OF THE THINGS THAT'S DIFFICULT FOR ME IS, I'M NOT QUITE SURE WHO IS DOING THE MENTAL HEALTH CALL CENTER. IS THAT MULTNOMAH COUNTY OR A COMMUNITY-BASED ORGANIZATION? IT WOULD BE HELPFUL TO ME ON ALL OF THESE, WHO'S ACTUALLY DOING THE WORK? WHO ARE THE END PROVIDERS? WHERE ARE THEIR TELEPHONE NUMBERS? AND THE DOLLAR AMOUNT FOR EACH OF THESE SERVICES WOULD BE HELPFUL.

Mr. Rotman: SURE. SO I CONSIDER THE MENTAL HEALTH CALL CENTER IS MULTNOMAH COUNTY, A COUNTY-RUN PROGRAM. URGENT WALK-IN IS CASCADIA BEHAVIORAL HEALTH. URGENT CRISIS IS THE SAME. CATC IS TELECARE. EMERGENCY DEPARTMENT LIAISONS AND CRISIS PREVENTION OUTREACH IS THE MORRISON CENTER.

Vice-Chair Smith: SOMEONE CALLED ME AT 5:30 A.M. AND SAID, MY BROTHER IS A VETERAN, HE IS HOMELESS, HE HAS A DRUG AND ALCOHOL PROBLEM BUT HE NEEDS A PLACE TO STAY. I'M AFRAID FOR HIM BECAUSE HE'S OUT ON THE STREETS, I'M AFRAID SOMEBODY'S GOING TO DO SOMETHING FOR THEM. THE

FIRST THINGS I DID, I CALLED CATC. I DIDN'T KNOW I COULDN'T REFER SOMEONE TO CATC. IT WOULD BE HELPFUL TO SEE IF THESE ARE REFERRAL, THESE DIFFERENT AREAS. HE DIDN'T HAVE A CHEAT SHEET SO I TOLD HIM WHAT I THOUGHT HE COULD WALK INTO THE CATC AND GET TRIAGE. THEY SAID NO, HE HAS TO BE REFERRED EITHER BY CASCADIA OR BY THE POLICE UPON HIS RELEASE. I DIDN'T KNOW THAT.

Mr. Rotman: THIS IS AN INDIVIDUAL WHO'S CURRENTLY IN JAIL.

Vice-Chair Smith: HE WASN'T IN JAIL. WHEN I CALLED CATC, THEY SAID THE POLICE CAN GIVE HIM A REFERRAL FROM CASCADIA, OR SOMEONE FROM PAROLE OR PROBATION. I THINK HE WAS AN OLDER GENTLEMAN. HIS SISTER CALLED, OR SOMETHING LIKE THAT. I DIDN'T KNOW ALL THESE SPECIFICS. I GET A LOT OF THESE CALLS AND PEOPLE SAY, "WHAT'S THE COUNTY DOING TO HELP WITH MENTAL HEALTH?" LIKE JOANNE SAID, SHORT OF GOING TO THE HOSPITAL AND THE JAIL, WHAT SHOULD I HAVE DONE WITH THIS PARTICULAR PERSON?

Ms. Fuller: SO I WOULD SUGGEST THAT WHAT WE CAN DO IS PROVIDE YOU WITH SOME MORE INFORMATION AND A CHEAT SHEET THAT WOULD GIVE YOU --

Vice-Chair Smith: THAT HAS TELEPHONE NUMBERS?

Ms. Fuller: -- RIGHT, SO YOU CAN FIGURE OUT IN VARIOUS SITUATIONS WHAT TO DO.

Vice-Chair Smith: THAT WOULD BE VERY HELPFUL. MY NEW POLICY ADVISOR, IT WOULD BE GREAT IF YOU CONNECT WITH MEESEON. IT WOULD BE GREAT TO HAVE THAT AT OUR DESKS. WHEN YOU BREAK THIS OUT IT REALLY KIND OF MAKES SENSE WHERE WE'RE SPENDING OUR DOLLARS AND HOW IT'S BEING HELPFUL TO THE COMMUNITY TO SEE WHERE THERE ARE THE GAPS. I THINK THAT HOUSING PIECE IS THE HUGE GAP THAT I DON'T SEE ON HERE.

Ms. Fuller: THE HOUSING PIECE IS A HUGE GAP AND ONE OF CHALLENGES IS THE MENTAL HEALTH TREATMENT SYSTEM ISN'T RESPONSIBLE FOR HOUSING. THEY ARE REALLY RESPONSIBLE FOR CONNECTING PEOPLE TO HOUSING OR SUPPORT PEOPLE IN BEING SUCCESSFUL WITH HOUSING. YOU DON'T SEE THAT HERE BUT IT'S A BIG CHALLENGE RIGHT NOW FOR US AS WE ARE TRYING TO HELP PEOPLE BOTH IN CRISIS AND GETTING OUT OF THE STATE HOSPITAL AND IN TREATMENT IN THE COMMUNITY, TO FIND HOUSING THAT THEY CAN AFFORD.

Vice-Chair Smith: NEAL, WHEN YOU DO THIS, CAN YOU PUT ON THAT LIST OF THE CHEAT SHEET, WHICH ONE OF THESE PIECES OF THE CRISIS SYSTEM

DOES HOUSING REFERRAL? IF THEY NEED HOUSING, THEN I KNOW WHICH ONE SPECIFICALLY TO GIVE THEM TO.

Mr. Rotman: I ALSO WANT TO ENCOURAGE ANYONE, THE MENTAL HEALTH CALL CENTER, 503-988-4888 IS THE PLACE TO CALL FOR ANY TYPE OF SERVICE INFORMATION RELATED TO CRISIS OR ANY TYPE OF OUTPATIENT SERVICE, ADDICTIONS SERVICE, ETC. THEY REALLY ARE THE HUB OF HOW TO CONNECT TO ANY TYPE OF SERVICE IN THE COUNTY.

Commissioner Shiprack: COMMISSIONER SMITH'S QUESTIONS ABOUT WHO PROVIDES THE SERVICE, I HAD A TAG-ALONG QUESTION WHICH WAS THE BUDGET QUESTION. I'M THINKING THAT EVEN IF MULTNOMAH COUNTY DOESN'T PROVIDE THE SERVICE, THAT WE PAY IT FOR.

Ms. Fuller: WE BOTH CONTRACT AND DELIVER THESE SERVICES IN THE SYSTEM, AS NEAL SAID. SOME OF THEM WITH MULTNOMAH COUNTY EMPLOYEES AND WE PROVIDE FUNDING. AND YOU'RE GOING TO HEAR FROM SOME OF OUR PARTNERS IN A MINUTE. IN SOME CASES THEY DO SOME FUNDRAISING OR BILL TO INSURANCE AS THEY CAN, AS WELL.

Commissioner Shiprack: SO REFERRING BACK TO THE CHART THAT JUST LEFT OUR FIELD OF VISION, THAT'S OKAY, WE ALL REMEMBER IT, THE SERVICES THAT AREN'T DIRECTLY PERFORMED BY MULTNOMAH COUNTY RETURNED CONTRACT TO MULTNOMAH COUNTY.

Mr. Rotman: YES.

Chair Kafoury: I WANTED TO ADD REAL QUICK, ON THE MULTNOMAH COUNTY WEBPAGE WE HAVE THE MENTAL HEALTH CRISIS INTERVENTION PHONE NUMBER, IN CASE PEOPLE DIDN'T PUT IT IN THEIR MEMORY, THEY DON'T HAVE TO, IT'S ON THE INTERNET.

Mr. Rotman: IT'S ALWAYS THERE. SO HERE'S THE BUDGET FOR THE CRISIS SYSTEM. YOU CAN SEE, IT'S JUST UNDER \$13 MILLION. MEDICAID FUNDING CONTRIBUTES TO SLIGHTLY OVER HALF THE BUDGET, THAT'S PROBABLY SOMEWHAT INCREASED OVER THE LAST COUPLE YEARS WITH THE AFFORDABLE CARE ACT. OUR COUNTY COMMISSIONERS, I ALWAYS SAY THIS WHEN I DO A PRESENTATION, GENEROUSLY SUPPORT CRISIS SERVICES WITH A BUDGET JUST OVER \$3.5 MILLION AND THE REMAINDER IS STATE FUNDING. OUR CALL CENTER IS ABOUT A \$3 MILLION PROGRAM. OUR URGENT WALK-IN CLINIC IS JUST UNDER \$2 MILLION. PROJECT RESPOND JUST UNDER \$3 MILLION. THE CATC PROGRAM, THE SUBACUTE PROGRAM, \$3.3 MILLION. JUSTICE TRIAGE, \$680,000. THE LIAISON PROGRAM, 3.00 FTE PROGRAM, THREE, \$273,000. AND THE CRISIS AND PREVENTION OUTREACH FOR THE MORRISON CENTER IS \$120,000. WE CAN PUT THAT ALL TOGETHER AND GET CONNECTED TO THE OTHER SLIDES, AS WELL.

Vice-Chair Smith: WE'RE LOOKING AT THE SAME PIE, SO YOU SAID THE CATC IS \$3.3 MILLION?

Mr. Rotman: YES.

Vice-Chair Smith: THAT'S COMING OUT OF THE COUNTY GENERAL FUND?

Mr. Rotman: IT'S SUPPORTED BY THE COUNTY GENERAL FUND, BUT THE MAJORITY IS MEDICAID, BECAUSE THOSE ARE MEDICAID SLOTS.

Vice-Chair Smith: SO YOU WERE BREAKING DOWN WHERE THE MEDICAID DOLLARS GO?

Ms. Fuller: THE MEDICAID AND THE TOTAL. NEAL WAS BREAKING DOWN THE TOTAL PIE.

Mr. Rotman: I DON'T HAVE RIGHT IN FRONT OF MEET BREAKDOWN OF HOW MUCH IS MEDICAID AND HOW MUCH IS COUNTY GENERAL FUND FOR EACH PROGRAM BUT WE CAN GET THAT TO YOU.

Vice-Chair Smith: I WAS TRYING TO FIGURE OUT, I'M LOOKING AT \$3.5 MILLION AND \$3.35 THAT IS CATC THINKING, OKAY --

Ms. Fuller: MOST OF THESE PROGRAMS ARE A MIX OF MEDICAID AND GENERAL FUND.

Chair Kafoury: YOU WERE DOING THE PRIOR SLIDE.

Mr. Rotman: I WAS GOING AROUND THE CIRCLE, YES. I CAN SNEAK BACK.

Commissioner Shiprack: I'M SURE WE HAVE AN INTEREST IN MOVING RIGHT ALONG HERE, BUT I WANT TO SAY THAT THERE ARE A COUPLE OF THINGS, ONE OF THEM IS PROPORTIONALITY, and THE IMPORTANCE OF THIS. ALSO A CONTEXT ISSUE THAT COMMISSIONER SMITH'S QUESTION JUST RAISED. AND IT ALSO RELATES TO WHAT YOU WERE TALKING ABOUT, COMMISSIONER BAILEY, IN RELATIONSHIP TO THE ACA, WHICH IS THAT THIS IS PART OF A STILL-GREATER SYSTEM. JUST SO THAT WE KEEP THAT PROPORTION IN CONTEXT. I DO THINK IT ALL RELATES BACK TO HOW WE INVEST THE PRECIOUS RESOURCES GOING BACK TO YOUR THEME, DIRECTOR FULLER. SO JUST KEEPING THAT IN MIND AS WE PROCEED WITH THE REMAINDER OF OUR PRESENTATIONS TODAY.

Ms. Fuller: THE OTHER THING IS, TODAY WE'RE FOCUSING ON THE CRISIS SYSTEM. BUT WE WOULD BE HAPPY TO COME BACK AND TALK WITH YOU ABOUT THE MEDICAID SYSTEM. WE'VE BEEN DOING SOME UPDATES WITH THE

BOARD OVER THE LAST COUPLE YEARS ON THE AFFORDABLE CARE ACT AND THE VARIOUS DIFFERENT ROLES THE COUNTY HAS PLAYED IN THAT. WE WOULD BE HAPPY TO COME AND TALK ABOUT MEDICAID AND THE MENTAL HEALTH SYSTEM AND THE AFFORDABLE CARE ACT IF THAT'S HELPFUL.

Commissioner Shiprack: IT'S ALMOST GROUNDHOG DAY. THIS IS MY FAVORITE METAPHOR FOR THE WAY THE COUNTY DOES OUR BUDGET PROCESS. I THINK THAT KEEPING IN MIND THE PROPORTIONALITY AND THE CONTEXT OF AN UPSTREAM IMAGE, HOW WE CAN BEST HAVE A LASTING IMPACT ON PEOPLE IN OUR COMMUNITY WHO ARE SUFFERING FROM BEHAVIORAL HEALTH RELATED CRISES, IS SORT OF THE GREATER CONTEXT OF THIS PRESENTATION.

Ms. Fuller: ABSOLUTELY.

Mr. Hidalgo: NEAL, YOUR GOING TO WALK FORWARD WITH SOME RECENT ADDITIONS.

Mr. Rotman: MOST RECENTLY WE ADDED AN INTERIM PROGRAM MANAGER FOR THE CRISIS SYSTEM. REALLY WITH THE INCREASED COORDINATION AMONG MULTIPLE SYSTEMS ACROSS THE BEHAVIORAL HEALTH AND PHYSICAL HEALTH SPECTRUM, THERE ARE INCREASED DEMANDS ON THE CRISIS SYSTEM, JOINT STAKEHOLDER GROUPS, TO GATHER DATA AND REPORT RESPONSE. A LEADER WAS NECESSARY TO PROVIDE OVERSIGHT TO THE BEHAVIORAL CRISIS SYSTEM. BEFORE THAT IT WAS PRETTY MUCH ME WHO WAS THE MANAGER OVERSEEING ALL THE CRISIS SYSTEM ALONG WITH THE OTHER COMMUNITY MENTAL HEALTH PROGRAMS. AND THANKS TO UNITY I GET TO GO TO A LOT MORE MEETINGS THAN I USED TO GO TO. I'M SMILING AT CHRIS AS PART OF THAT FTE. WE ALSO GOT SOME STATE GRANTS, ONE OF WHICH ADDED A RESOURCE ROOM AND THE 1.5FTE PEER SPECIALIST, THE URGENT WALK-IN CLINIC. ADD STAFF TO THE PROJECT RESPOND TEAM IF HE FOR HIGH-VOLUME HOURS FROM 4:00 P.M. TO 11:00 P.M.

WE WANTED TO MAKE SURE WE HAD ANOTHER WHOLE TEAM AVAILABLE TO RESPOND ESPECIALLY IF POLICE WERE CALLING AND NEEDED ASSISTANCE. WE ADDED A PEER SPECIALIST TO THIS TEAM. IT'S THE FIRST TIME THE MOBILE OUTREACH TEAM HAS HAD A PEER SPECIALIST. I'LL BE BACK WITH A NOTICE OF INTENT IN A WEEK OR SO WHERE WE WANT TO ADD ANOTHER PEER SPECIALIST TO THAT TEAM OUT OF THAT GRANT. ALSO THE MENTAL HEALTH CALL CENTER, WE'VE ADDED A CASE MANAGER 2 POSITION, MORE FOCUSED ON MEMBERSHIP SERVICES SO. THAT OUR MENTAL HEALTH PROFESSIONAL COUNCILORS CAN FOCUS ON THE CRISIS ISSUES THEY HAVE TO DEAL WITH. WE ALSO RELOCATED TO A NEW FACILITY, COLLOCATED WITH THE HEALTH OPERATIONS TEAM. THIS REALLY IS AN EXCELLENT PIECE.

Mr. Rotman: JUST THE OTHER DAY I HAD AN EXAMPLE WHERE THEY TOLD ME SOMEONE THIS CALLED INTO OUR MENTAL HEALTH CALL CENTER IN CRISIS, AS THEY SORT OF WALKED THROUGH THEY FOUND OUT THERE WERE MEDICAL COMPONENTS. IN REAL TIME THEY WERE ABLE TO CONNECT THAT PERSON TO ONE OF OUR COUNTY CLINICS AND HAVE THE MEDICAL ISSUE ADDRESSED, AS WELL. IT MIGHT HAVE BEEN REALLY THE MEDICAL ISSUE THAT WAS PUSHING THE MENTAL HEALTH CRISIS MORE THAN ACTUALLY THE MENTAL HEALTH CRISIS. THAT WAS A FANTASTIC PIECE, TOO.

Ms. Fuller: I'VE BEEN TALKING TO THE BEHAVIORAL SPECIALISTS THAT WORK IN THE CLINIC SYSTEM AND THEY ARE THRILLED AT THE COLLOCATION OF THE MENTAL HEALTH CALL CENTER WITH THE CALL CENTER WE USE FOR CLINIC APPOINTMENTS. THEY SAY IN REAL TIME THEY ARE HANDING PEOPLE OVER ON THE PHONE TO THE CALL CENTER, WHEN THEY ARE REALIZING THAT THEY ARE CALLING THE APPOINTMENT LINE BUT THEY ARE REALLY EXPERIENCING AN ACUTE CRISIS. THEY ARE SUICIDAL OUR REALLY DEPRESSED AND THEY REALLY NEED TO TALK TO SOMEONE SOONER THAN THEY ARE GOING TO BE ABLE TO GET A MEDICAL APPOINTMENT IN THE CLINIC. IT'S GOES BOTH WAYS, REALLY A GREAT PARTNERSHIP.

Vice-Chair Smith: MADAM CHAIR, I HAVE A QUESTION. THE MOBILE CRISIS, I THOUGHT THAT WAS DONE BY CASCADIA. DO WE CONTRACT OUT THOSE TWO NEW FTES TO CASCADIA?

Mr. Rotman: WE DO.

Vice-Chair Smith: OKAY.

Mr. Hidalgo: AND WE'VE TALKED ABOUT THE GOALS, THE FUNDING AND THE PROGRAMS DIRECTLY WE HAVE A TREAT. WE'RE GOING TO BRING CONTRACTORS TO THE TABLE AND A PEER VOICE TO TALK TO US ABOUT THEIR UNIQUE SPOTS IN THE SYSTEM, THE UNIQUE PROGRAMS THEY PROVIDE. WE WILL HAVE CASCADIA, TELECARE AND UNITY, THE INFORMATION ABOUT THE UPCOMING PROGRAM. WE HAVE JAY AUSLANDER AND DR. JOHN BETLINSKI FROM TELECARE, DR. CHRIS FARENTINOS. WHY DON'T YOU ALL COME UP?

Mr. Auslander: GOOD MORNING, CHAIR KAFOURY, COMMISSIONERS, THANK YOU FOR THE OPPORTUNITY TO SPEAK WITH YOU TODAY. AGAIN, MY NAME IS JAY AUSLANDER, I AM THE SENIOR DIRECTOR OF CASCADIA'S CRISIS SERVICES. NEAL'S PRESENTATION INTRODUCED OUR WALK IN CLINIC, ADULT RESPITE AND PROJECT RESPOND. CASCADIA'S CRISIS SERVICES INCLUDES OR INTENSIVE TRANSITION TEAM WHICH PROVIDES IN-REACH TO PSYCHIATRIC UNITS TO HELP INDIVIDUALS COME BACK INTO THE COMMUNITY, AS WELL AS A SPECIALIZED RESPONSE TEAM CALLED HEALING HURT PEOPLE, THAT PROVIDES SUPPORT TO INDIVIDUALS AND FAMILIES

IMPACTED BY GANG VIOLENCE. I WANT TO SPEAK JUST BRIEFLY ABOUT OUR URGENT WALK-IN CLINIC AND MOBILE CRISIS TEAMS. I AGREE WITH NEAL WHEN HE SAYS THE COMMISSIONERS HAVE BEEN GENEROUS IN SUPPORTING THE CRISIS SYSTEM, SO THANK YOU.

Mr. Auslander: CASCADIA'S URGENT WALK IN CLINIC IS OPEN EVERY DAY OF THE YEAR FOR EVERYONE IN THE COMMUNITY. WE PROVIDE BEHAVIORAL HEALTH ASSESSMENT, COUNSELING, MEDICATION EVALUATIONS BY OUR LICENSED MEDICAL PROVIDERS AND LINKAGE TO COMMUNITY RESOURCES. PEER SUPPORT SERVICES HAVE BECOME THE CRITICAL ELEMENT OF OUR CARE. INDIVIDUALS MAY SPEND TIME IN OUR STANDING STONE RESOURCE ROOM WHERE OUR PEER WELLNESS SPECIALIST PROVIDES A SAFE SPACE TO HELP INDIVIDUAL BUILD SKILL, FIND RESOURCES AND TAKE STEPS. INDIVIDUALS ARE OFFERED ACCESS TO COMPUTERS AND PHONES; A RARITY OF RESOURCES TO HELP THEM IN CONTACTING OTHER COMMUNITY SERVICES. WE HELP INDIVIDUALS AND FAMILIES IN THE MOST RESPECTFUL AND TIMELY WAY POSSIBLE AND EVERY VISITORS IS TREATED AS A UNIQUE INDIVIDUAL WITH THEIR OWN VALUES, BELIEFS, CULTURE AND LIFE EXPERIENCES.

OUR URGENT WALK IN CLINIC IS COLLOCATED WITH OHSU'S URGENT CARE CLINIC WHICH AFFORDS US THE OPPORTUNITY TO PROVIDE ON-SITE COORDINATED BEHAVIORAL HEALTH AND MEDICAL CARE. NEAL WAS TALKING ABOUT THE TWO CALL CENTERS, HAVING THE TWO IN ONE LOCATION HAS BEEN A HUGE BENEFIT. WE WELCOME DIRECT REFERRALS FROM POLICE OFFICERS AS AN ALTERNATIVE TO UNNEEDED HOSPITALIZATIONS. PROJECT RESPOND IS OPEN 24 HOURS A DAY SEVEN DAYS A WEEK, 365 DAYS A DAYS A YEAR, AND AGAIN IS AVAILABLE TO ANY OF US IN THE COMMUNE. ONE OF OUR MAIN GOALS IS TO MINIMIZE THE UNNECESSARY USE OF POLICE AS FIRST RESPONDERS FOR PEOPLE EXPERIENCING BEHAVIORAL HEALTH CRISIS. IT SERVES AS A MOBILE DISPATCH FOR THE MULTNOMAH COUNTY CRISIS LINE. IT'LL OFTEN PROVIDE ONGOING SUPPORT FOLLOWING AN INITIAL CRISIS TO HELP AN INDIVIDUAL AND THEIR SUPPORT NETWORK GATHER RESOURCES TO REGAIN A SENSE OF CONTROL AND STABILITY OVER THEIR LIVES. PEER SUPPORT SERVICES PLAY A SIGNIFICANT ROLE ON OUR MOBILE CRISIS TEAM NOW. EVEN IN CRISIS, AN INDIVIDUAL CAN REMAIN EXPERT ON WHAT IS LIKELY TO BENEFIT THEM.

WE TAKE THE TIME TO UNDERSTAND THEIR UNIQUE CIRCUMSTANCES TO MAXIMIZE THEIR PREFERENCES SO THAT WE MAY EFFECTIVELY ADDRESS ANY SAFETY CONCERNS AND REDUCE THE NEED FOR UNNECESSARY HOSPITALIZATION AND ARRESTS OR ADDITIONAL LAW ENFORCEMENT CONTEXT. OUR CRISIS SYSTEM HAS A COMMITMENT TO PROTECTING THE RIGHTS OF OUR CLIENTS, AMONG THEM THE RIGHT TO CONFIDENTIALITY. WHILE WE SAFEGUARD PROTECTED HEALTH INFORMATION, IN SITUATIONS WHERE A POTENTIAL OF HARM IS PRESENT WE ALSO MUST MAKE SURE

INFORMATION FLOWS TO THE RESPONDERS WHO CAN PROVIDE THE BEST LEVEL OF RESPONSE AND BEST MITIGATE THE RISK WITHOUT CAUSING RETRAUMATIZATION AND/OR HARM.

Mr. Auslander: WE RELY ON PARTNERSHIPS WE HAVE BUILT WITH THE MULTNOMAH COUNTY COMMUNITY HEALTH, CALL CENTER, CRISIS LINE, POLICE, LAW ENFORCEMENT, AND A MULTITUDE OF OTHERS. WE COULD NOT MAKE THE IMPACT WE DO WITHOUT THE SUPPORT OF PORTLAND POLICE IN PARTICULAR AND I BELIEVE THE MOBILE HEALTH UNIT IS AHEAD OF THE CURVE. SPEAKING OF IMAPS, IN 2011 WE COMPLETED WORK ON A THREE-YEAR PERFORMANCE TREATMENT PROJECT WITH THE CENTER FOR LAW. WE LOOKED AT A SAMPLE OF EMERGENCY CALLS INVOLVING PROJECT RESPOND AND PORTLAND POLICE TO BETTER UNDERSTAND THE MUNICIPALITY FACTORS THAT PUT THEM AT RISK CULMINATING IN POLICE INTERVENTIONS. IN THESE OF THESE CASES WE DETERMINED A ROOT CAUSE.

WE TAKE A STEP BACK, EXAMINE WHY THE POLICE CONTACT OCCURRED, ANY RESOURCES OR ACTIONS THAT COULD HAVE BEEN IN PLACE BEFOREHAND AND WE EXPECTED TO FIND, NOT HAVING ACCESS TO THE RIGHT LEVEL OF CARE, THE RIGHT SERVICES AT THE RIGHT TIME, SUCH AS HOUSING, SUPPORT, MOTORCYCLE CARE, INLAYS TREATMENT, SUBSTANCE ABUSE TREATMENT, WE EXPECTED THAT TO BE HIGHLY COORDINATED AND WE DID NOT FIND THAT. IN OUR ANALYSIS WE FOUND THAT SHARING INFORMATION, SOMETHING AS FUNDAMENTAL AS THAT MAY HAVE LEGAL PREVENTED THE POLICE CONTACT IN 78% OF THE CASES WE EXAMINED. PEOPLE ARE CONCERNED BEFOREHAND, SOMEBODY HAD ASKED FOR HELP IN SOME WAY BUT THE VITAL INFORMATION NEVER MADE IT TO THE PEOPLE OR ENTITIES THAT MIGHT HAVE MITIGATED THE NEED FOR A POLICE INTERINVESTIGATION. TO ANSWER YOUR QUESTION, COMMISSIONER BAILEY, ABOUT SUCCESS, USED TO BE LESS THAN 50 HAD HEALTH INSURANCE, AND IN THE PAST YEAR IT'S GONE ABOUT 50%. SO THAT'S A PLUS. THANK YOU FOR THE OPPORTUNITY TO SPEAK WITH YOU.

Vice-Chair Smith: WHERE IS YOUR WALK-IN CLINIC?

Mr. Auslander: 4212 SOUTHEAST DIVISION, SOUTHEAST 43RD AND DIVISION.

Vice-Chair Smith: PEOPLE CAN WALK-IN FROM 10:00 A.M. TO --

Mr. Auslander: 7 A.M. TO 10:30 PM EVERY DAY OF THE YEAR.

Vice-Chair Smith: HOW DO PEOPLE KNOW ABOUT THIS? HOW DO YOU GET YOUR REFERRALS?

Mr. Auslander: WE SPEND A LOT OF TIME EDUCATING EVERYONE WHO WILL LISTEN. THE PORTLAND POLICE HAVE BEEN KIND ENOUGH TO AT THE END OF

ALL THEIR ALERTS THEY LIST THE NATIONAL SUICIDE HOT LINE, LINES FOR LIFE AND THE WALK-IN CLINIC INFORMATION. WE REALLY JUST TRY TO MAKE SURE EVERYONE KNOWS ABOUT IT. WE SPEND A LOT OF TIME TALKING ABOUT THE CRISIS LINE AND THAT REALLY IS A NUMBER THAT ANYONE IN THE COMMUNITY CAN CALL AND THEY CAN HELP GET YOU TO THE RIGHT PLACE.

Vice-Chair Smith: THANK YOU.

Chair Kafoury: ANY OTHER QUESTIONS? THANKS. WHO'S NEXT?

Dr. Farentinos: GOOD MORNING. CHAIR KAFOURY, COMMISSIONERS, MY NAME IS CHRIS FARENTINOS, NOW VICE PRESIDENT FOR UNITY CENTER. I'M HERE TO TALK ABOUT UNITY. AS ALL OF YOU ALREADY KNOW THIS UNPRECEDENTED COLLABORATION BETWEEN FOUR HEALTH SYSTEMS COMING TOGETHER, LEGACY, OHSU, KAISER AND ADVENTIST TOWARDS A BETTER MORE COORDINATED RESPONSE TO THE CRISIS THAT HAPPENS TODAY IN OUR HOSPITAL HE IS A OUR E. D.S. BY THE WAY, I THINK I CAME WITH A HOPEFUL MESSAGE BUT ALSO WITH A REALITY CHECK. WHEN WE LOOK AT THE NUMBERS, OUR HOSPITALS COMBINED SERVE IN OUR EDS TODAY PER YEAR ABOUT 17,000 BEHAVIORAL HEALTH PATIENTS PER YEAR. WHICH IS A HUGE NUMBER COMPARED TO THE NUMBERS THAT WE LOOK AT HERE. IN REALITY, THE EMERGENCY DEPARTMENTS ARE PROBABLY THE BIGGEST SAFETY NET FOR MENTAL HEALTH IN MULTNOMAH COUNTY. NOTWITHSTANDING THE AMAZING JOB THAT ALL OF THESE OTHER SERVICES ARE DOING, WE'RE STILL HAVING A LOT OF INDIVIDUALS THAT ARE TAKEN TO THE HOSPITAL OR TO JAIL AS WE KNOW SO WELL. UNITY COMES AS A RESPONSE TO THAT ED CROWDING. THIS MORNING I OPENED MY EMAIL, 32 PATIENTS IN THE FIVE HOSPITALS OF LEGACY WAITING FOR BEDS. THAT'S THE KIND OF STUFF WE'RE DEALING WITH.

UNITY WILL HAVE AN INPATIENT COMPONENT WITH BEDS TO CHILDREN AND ADULTS. THE PSYCHIATRIC EMERGENCY SERVICE IS REALLY WHAT WE'RE TALKING ABOUT TODAY HERE. IT'S A BETTER MODEL TO TREAT INDIVIDUALS PRESENTING WITH BEHAVIORAL HEALTH ENJOYS. IT'S A MODEL WHERE YOU HAVE THE RIGHT PROFESSIONALS AT THE RIGHT TIME TO SERVE A PERSON IN AN EMERGENCY IN A CRISIS. IT'S AN OBSERVATION MODEL, A MODEL THAT PEOPLE CAN STAY UNDER OBSERVATION UP TO 23 HOURS. AND THEN HAVE A DECISION MADE AT THAT POINT WHETHER THAT PERSON NEEDS AN INPATIENT HOSPITALIZATION OR CAN BE DISCHARGED BACK TO THE COMMUNITY. I THINK ANOTHER INNOVATION IN WHAT WE'RE DOING IS THIS COLLOCATION WITH COMMUNITY-BASED ORGANIZATIONS AND NAVIGATORS THAT WILL HELP CREATE A BETTER TRANSITION OF CARE. WE HAVE A TRANSITION OF CARE WORKGROUP, WE HAVE DONE IMPROVEMENT PLANS AND EVENTS WITHIN THE COMMUNITY. WE'RE NOW TRANSFORMING IT INTO A MONTHLY MEETING. WE'RE INVITING ALL OF THE SERVICES THAT YOU HEARD. WE'VE BEEN AT THE TABLE ALREADY FOR TWO YEARS, BUT WE'RE GOING

INCREASE THAT EVERY MONTH TO FIGURE OUT HOW ARE WE GOING WORK TOGETHER, WHO IS GOING TO SIT AT THE TABLE, WHERE AND WHAT TO DO WHAT.

Dr. Farentinos: WE ALSO HOPE TO HAVE COLLOCATION OF TRANSITION SERVICES AND PEER SERVICES AT UNITY. I THINK IF I AM TO SPEAK ABOUT ONE OF THE GAPS IN OUR SYSTEM, IT'S THE INDIVIDUALS WHO CAN ACTUALLY HELP PATIENTS TRANSITION FROM ONE LEVEL OF CARE TO THE NEXT. A LOT OF THE INDIVIDUALS THAT WE TREAT, THEY ARE VERY VULNERABLE. THEY ARE IN ONE OF THE MOST VULNERABLE TIMES IN THEIR LIVES. AND HAVING PEER SUPPORT SERVICES, IN ADDITION TO THE MENTAL HEALTH PROVIDERS THAT ARE HELPING, IT'S FUNDAMENTAL TO HELP THESE INDIVIDUALS MAKE IT TO THE NEXT LEVEL OF CARE. IF THERE'S A GAP, IN ADDITION TO ALL OF THE GAPS SPOKEN TO, I THINK ONE OF THE ONES THAT CAME OUT SOME OF THE EVENTS WE DID, PROCESS IMPROVEMENT EVENTS DURING THE COMMUNITY, WAS THE NEED TO COMMUNITY SERVICES. WE WILL BE HAVING A GREAT TIME SAVING AND COORDINATING SAVING FOR COURT COMMITMENT COUNSELORS.

AND SPEAKING OF INFORMATION, ONE OF THE THINGS THAT WE'RE PUSHING QUITE A BIT IN THE UNIT WORK IS CREATING A PORTAL OF INFORMATION FOR ALL STAKEHOLDERS OUT IN THE COMMUNITY THAT CAN TOTALLY ACCESS OUR MEDICAL RECORDS MANY THAT'S CALLED EPIC CARE LINK. THEY CAN SORT OF KIND OF TALK TO EACH OTHER. BUT COMMUNITY-BASED ORGANIZATIONS UP UNTIL RECENTLY DID NOT HAVE A LOOK INTO WHAT HAPPENS IN THE HOSPITAL. AND BY DOING THAT, CREATING THAT FREE CONNECTIVITY WITH ALL OF OUR PARTNERS IN THE COMMUNITY, WE EXPECT THAT A LOT OF THE COMMUNICATION WILL BE RESOLVED. IT WON'T RESOLVE ALL OF IT, BUT IT'LL RESOLVE A PART OF IT. ALSO I WOULD LIKE TO EMPHASIZE THAT THE OPPORTUNITY THAT WE HAVE WITH UNITY IS TO, LIKE JOANNE FULLER SAID, IS TO HAVE THE AMOUNT OF DATA TO OBSERVE WHAT THAT RIPPLE EFFECT WILL BE. I THINK ALL OF THE OTHER SERVICES ARE FUNDAMENTAL. THEY EXIST TODAY. I THINK WHAT UNITY BRINGS TO THE TABLE IS A MUCH BETTER CARE FOR BEHAVIOR HEALTH EMERGENCIES. ALSO AN OPPORTUNITY TO DIVERT FROM A VERY EXPENSIVE IN-PATIENT HOSPITALIZATION. INDIVIDUALS WHO COULD DO WELL IN AN OBSERVATION MODEL COULD TO A LOWER LEVEL OF CARE TO RESPITE OR BACK TO HOMES OR SHELTERS OR HOUSING. THAT'S ANOTHER STORY. SO ANYWAY, WE'RE PLANNING TO OPEN AT THE END OF THIS YEAR. WE HOPE TO SERVE THE COMMUNITY AND CONTINUE TO COLLABORATE WITH ALL OF THESE PARTNERS OF THE WAY WE HAVEN'T. ALL OF US SITTING AT DIFFERENT TABLES TOGETHER NOW WEEK BY WEEK COORDINATING OUR SERVICES.

Vice-Chair Smith: I LIKED IDEA OF BRINGING COMMUNITY BASED FOR NATION ONLINE IN TERMS OF HIPAA, WHO HAS ACCESS TO FOLKS' MEDICAL INFORMATION AND HOW THAT IS GOING TO WORK.

Dr. Farentinos: YEAH, ABSOLUTELY. THE SYSTEM THAT WE HAVE IN PLACE, IT'S VERY PROTECTED, PROTOCOL TO ACTUALLY ALLOW A COMMUNITY-BASED ORGANIZATION TO HAVE ACCESS TO RECORDS. THEY HAVE TO HAVE A HIPAA COMPLIANCE OFFICER, THEY HAVE TO COMPLY WITH THE HIPAA RULES AND REGULATIONS. THE PERSON ON THE OTHER SIDE HAS TO HAVE ENOUGH INFORMATION ABOUT WHO THEY ARE TRYING TO VISUAL LIES THE RECORD TO BE ABLE TO ACCESS. THERE ARE SEVERAL LAYERS OF PROTECTION THAT OR HOSPICE HAS BEEN PUT IN PLACE. THIS IS FOR CASCADIA, FOR INSTANCE, THE INTENSIVE TRANSITION TEAM THAT JAY WAS TALKING ABOUT. THE INTENSIVE TRANSITION TEAM, THEY HAVE PERMISSION, THEY ARE WORKING WITH INDIVIDUALS TRANSITIONING OUT OF LEGACY BACK TO COMMUNITY. THE INTENSIVE TEAM HAS PERMISSION TO LOOK AT THE RECORD ALREADY SEEING THAT PERSON. THEY HAVE TO HAVE PASSED THRESHOLD OF SECURITY PASSWORD PROTECTED, SEVERAL DIFFERENT INSTANCE TO BE ABLE TO SEE THAT.

Mr. McChesney: CHAIR KAFOURY, COMMISSIONERS, THANK YOU FOR LISTENING TO US TODAY. MY NAME IS KEVIN MCCHESENEY, I'M THE REGIONAL OPERATIONS DIRECTOR FOR TELECARE. IN FRONT OF YOU YOU'VE GOT A REPORT FOR BOTH THE CRISIS ASSESSMENT AND TREATMENT CENTER, THE CATC, AND ALSO WHAT WE NOW CALL THE, NOT THE COMMUNITY PILOT, MAINLY BECAUSE THERE TURNED OUT TO BE SOME ISSUES REFERRING TO IT AS JUSTICE TRIAGE, SIMPLY BECAUSE PEOPLE HAD A BAD REFERENCE TO JUSTICE. SO WE CHANGED THE NAME TO COMMUNITY TO MAKE IT MORE WELCOMING AND OPEN FOR PEOPLE. SO I WON'T GO THROUGH THOSE REPORTS IN DETAIL. I DO WANT TO GIVE YOU SOME HIGHLIGHTS. SO FOR THE CRISIS ASSESSMENT AND TREATMENT CENTER, SINCE IT OPENED IN JUNE OF 2011, WE HAVE SERVED JUST OVER 1,700 UNIQUE INDIVIDUALS. THOSE INDIVIDUALS HAVE HAD JUST ABOUT 2,700 ADMISSIONS DURING THAT TIMEFRAME. I'M PROUD TO SAY THAT DURING THAT TIME WE HAVE DONE NO SECLUSIONS OR RESTRAINS. IN TERMS OF REFERRALS, 68% OF REFERRALS COME FROM EMERGENCY DEPARTMENTS.

I WOULD EXPECT THIS UNITY COMMUNICATION ONLINE THEY WILL PICK UP A HUGE PART OF THAT, AND THE EMERGENCY DEPARTMENT PERCENTAGE WILL DROP A LIKE AMOUNT. 21% COME FROM COMMUNITY SOURCES. EARLIER ON IN THE HISTORY OF THE CATC, THAT WAS MORE LIKE 15%. I THINK THAT'S GREAT THAT WE'RE ACTUALLY CAPTURING MORE PEOPLE COMING FROM COMMUNITY SETTINGS, OR OUT-PATIENT CLINICS OR FROM PROJECT RESPOND. SO THEY ARE NOT EVEN GETTING TO THE EMERGENCY DEPARTMENT, I THINK THAT'S ALWAYS A GOOD THING. IN TERMS OF DISCHARGES, 63% GO BACK TO A HOME, FAMILY OR FRIENDS. ONLY 14% GO TO A HIGHER LEVEL OF CARE. SO THOSE ARE PEOPLE EITHER PSYCHIATRICALY OR TOO PSYCHIATRICALY OR MEDICALLY ACUTE FOR US TO MAINTAIN AT A SUBACUTE LEVEL OF CARE. UNFORTUNATELY 14% OF THE

PEOPLE WE DISCHARGE ARE STILL GOING TO SHELTERS. I THINK THAT HIGHLIGHTS THE HOUSING SHORTAGE THAT WE HAVE IN THE METROPOLITAN AREA.

Mr. McChesney: SOME OF THE THEMES FROM THE REPORT, RECOVERY COMES UP A LOT IN TERMS OF THE COMMENTS FROM THE PEOPLE THAT WE SERVE. SO IT'S REALLY CLEAR, WE REALLY TRY AND TAKE AN INDIVIDUALIZED APPROACH THAT UTILIZES AN INTERDISCIPLINARY TEAM THAT INCLUDES A PSYCHIATRIST, INCLUDES AN R.N. BUT WE'RE REALLY FOCUSING ON THAT INDIVIDUAL'S UNIQUE NEEDS AND SITUATION. AND SORT OF LETTING THEM TELL US WHAT THEY NEED. I THINK THE OTHER REALLY IMPORTANT THING I'VE HEARD A NUMBER OF TIMES TODAY, PEERS MAKE A HUGE DIFFERENCE. WE HAVE TWO ON EACH SHIFT A. LOT OF COMMENTS YOU SEE IN THAT REPORT ARE ABOUT HOW THE PEERS REALLY CONNECTED WITH INDIVIDUALS. I THINK THERE'S ONE PERSON QUOTED IN THERE WHO WANTED US TO GIVE FOUR OF THEM RAISES. THEY REALLY VALUE THAT CONTRIBUTION FROM PEOPLE WHO HAVE A SIMILAR EXPERIENCE TO THEIRS. AND THEN I THINK THE OTHER KEY THING IS THAT THE SPACE ITSELF IS VERY WELCOMING AND COMFORTABLE AND THAT IT HELPS CREATE A MILIEU FOR THE PEOPLE THAT WE SERVE THERE, THAT THEY FIND VERY COMFORTABLE AND A NICE PLACE TO START ON THE ROAD TO THEIR RECOVERY.

I DID WANT TO MENTION, TOO, WE'RE ADDING SOME NEW SERVICES BEGINNING THIS MONTH. WE'VE CREATED A SERIES OF CO-OCCURRING EDUCATION GROUPS. THEY ARE EDUCATION RELATED, NOT TREATMENT RELATED. BUT THERE ARE 16 UNIQUE LEARNING SESSIONS. WE DEPARTMENT OF HAVE A LENGTH OF STAY LONG ENOUGH FOR MOST PEOPLE TO COMPLETE ALL 16 SESSIONS. THEY EACH STAND ALONE AND WE HAVE A DIFFERENT TOPIC. WE THINK THAT'S GOING RAISE THE LEVEL OF CONVERSATION AROUND SUBSTANCE USE ISSUES. IN ADDITION TO THAT OR AS PART OF THAT, WE'RE ALSO IMPLEMENTING WHAT'S CALLED AN EXPERT EVALUATION OR A SCREENING BRIEF INTERVENTION REFERRAL TO TREATMENT. IT'S AN INTERNATIONALLY RECOGNIZED EVIDENCE-BASED PRACTICE. AND WHAT IT REALLY DOES IS IT SCREENS PEOPLE FOR DRUG AND ALCOHOL USE. AND THEN PROVIDES A BRIEF INTERVENTION TO TRY AND INCREASE ENGAGEMENT AND MAYBE GET THEM TO START WORKING ON SOME OF THEIR SUBSTANCE USE ISSUES. WE'RE DOING THAT AT ADMISSION FOR EVERY INDIVIDUAL AND AGAIN AT DISCHARGE.

IN TERMS OF THE COMMUNITY TRIAGE, THAT'S OPEN 24 HOURS A DAY BUT ONLY FOUR DAYS A WEEK. SO MONDAY THROUGH THURSDAY, CLOSING AT 6:00 A.M. ON FRIDAY. WE PICKED THOSE DAYS BECAUSE WHAT WE REALLY FOUND OUT IS WE GOT THE MOST REFERRALS OCCURRING WEEKDAYS AND NOT ON THE WEEKENDS. WE HAVE SERVED 196 PEOPLE THERE SINCE SEPTEMBER OF 2014. A LITTLE OVER 56% REFERRALS COME FROM THE MULTNOMAH COUNTY DETENTION CENTER. THERE WAS A RECENT INCREASE

IN THAT IN DECEMBER. THERE WAS A NEW SUPERVISOR THERE AND WE DID SOME OUTREACH BOTH TO THEM AND TO PAROLE AND PROBATION. THERE WAS SUDDENLY A SPIKE IN REFERRALS WHICH WE REALLY ENJOYED. 33% ARE REFERRED FROM THE MENTALLY ILL OFFENDERS UNIT FROM PAROLE AND PROBATION.

Mr. McChesney: IN TERMS OF SERVICES PROVIDED, 67.8 RECEIVE ASSISTANCE OR COMMUNITY REFERRALS. SO A BROAD RANGE OF SERVICES FROM FOOD TO CLOTHES TO HELP WITH GETTING IDENTIFICATIONS, SOCIAL SECURITY NUMBERS, BUT THEN THERE'S ALSO REFERRALS TOO FOR AFTER-CARE SERVICES, LINKAGES TO OUTPATIENT PROVIDERS, SUBSTANCE USE SERVICES, JUST A BROAD RANGE OF SERVICES IN THE COMMUNITY. 26.5 OF THE PEOPLE WERE ADMITTED TO ONE OF THE TWO DEDICATED BEDS FOR THE COMMUNITY TRIAGE PROGRAM IN THE CATC. AND ONLY 3.5% ARE REFERRED TO E. D.S FOR CRICK OR EMERGENCY MEDICAL SERVICES. THE THEMES HERE, NEARLY EVERYBODY WE SEE GETS A MENTAL HEALTH ASSESSMENT, AND A MEDICAL SCREENING WITHIN ONE HOUR OF ARRIVING AT THE COMMUNITY TRIAGE PROGRAM. IT'S REALLY SEEN BY A LOT OF THE PEOPLE AS A PLACE OF REFUGE.

THERE'S A BUNCH OF RECLINERS THERE, THEY CAN SIT AND RELAX WITH SOME FOOD, HAVE PEOPLE TO TALK TO WHILE WE START TO MAKE ARRANGEMENTS FOR THEM TO BE REFERRED ELSEWHERE. THE OTHER THING I WANTED TO ADD IS I THINK THE LIMITED HOURS OF OPERATION DO IMPACT THE NUMBER OF PEOPLE THAT WE CAN SERVE. IF WE COULD JUST OPERATE FIVE DAYS A WEEK THAT WOULD REALLY INCREASE THE NUMBER OF PEOPLE, GET US TO 6:00 A.M. ON SATURDAY, AND WOULD CAPTURE THOSE PEOPLE THAT NEED SERVICES ON FRIDAY, AS WELL. WE HAVE TO CUT OFF REFERRALS EARLIER SO THAT PEOPLE WHO DO COME IN, TO BE ABLE TO SUCCESSFULLY MOVE THEM ON WHEN WE CLOSE AT THAT 6:00 A.M. TIME.

Commissioner Shiprack: SO WHILE YOU'RE TALKING ABOUT A EMERGENCY RELATED ISSUE FOR US, LIKE BEING OPEN AN ADDITIONAL DAY, IS ANY PART OF YOUR SERVICE REIMBURSABLE BY MEDICAID?

Mr. McChesney: A LIMITED AMOUNT OF IT IS. I MEAN, TO THE EXTENT THAT THERE'S A THIRD-PARTY PAIR INVOLVED WE CAN TRY AND SEEK REIMBURSEMENT FROM A THIRD-PARTY PAYER.

Commissioner Shiprack: THAT WOULD MEAN THAT A PERSON PRESENTING THEMSELVES SAY TO THE COMMUNITY TRIAGE PROGRAM WAS COVERED BY THE OREGON HEALTH PLAN COVERAGE?

Mr. McChesney: YES. WE SHOULD BE ABLE TO BILL FOR THOSE SERVICES.

Commissioner Shiprack: AND I DON'T MEAN TO LEAD YOU DOWN THE LINE OF MY CONJECTURE, THERE'S A QUESTION IN HERE SOMEWHERE WHICH HAS TO DO WITH, DO YOU SEE AN INCREASE OF PEOPLE PRESENTING THEMSELVES TO YOUR PROGRAM WHO HAVE BEEN SIGNED UP OR WHO HAVE SIGNED UP FOR HEALTH CARE?

Mr. McChesney: I DON'T HAVE THOSE NUMBERS SPECIFICALLY FOR THE COMMUNITY TRIAGE. BUT FOR THE CATC, WE NOTICED A DROP FROM SOMEWHERE IN THE 40 TO 50% RANGE FOR PEOPLE WHO DID NOT HAVE COVERAGE TO SOMETHING LIKE 20 TO 30% AFTER THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT CARE ACT. I WOULD EXPECT A SIMILAR SORT OF MIX AT THE COMMUNITY TRIAGE.

Commissioner Shiprack: THE CONCLUSION THAT I'M DRIVING AT HERE, OPENING UP FOR AN ADDITIONAL DAY NOW WITH ADDITIONAL COVERAGE TO THOSE WHO PRESENT THEMSELVES IS GOING TO GO COMPANY'S, SHOULD WE SEE THAT A WISE INVESTMENT OF OUR PRECIOUS AND LIMITED RESOURCES WOULD COST US ABOUT 50% LESS IF WE REDUCED FROM 50% WITHOUT COVERAGE TO 30% WITHOUT COVERAGE, 50% LESS BECAUSE THAT IS BEING NOW COVERED BY OUR PARTNERSHIP WITH MEDICAID.

Mr. McChesney: AGAIN, I DON'T HAVE THE NUMBERS IN FRONT OF ME IN TERMS OF WHAT SORT OF COVERAGE PEOPLE DO HAVE. BUT IT WOULD DEPEND ON THEIR COVERAGE I THINK IS THE SHORT ANSWER. SOME INSURANCES MAY NOT COVER THAT SERVICE. SO WE'D REALLY HAVE TO LOOK INTO THAT MORE. BUT I THINK THERE IS DEFINITELY THE POTENTIAL TO GET SOME THIRD-PARTY REIMBURSEMENT THAT WOULD HELP OFFSET SOME OF THE GENERAL FUND COSTS.

Commissioner Shiprack: I'M JUST SUGGESTING IT WOULD BE A GOOD PART OF YOUR ADVOCACY WITH THE GROUP THAT YOUR SPEAKING IN FRONT OF TODAY, THAT ANY INCREASE WOULD, IN TIME, THE BURDEN WOULD BE SHOULDERED SOMEONE BY MEDICAID.

Mr. McChesney: IT IS DULY NOTED.

Commissioner Shiprack: A WORD TO THE WISE.

Vice-Chair Smith: YOU DON'T TRIAGE ON THAT DAY BUT YOU'RE OPEN UPSTAIRS BUT YOU'RE JUST NOT TRIAGING DOWNSTAIRS. YOU'RE OPEN BECAUSE PEOPLE ARE LIVING THERE. CAN YOU MAKE THAT DISTINCTION? I THINK PEOPLE HAVE THE WRONG IDEA. IT'S OPEN, YOU'RE UP FOR BUSINESS BUT NOT TAKING ANY NEW FOLKS IN ON THAT PARTICULAR DAY THAT YOU --

Mr. McChesney: THE CATC IS STILL OPEN FOR BUSINESS WITH NORMAL REFERRAL SERVICES 24 HOURS, SEVEN DAYS A WEEK. IT'S JUST THAT COMMUNITY TRIAGE THAT IS NOT AVAILABLE DURING THAT TIME FRAME.

Vice-Chair Smith: AND PEOPLE ARE LIVING THERE 30 DAYS OUT OF THE MONTH. SO WHAT I HEARD YOU SAY IS BASICALLY THE MAJORITY OF THE FOLKS WHO GO THERE HAVE PRIVATE INSURANCE, TO THE CATC?

Mr. McChesney: AGAIN, I DON'T HAVE THE NUMBERS IN FRONT OF ME, ABOUT 80% OF THEM. BECAUSE ONE OF THE THINGS THAT OF COURSE PUTS PEOPLE IN CRISIS IS LACK OF RESOURCES. AND IF THEY ARE HOMELESS THEY MAY NOT HAVE APPLIED FOR INSURANCE. WE STILL SEE A FAIRLY SIGNIFICANT NUMBER OF UNINSURED PEOPLE AT THE CATC.

Vice-Chair Smith: BUT FOR THE MOST PART 80% OF THE FOLKS ARE PRIVATELY INSURED?

Mr. McChesney: YES.

Chair Kafoury: OKAY. DID YOU GET THAT CORRECT, 80% ARE PRIVATELY INSURED?

Mr. McChesney: I'M SORRY. THEY ARE REALLY PUBLICLY INSURED.

Chair Kafoury: I WANTED TO CLARIFY THAT.

Mr. McChesney: WE SHOULD DIFFERENTIATE THAT. THEY ARE MEDICAID COVERAGE, NOT PRIVATE INSURANCE.

Vice-Chair Smith: THANK YOU FOR CLARIFYING THAT.

Dr. Farentinos: I WANT TO GIVE TELECARE KUDOS FOR THE MODEL THEY HAVE CREATED, IT'S VERY TRAUMA INFORMED. TO THE EXTENT THAT UNITY DECIDED TO CONTRACT CAN TELECARE AND THE FOR EX FOR CATC TO TRAIN OUR STAFF ON THE MODEL THEY DELIVER CARE IN A VERY TRAUMA INFORMED WAY, I WANTED TO SAY KUDOS TO THEM.

Mr. Hidalgo: I WOULD LIKE TO SAY THANK YOU TO ALL OF OUR PARTNER PROVIDERS TO CONTINUING TO DO A GREAT JOB SERVING OUR COMMUNITY AND YOUR TIME TODAY. AND WE WOULD LIKE TO MOVE FORWARD TO ONE OF OUR NEXT GROUP OF COMMUNITY EXPERTS, AND THOSE ARE OUR PEER VOICES AND CONSUMER ADVOCATES. AND I WOULD LIKE TO INTRODUCE ANN KASPER, WHO I'VE HAD THE OPPORTUNITY AND ENJOYMENT TO WORK WITH FOR, BOY, THE LAST DECADE I THINK, ANN, IN A VARIETY OF DIFFERENT ADVOCACY ROLES SHE'S PLACE SUPPORTING OUR WORK HERE AT THE

COUNTY. SHE'S BROUGHT A COUPLE OF GUESTS, ARLENE AND LAQUISHA. TAKE IT AWAY, PLEASE.

Ms. Kasper: THANK YOU, CHAIR KAFOURY, COMMISSIONER BAILEY, COMMISSIONER SMITH AND COMMISSIONER SHIPRACK FOR HAVING ME SPEAK TODAY. I THINK THIS IS THE FIRST TIME AN INDEPENDENT PEER HAS BEEN INVITED TO SPEAK AT A MENTAL HEALTH BRIEFING AND IT'S TRULY A PRIVILEGE. IT'S ALSO VERY DIFFICULT. I THINK THE LAST NUMBERS I HEARD FROM A PEER WHO LOOKED IT UP, THERE ARE 160,000 PEOPLE BASICALLY TAKEN CARE OF BY MULTNOMAH COUNTY. I'M ONLY ONE PERSON HE AND I CANNOT SPEAK FOR EVERYBODY. I EMAILED ABOUT 700 PEOPLE AND WE HAVE SOME PEOPLE HERE TODAY FROM THE CITY OF PORTLAND, THE POLICE, AND A LOT OF PEERS. CAN YOU GUYS STAND UP, WHO CAME TODAY? THANK YOU VERY MUCH, THANK YOU FOR COMING. IT TAKES A TEAM TO DO THIS ALL TOGETHER. THE LATEST DISEASE DIAGNOSIS I GOT LAST TIME I WAS IN THE HOSPITAL IN GOOD SAM WAS SOMETHING I THINK WE ALL CAN BE DIAGNOSED WITH, EXACERBATED DISCUSSION. IN THE NEXT THREE MINUTES I WILL SHARE THREE REQUESTS, TALK ABOUT SUCCESSES IN THE MULTNOMAH COUNTY EMERGENCY SYSTEM, AND I PLAN TO HAVE YOU PARTICIPATE IN AN EXERCISE.

Ms. Kasper: THESE THREE REQUESTS ARE COMING FROM ME BECAUSE NO ONE WROTE TO ME ABOUT WHAT THEY WANTED TO SAY ABOUT THE COUNTY SYSTEM. THIS IS COMING FROM ME. IT'S ABOUT PREVENTATIVE CARE. NUMBER ONE, CREATE A MULTNOMAH COUNTY DEPARTMENT OF PEER EMPOWERMENT WITH FOUR FULL-TIME EMPLOYEES BASED ON THE MODEL WHERE THEY HIRE SIX FULL-TIME PIERCE MANY PART-TIMERS. I WAS JUST THERE TWO WEEKS AGO, I PAID MY OWN WAY DO UNTO LOOK INTO THE UNITY MODELS DOWN THERE. THE MODEL IS ALAMEDA COUNTY IS GREAT. WE CAN HAVE A PEER LEADERSHIP ACADEMY SO WE CAN GET NEW PEER LEADERS EDUCATED AND SUPPORTED AND TRAINED TO MANAGERIAL LEVELS IN THE COMMUNITIES. SOMEBODY SAID IN THEIR CAMPAIGN LITERATURE THAT WE SHOULD BE GETTING \$15 AN HOUR, AND SO SHOULD PEERS. RIGHT NOW HEALTH DEPARTMENT IS CREATING MANY JOBS FOR COMMUNITY HEALTH WORKERS. AND SO A COUPLE OF YEARS AGO I WAS INVITED BY A COUNSELOR IN THE JAIL SYSTEM TO BE A PEER SUPPORT SPECIALIST IN THE JAIL SYSTEM. IT WAS A VERY IMPORTANT TIME. I WORKED WITH JOANNE FULLER AND COMMISSIONER SHIPRACK FOR SEVEN YEARS ON THE LPSCC COMMITTEE. WE MADE A POSITION FOR PEER SUPPORT SPECIALISTS. WE ASKED LPSCC TO HELP WITH THEM. UNFORTUNATELY, ACCORDING TO MULTNOMAH COUNTY'S NANCY GRIFFITH IN THE CORRECTIONS SYSTEM, THERE ARE NOW COMMUNITY HEALTH WORKERS HIRED AS PEER SUPPORT SPECIALISTS, I CAN'T WORK THERE. I WOULD LIKE TO ASK YOU TO THINK ABOUT MAKING AREAS FOR PEER SUPPORT SPECIALISTS.

WE NEED INTERNSHIPS FOR PEER SUPPORT SPECIALISTS. MULTNOMAH COUNTY PAYS FOR 40 PEOPLE TO BE TRAINED A YEAR, THANK YOU VERY MUCH FOR THAT. HOWEVER, THEY NEED EXPERIENCE TO DO THAT. NUMBER TWO, INDEPENDENT DATABASE FOR MENTAL HEALTH CRISIS PLANS, NOT TIED TO CLINICS, HOSPITALS, INSURANCE OR GOVERNMENT AGENCIES. PEER CONSIST SHARE WITH THESE SYSTEMS WHEN THEY CHOOSE TO. THIS IS CRISIS PATIENTS TELLING US WHAT KIND OF PATIENT, WHERE THEY WANT TO GO, THINGS LIKE THAT. COMMISSIONER SMITH, YOU TALKED ABOUT PROMOTING TECH COMPANIES; THIS WOULD BE A GREAT PROJECT TO WORK ON OPEN-SOURCE NETWORKING, BECAUSE THAT WOULD BE AFFORDABLE.

Ms. Kasper: NUMBER THREE, ALTERNATIVE CARE SUCH AS ACUPUNCTURE, SPIRITUALITY, DIET, ART, MUSIC, DANCING BECAUSE THAT REALLY HELPED ME, AS COMMISSIONER SHIPRACK KNOWS. WHY AM I SPEAKING UP HERE? WHY DID THEY ASK ME BESIDES I BOTHER ALL THESE PEOPLE ALL THE TIME, RIGHT, DAVID? I RECEIVE CARE AT A MENTAL HEALTH PUBLIC AGENCY. THE LAST SEVEN TIMES IN THE HOSPITAL HAS BEEN BECAUSE OF COMING OFF MEDICATIONS. WE NEED TO STUDY THAT A LITTLE BIT MORE, THAT'S UNDER PROFESSIONAL CARE. I'VE BEEN BROUGHT TO HOSPITAL IT IS BY POLICE IN HANDCUFFS. I WAS BROUGHT BY AMBULANCE AND CHARGED THOUSANDS EACH TIME. I WAS RESTRAINED AND BROUGHT BY FAMILY AND FRIENDS BECAUSE, UNFORTUNATELY, I WOULDN'T GO WILLINGLY. I WAS DRIVEN BY SECURE TRANSPORT TO CASCADIA WALK-IN CLINIC AND THEY HAD REALLY BAD COUNTRY MUSIC PLAYING. I'M SO HAPPY THAT YOU HAVE PEERS THERE. WHEN I WENT THERE, THERE WERE NO PEERS AND I WALKED OUT. I HAVE BEEN TAKEN TO THE COURTHOUSE IN THE SHERIFF'S CAR AND HANDCUFFED TO MY COMMITMENT HEARING. THANK YOU, CHRIS FARENTINOS, YOU'RE GOING TO SOLVE THAT PROBLEM. I'VE BEEN A FREQUENT FLYER AND I'VE LOST MY CIVIL RIGHTS SIX TIMES. SO I HAVE A STORY, WE DON'T HAVE TIME TODAY. BUT BENJAMIN HAILE, MY LAWYER AND I WHO APPEALED THE COMMITMENT GOT THE APPEAL JUST QUICKLY, IT CAME OUT IN MY NAME OF IF YOU LOOK UNDER ANN KASPER, STATE OF OREGON, IT COMES UP, MY WHOLE CASE. SO BENJAMIN AND I GOT IT, SO WHEN YOU RELEASE LETTERS IT'S ONLY BY INITIALS. IT'S REALLY HARD TO DATE WHEN PEOPLE ARE LOOKING YOU UP AND SEEING THAT YOU'VE BEEN COMMITTED.

MY LIFE ISN'T ALL THAT BAD. I HAVE A MASTERS IN LINGUISTICS, AND A BACHELORS IN INTERNATIONAL ECONOMICS. I SPEAK FRENCH, GERMAN, JAPANESE AND SOME ITALIAN NOW, AND I HAVE A FOUR-BEDROOM HOUSE, BEEN TO 17 COUNTRIES, WORKED IMPORT, EXPORT WITH SAM DADO, AND MOST IMPORTANTLY, I'VE BECOME A REALLY BAD BELLY DANCER. WHAT HAS HELPED ME FROM BEING A FREQUENT FLYER IN THE SYSTEM RIGHT NOW? IT'S BEEN PEER SUPPORT AND HAVING A PURPOSE. IF I HAVE A PURPOSE THEN I DON'T NEED ALL THESE EMERGENCY THINGS. WHAT IS PEER SUPPORT? MEETING THE PERSON EXACTLY WHERE THEY ARE AT, NO JUDGMENT. IF THEY ARE HEARING VOICES, THAT'S OKAY. THIS IS VERY

DIFFERENT WAYS OF THINKING. WE DON'T ATTACH TO OUTCOME. IT'S STRENGTH-BASED, WE HOLD HOPE, DEMONSTRATE RECOVERY. AND OH, HEY, GUYS, I'M GETTING KIND OF NERVOUS. I'M GETTING MY THROAT ALL DRY AND THIS IS REALLY HARD. SO, CAN YOU HELP ME, PLEASE?

Arlene: I WOULD JUST TELL YOU YOU'RE HERE BECAUSE YOU BELIEVE IN WHAT YOU'RE DOING, TRY TO FOCUS ON THAT, AND JUST BREATHE.

Ms. Kasper: OKAY.

Arlene: GO AHEAD, WE'RE WITH YOU.

Ms. Kasper: OKAY.

Laquisha: YOU'RE DOING AN EXCELLENT JOB, YOU KNOW. I'VE BEEN THERE, TOO, YOU KNOW. JUST BREATHE IT OUT.

Ms. Kasper: OKAY.

Laquisha: AND I'M RIGHT HERE WITH YOU TO GET THROUGH.

Ms. Kasper: THANK YOU. ACTUALLY THAT REALLY DID HELP, I WILL REALLY NERVOUS. THREE REALLY SUCCESSFUL THINGS, AMSAC, DULLED MENTAL HEALTH AND SUBSTANCE ABUSE ADVISORY COMMITTEE, I WAS THE SECRETARY AND CHAIR, IT WAS VERY IMPORTANT WHEN I WAS REALLY DEPRESSED, SLEEPING EIGHT HOURS A DAY, GOING TO THAT MEETING FOR TWO HOURS A DAY MADE A DIFFERENCE. WE HAVE AMY ANDERSON, THE CHAIR HERE, THANK YOU. PATSY, THE TELECARE CRISIS ASSESSMENT AND TREATMENT CENTER. I WAS INVITED BY MAYOR POTTER TO BE PART OF THE MENTAL HEALTH COMMISSION AND WE DREAMED UP CATC AT THAT TABLE WORKING WITH THE POLICE. I'D LIKE TO SAY THANK-YOU FOR DAVID HIDALGO, HE HAD A FEW OF HIS PEERS HELP WRITE THE RFP IS PEER LANGUAGE. HE WAS INSTRUMENTAL IN THE DESIGN EIGHT LOOKS REALLY GOOD. I ENDED UP WORKING THERE FOR THREE YEARS, DIDN'T PLAN TO. I AM SO PROUD THAT I WORKED THERE. IT'S BASED ON A RECOVERY MODEL. PEOPLE ACTUALLY WANT TO GO TO CATC. I KNOW YOU DON'T HEAR FROM THE PEOPLE ON THE STREET, THEY WANT TO GO TO CATC. MIKE AT GOOD SAM SAYS HEY, WHY DO PEOPLE WANT TO GO THERE? WE CAN'T REFER THEM ALL. PEOPLE DO REPEAT BUT THEY GET STRONGER EACH TIME. I SAY WE BECAUSE I STILL FEEL A PART OF THE PROGRAM. WE KEEP PEOPLE OUT OF JAIL AND WE KEEP PEOPLE ALIVE. IT IS BASED ON A RECOVERY MODEL. I FELT LIKE A FAMILY WORKING THERE. I'M SO PROUD PART OF US ARE WORKING AT ST. VINCENT'S, UNITY, WE'RE SPREADING THAT RECOVERY MODEL.

THREE THINGS I'M ASKING FOR IS DEPARTMENT EMPOWERMENT, INDEPENDENT DATABASE AND ALTERNATIVE CARE. AND SPEAKING ABOUT MONEY FOR THINGS, I SAW IN THE NEWSPAPER YOU'RE GETTING SOME MONEY. MY FRIEND LLOYD PITTMAN SAID WE CAN GIVE HOUSING BUT PEOPLE NEED SUPPORT TO STAY IN IT. WE NEED TO THINK ABOUT THAT. I HAVE SOME INFORMATION, NAMI IS ANOTHER GREAT RESOURCE. I'M GOING TO GIVE YOU THE HANDOUT LITERATURE WHICH INCLUDES INFORMATION ON DOMESTIC VIOLENCE WHICH IS SO IMPORTANT. THERE'S SOMETHING CALLED TRAUMA INFORMED ARCHITECTURE, WHEN WE BUILD NEW PROGRAMS, WHAT WE CAN DO TO MAKE PEOPLE FEEL VERY COMFORTABLE.

Ms. Kasper: I'M GIVING YOU ALSO INFORMATION ON PEER SUPPORT SALARIES AROUND THE COUNTRY AND ALSO HERE IN THIS AREA. I'D LIKE TO SHARE A QUOTE FROM DR. KING. I WATCHED IT THREE TIME ON YOUTUBE SPENDING TIME AT HIGHLAND CHURCH AND ALSO MARANATHA CHURCH. IT KIND OF REMINDS ME WE AND PEERS ARE STILL WORKING TO BE EQUALS. WE'RE ALL PEERS, ALL PEOPLE WHO HAVE BENEFIT THROUGH TRAUMA AND WE ALL WORK TOGETHER. THIS IS HIS QUOTE. THERE ARE SOME THINGS IN OUR NATION AND IN OUR WORLD TO WHICH I'M PROUD TO BE MALADJUSTED. I NEVER INTEND TO ADJUST MYSELF TO SEGREGATION AND DISCRIMINATION. I CALL UPON YOU TO BE MALADJUSTED TO THESE THINGS UNTIL THE GOOD SOCIETY IS REALIZED. YES, I MUST CONFESS I BELIEVE FIRMLY THAT OUR WORLD IS IN DIRE NEED OF A NEW ORGANIZATION. THE INTERNATIONAL ASSOCIATION FOR THE VERMONT OF CREATIVE MALADJUSTMENT. THROUGH SUCH MAL ADJUSTMENT WE WOULD BE ABLE TO EMERGE FROM THE BLEAK HE AND DESOLATE MIDNIGHT OF MAN'S INHUMANITY TO MAN. MAN'S INHUMANITY TO MAN, INTO THE BRIGHT AND GLITTERING DAYBREAK OF FREEDOM AND JUSTICE.

Mr. Hidalgo: WONDERFUL, THANK YOU, ANN, REALLY APPRECIATE YOU COMING FORWARD AND SHARING YOUR STORY, VOICE AND ALSO A GREAT LIVE EXAMPLE OF PEER SUPPORT RIGHT AS WE WERE WATCHING.

Ms. Kasper: I HAVE ONE MORE THING TO SAY. I WAS IN JAPAN 20 YEARS AGO IN THE HOSPITAL. AND SO I SPOKE JAPANESE SO THAT HELPED OUT THE DOCTORS. I WANT YOU TO THINK ABOUT AND REALLY CARE FOR PEOPLE WHO DON'T SPEAK ENGLISH; CARE FROM DIFFERENT KINDS OF COMMUNITIES. FOR ME WORKING WITH REFUGEES IS REALLY IMPORTANT. SO IN JAPANESE HOSPITAL, WOMEN ARE ON ONE SIDE, MEN ON THE OTHER AND WE COULD MEET IN THE GARDEN. THIS MAN GAVE ME A BOOK, THE ONLY BOOK HE HAD IN ENGLISH. IT MEANT SO MUCH TO ME BECAUSE HE WANTED TO SUPPORT ME THERE.

Chair Kafoury: THANK YOU, ANN. ANY OTHER QUESTIONS? THANK YOU VERY MUCH COMMISSIONER BAILEY.

Commissioner Bailey: THIS IS ACTUALLY A QUESTION FOR YOU. WE'VE HEARD WONDERFUL TESTIMONY FROM THESE PIERCE, THROUGHOUT THE PRESENTATION TODAY WE'VE HEARD ABOUT THE IMPORTANCE OF PEERS IN THE PROCESS. ONE OF THE QUESTIONS I HAVE FOR YOU IS SORT OF A MULTIPART QUESTION AND WE CAN TALK ABOUT IT NOW AND THEN IF THERE'S MORE INFORMATION GIVEN THE TIME CONSTRAINTS YOU CAN FOLLOW-UP WITH ME OR ANYBODY ELSE WHO'S INTERESTED. I'M CURIOUS, GIVEN THE EXPANSION WE'VE HAD FROM THE AFFORDABLE CARE ACT, THE NUMBER OF FOLKS THAT WE'VE SERVED AND THE ABILITY WE HAVE TO SERVE MORE PEOPLE, HOW HAVE WE THEN ALSO INTEGRATED AND EXPANDED OUR WORK WITH PEERS TO MAKE SURE WE HAVE A SYSTEM THAT'S WORKING FOR EVERYBODY? HOW DO WE PLAN TO DO THAT GOING FORWARD IN THE NEXT FISCAL YEAR BEYOND SORT OF THE THREE FORMAL ADVISORY COUNCILS THAT WE HAVE. AND WE ALSO HEARD ABOUT PAID SUPPORT SERVICES FROM PEERS, DO WE HAVE A PLAN FOR THAT IN THE BUDGET AS WE GO FORWARD.

Mr. Hidalgo: SURE. LET ME SEE IF I CAN TOUCH ON ALL THOSE, COMMISSIONER BAILEY. SO IN TERMS OF THE HISTORY HERE IN MULTNOMAH COUNTY ANN ALSO ALLUDED TO THE COUNTY HAS FOR APPROXIMATELY THE PAST EIGHT YEARS HAD A CONTRACT WITH NAMI TO TRAIN PEERS, IN PEER-BASED SUPPORT, SEVERAL DIFFERENT PROGRAMS. ONCE THE STATE HAD COME FORWARD WITH A CERTIFICATION PROCESS WE ALSO PUT AN RFP OUT TO ENSURE THAT THE PEER-BASED PROGRAMS THE COUNTY CONTRACTS WITH FOR EDUCATION, SUPPORT AND TRAINING MET THAT CERTIFICATION REQUIREMENT SO PEOPLE COULD SUBSEQUENTLY BE CERTIFIED AND GO OUT AND BE EMPLOYED IN THE COMMUNITY. WE ALSO HAVE PEER-BASED PROGRAMS THAT THE BOARD HAS CONTINUED TO SUPPORT, NORTH STAR IN TERMS OF EMPLOYMENT IS ANOTHER PEER BADE SERVICE PROGRAM WHERE INDIVIDUALS CAN GO AHEAD AND GET THE SUPPORT AND HELP THEY NEED TO MOVE FORWARD IN THE EMPLOYMENT. AS ANN MENTIONED, HAVE PRODUCTIVE AND GOAL ORIENTED ACTIVITIES EVERY DAY IN THEIR LIVES, AS WELL. PART OF WHAT WE DO, AND AS THE MENTAL HEALTH AND ADDICTIONS SERVICES, WE DON'T TEND TO PROVIDE ALL THE SERVICES. WE ARE MORE ADMINISTRATIVE AND A SERVICE PROVIDER.

BUT WHAT WE DO TEND TO DO IS WE CONTRACT OUT A MAJORITY OF OUR SERVICES. SO WE RELY HEAVILY ON THE NETWORK OF CONTRACTORS THAT WE HAVE IN THE COMMUNITY. FOR CONTRACTORS FOR INDIVIDUALS THAT SERVE PEOPLE WHO HAVE A MORE CHRONIC CONDITION, PEOPLE WITH SERIOUS MENTAL ILLNESS, ALL OF THOSE CONTRACTORS HAVE PEERS ON STAFF. VARIOUS AGENCIES ARE IN DIFFERENT POINTS IN THEIR DEVELOPMENT OF INTEGRATING PEERS INTO THE SERVICE SYSTEM. WE'D BE HAPPY TO PROVIDE MORE INFORMATION AS WELL TO ENSURE THAT THE BOARD IS AWARE HOW PEERS ARE BEING USED IN THE TREATMENT SYSTEM, AS WELL SUPPORTS FOR INDIVIDUALS. I THINK ALSO DR. FARENTINOS ALSO

MENTIONED THE GOAL TO HAVE PEERS ASSISTING WITH NAVIGATION THROUGH THE SYSTEM TO PROVIDE SUPPORT. YOU'VE HEARD ALSO THAT IN THE CRISIS SERVICES SYSTEM WE'VE ADDED PEERS IN THAT PART OF THE SYSTEM, AS WELL. SO GLOBALLY WE ARE LOOKING AT ADDING PEERS IN ALL COMPONENTS OF THE SYSTEM, ADDITIONALLY INTERNALLY AT THE COUNTY AND IN OUR JAIL DIVERSION PROGRAMS, WE HAVE PEERS ALSO IN OUR EARLY PSYCHOSIS PROGRAM, WE'VE EMPLOYED PEERS IN THAT PROGRAM. WE ARE CERTAINLY PUSHING FORWARD. I CAN CERTAINLY SAY THERE IS THE NEED FOR MORE PEER VOICE, MORE PEER ENGAGEMENT IN OUR COMMUNITY. WE'LL CONTINUE TO USE OUR ADVISORY COMMUNITIES FOR THAT SUPPORT, AS WELL. THEY ARE A GREAT AVENUE FOR US TO COME TOGETHER IN OUR COMMUNITY AND TO HELP US REACH OUT FURTHER. INITIALLY RIGHT NOW AS WE LOOK TO FY17 WE WILL CONTINUE TO BRING FORWARD THE OPPORTUNITY TO GO AHEAD AND CONTINUE FUNDING THE PEER SUPPORT PROGRAMS AND HELP TO GROW THAT OVER TYPE.

Commissioner Shiprack: I REALLY APPRECIATE THIS, THANK YOU EVERYONE FOR YOUR TESTIMONY. IT'S ALWAYS GOOD TO SEE YOU. I REALLY DO APPRECIATE THE EXAMPLE OF PEER SUPPORT, WHICH SORT OF HELPED ME BREATHE THROUGH THE PRESENTATION, AS WELL. SO THANK YOU VERY MUCH. I THINK THAT WE ALSO BENEFIT FROM THIS CONCEPT WHICH I WROTE DOWN BECAUSE I THOUGHT IT WAS EXTREMELY HELPFUL FOR US AS POLICYMAKERS, THE CONCEPT OF TRANSITION FROM ONE LEVEL TO THE NEXT. THAT WE ARE NOT STUCK PROVIDING SERVICES IN ACCORDANCE WITH A CURRENT SERVICE MODEL. THAT WE CAN PRIORITIZE, THAT WE CAN LEARN FROM THE EVIDENCE, AND THAT WE CAN TRULY BE ENGAGED IN A RECOVERY PROCESS AND AN IMPROVEMENT PROCESS. AND I ALSO WANTED TO POINT OUT SOMETHING THAT WAS REALLY MENTIONED ONLY KIND OF IN PASSING TODAY IS THE OTHER OPTION THAT POLICE HAVE BESIDES TAKING PEOPLE TO THE EMERGENCY ROOM, WHICH IS TAKING PEOPLE TO JAIL. AND AS IT WAS POINTED OUT BY LAST YEAR'S CORRECTIONS GRAND JURY, AND I CAN'T THINK OF ANY GRAND JURY THAT PRE SEATED LAST YEAR'S REPORT THAT HAS NOT POINTED OUT THAT THE CORRECTIONS SYSTEM HAS UNINTENTIONALLY BECOME THE COMMUNITY'S MAIN RESOURCE TO TREAT MENTAL ILLNESS. ALTHOUGH THE SYSTEM IS NOT FUNDED OR RESOURCED ACCORDINGLY. SO THE WORK THAT WE JUST HEARD FROM TODAY IS ALSO A TREMENDOUS, TREMENDOUS RESOURCE TO DIVERT PEOPLE WHO HAVE HEALTH ISSUES FROM A SYSTEM THAT HAS A PUNITIVE, NOT-HEALTH ORIENTED FOCUS. SO THIS IS TREMENDOUSLY POSITIVE, JUST FOR GO ON JUST ONE MORE FACTOID FROM THE CORRECTIONS GRAND JURY REPORT. 43% OF INMATES ARE AFFECTED BY MENTAL HEALTH ISSUES. SO THANK YOU AGAIN FOR YOUR WORK. AND FOR YOUR PRESENTATIONS TODAY, ALL OF YOU.

Mr. Hidalgo: ABSOLUTELY. I NOTICED THAT WE HAVE REACHED 12 NOON BUT WE'D JUST LIKE TO WRAP UP QUICKLY AND ACKNOWLEDGE THAT WE DID

RECEIVE SOME INFORMATION REQUESTS TO BRING ON BACK. WE WILL HAPPILY PROVIDE THAT. THE OTHER THING THAT WE WANT TO ENSURE IS THAT AS WE LEARN MORE ABOUT THE UNITY PROJECT, THE FINAL KIND OF DEVELOPMENT STAGES OF THAT PROJECT HE AND THE LIFT-OFF WE WILL BRING THAT IMPORTANT INFORMATION AS WELL. I THINK AS JOANNE HAD MENTIONED AS WELL, ONCE THAT PROGRAM LIFTS OFF IN THE COMMUNITY, ONE OF THE LESSONS LEARNED FROM A PRIOR PROGRAM, THE CRISIS TRIAGE CENTER, THE CTC, THAT IS WHEN YOU BRING LARGE NEW PROGRAMS INTO THE COMMUNITY, WHICH YOU DON'T WANT -- WHAT YOU DON'T WANT TO DO IS IMMEDIATELY DISBAND YOUR OTHER PARTS OF THE SYSTEM. EACH ONE OF THE NEW PROGRAMS THAT COME INTO THIS COMMUNITY THAT ARE FILLING A GAP OF COURSE HAVE AN IMPACT ON THE REST OF THE SYSTEM. SO WHAT WOULD LIKE TO DO IS ENSURE THAT WE BRING INFORMATION BACK TO YOU IN TERMS OF DATA ABOUT HOW THE OTHER CRISIS PROGRAMS ARE BEING USED AND UTILIZED ONCE THE UNITY PROJECT LIFTS OFF, AND WE CAN CONTINUE TO TALK ABOUT THE IMPACT AND GAPS AS WE LEARN MORE ABOUT THAT. IT SEEMS APPROPRIATE TO CLOSE WITH THE MENTAL HEALTH CRISIS NUMBER. SO EVERYONE HAS THAT NUMBER. THREE TIMES GETS IT INTO MEMORY. IT'S 530-988-4888. THAT IS A NUMBER AVAILABLE 24/7 FOR ANYBODY TO GET MENTAL HEALTH INFORMATION OR HOW TO GET SUPPORT FROM THE COMMUNITY.

Chair Kafoury: THANK YOU AGAIN, THANKS EVERYONE TO COMING TODAY AND THOSE IN THE AUDIENCE

ADJOURNMENT – 12:06 p.m.

Chair Kafoury: SEEING NO FURTHER BUSINESS, WE ARE ADJOURNED.

This transcript was prepared by LNS Captioning. For access to the video and/or board packet materials, please view at:

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Submitted by:

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Board of County Commissioners
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