

**Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, April 24, 2018**

BOARD BRIEFING

Chair Deborah Kafoury called the meeting to order at 10:11 a.m. with Vice-Chair Lori Stegmann, Commissioner Jessica Vega Pederson and Commissioner Loretta Smith present. Commissioner Sharon Meieran arrived at 10:12 a.m.

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

B.1 Disparities in Mental Health Services for Latino Oregonians. Sponsor: Chair's Office. Presenters: Linda Castillo, Vice Chair, Oregon Commission on Hispanic Affairs, and Alberto Moreno, Chair, Oregon Commission on Hispanic Affairs.

Chair Kafoury: GOOD MORNING. WELCOME TO MULTNOMAH COUNTY. WE HAVE A SERIES OF BOARD BRIEFINGS THIS MORNING. STARTING OFF WITH DISPARITIES IN MENTAL HEALTH SERVICES FOR LATINO OREGONIANS. I THINK WE HAVE SOME FOLKS WHO ARE HERE TO COME TALK WITH US. GOOD MORNING. THANK YOU SO MUCH FOR COMING.

Alberto Moreno: GOOD MORNING.

Chair Kafoury: GOOD TO SEE YOU.

Alberto Moreno: GOOD TO SEE YOU, CHAIR KAFOURY. ESTEEMED COMMISSIONERS, THANK YOU FOR MAKING TIME ON YOUR BUSY AGENDA FOR US TODAY. WE'RE DELIGHTED TO BE HERE WITH YOU. FOR THE RECORD I'M ALBERTO MORENO. I HAVE THE PRIVILEGE OF SERVING AS CHAIR FOR THE COMMISSION ON HISPANIC AFFAIRS FOR OREGON. IN THAT CAPACITY AS I TRAVEL THE STATE FROM PORTLAND TO THE MID COLUMBIA VALLEY TO EASTERN OREGON TO CENTRAL OREGON, TO THE SOUTHERN OREGON TO THE COAST AND THE WILLAMETTE VALLEY, I GET TO HEAR ABOUT THE VIBRANCY AND RESILIENCY OF THE LATINO COMMUNITY WHICH IS NOW HALF A MILLION STRONG. BUT WE ALSO GET TO HEAR ABOUT SOME OF THE UNMET NEEDS AND ALWAYS I HEAR THAT THE TOP UNMET NEED FOR THIS COMMUNITY IS MENTAL HEALTH.

THE SECOND, BY THE WAY, IS ORAL HEALTH. OUR FAMILIES AT THIS TIME IN OUR HISTORY ARE EXPERIENCING TREMENDOUS STRESS LOADS. TREMENDOUS PUBLIC PERSECUTION. AS A RESULT OUR FAMILIES AND OUR CHILDREN ARE EXPERIENCING A GREAT DEAL OF TRAUMA. MANY OF OUR

CHILDREN, FOR EXAMPLE, ARE REPORTING PTSD-LIKE SYMPTOMS. THIS COUPLED WITH GEOGRAPHIC, LINGUISTIC ISOLATION AND LACK OF LATINO MENTAL HEALTH PROVIDERS THREATEN TO CREATE THE PERFECT MENTAL HEALTH STORM FOR OUR UH COMMUNITY. AFTER THE SUM OF THE FINDINGS OF OUR REPORT WHICH YOU WILL GET TO HEAR, THE LIMITED NUMBER OF QUALIFIED BILINGUAL BUY CULTURAL PROVIDERS, LOW INSURANCE RATES FOR THIS COMMUNITY, GENERALIZE THE STIGMA ASSOCIATED WITH SEEKING OUT MENTAL HEALTH SERVICES, DOMINANT SYSTEM MODELS OF CARE WHICH DO NOT IMMEDIATE OUR NEEDS AT PRESENT, AND TRAUMA INFORMED MENTAL HEALTH SERVICES. AS YOU WILL LEARN FROM THIS SENTINEL REPORT AND HERE I MUST PAUSE TO SAY THERE'S NEVER BEEN A STATE OF LATINO MENTAL HEALTH STATUS REPORT PUBLIC IN THE ENTIRE HISTORY OF OREGON. NOW 150 YEARS PLUS. SO THIS IS THE FIRST EVER REPORT OF ITS KIND BEING CURATED FOR YOU AND FOR OUR STAKEHOLDERS AT THE STATE LEVEL. BY DESIGNING INTEGRATED MODELS OF CARE BY ENSURING WE HAVE THE NECESSARY PIPELINE, PEER MENTAL HEALTH L CARE, WE WILL ENSURE THAT THIS COMMUNITY HAS ACCESS TO THE MENTAL HEALTH SERVICES THEY NEED.

Alberto Moreno: WE WANT TO SIMPLY COME BEFORE YOU TODAY TO SHARE OUR FINDINGS WITH YOU AND BEGIN A CONVERSATION ABOUT HOW WE AS A STATE, AS A COUNTY GET TO MENTAL HEALTH PARITY FOR LATINOS. WE WANT TO EXPLORE WITH YOU AND MOVE FORWARD A COHESIVE SET OF BEST PRACTICES AND POLICY RECOMMENDATIONS TO ENSURE THAT OUR CHILDREN AND OUR FAMILIES EXPERIENCE MENTAL HEALTH -- WHO EXPERIENCE MENTAL HEALTH ISSUES HAVE ACCESS TO DIGNIFIED SERVICES THAT THEY NEED. WE THANK YOU THIS MORNING FOR YOUR TIME. I WANT TO TURN IT OVER TO MY VICE CHAIR, MS. LINDA CASTILLO, THEN THE DIGNIFIED AND RESPECTED COMMISSIONER JOE GALLEGOS, FORMER STATE REPRESENTATIVE, JOE GALLEGOS. THANK YOU FOR YOUR TIME THIS MORNING.

Linda Castillo: GOOD MORNING, CHAIR, COMMISSIONERS. I'M LINDA CASTILLO. I'M VICE CHAIR OF THE STATE OF OREGON COMMISSION ON HISPANIC AFFAIRS. I'M HONORED AND THANKFUL TO JOIN YOU TODAY BECAUSE WE HAVE SOME REALLY EXCITING MATERIAL AND STATISTICS AND INFORMATION TO SHARE WITH YOU AS A RESULT OF THE FINDINGS OF OUR MENTAL HEALTH RESEARCH PROJECT. WE APPLAUD YOU AND RECOGNIZE YOU AS CHAMPIONS FOR QUALITY MENTAL HEALTH CARE FOR THE RESIDENTS OF OUR COMMUNITY. AS ALBERTO MENTIONED WE'RE IN AN AGE WHERE MENTAL HEALTH IS CHALLENGED BY OUR CURRENT NATIONAL CIRCUMSTANCES, AND IT'S TRUE OUR LATINO COMMUNITY IS FACING ANOTHER CYCLE OF UNPRECEDENTED HOSTILITY, FEELING UNSAFE AND DEMONIZED. MANY COMMUNITY MEMBERS HAVE NO PLACE TO GO FOR THE CARE OF THE TRAUMA THAT THEY FACE WHETHER PERSONALLY OR VICARIOUSLY. GIVEN THIS, IT'S REALLY NO SURPRISE THAT IN THIS COHORT OF COMMISSION WE

HAVE SEVERAL OF US WHO ARE VERY MUCH INVOLVED IN MENTAL HEALTH AND SOCIAL WORK AS A PROFESSION OR AS LIFE'S WORK. SO IT WAS REALLY IMPORTANT FOR US TO ADDRESS THE SERVICE GAPS AND TREATMENT CONCERNS FOR OUR LATINO COMMUNITY. WE DEvised A PLAN TO CREATE THIS INITIAL PLATFORM WITH 30 YEARS OF DATA CULLED FROM THOUSANDS OF DATA SETS FROM OHS AND DHS. PREVIOUSLY NEVER REVIEWED.

Linda Castillo: SO WITH THE HELP OF OUR FIRST EVER PUBLIC RESEARCH POLICY INTERNS KIMBERLY AND DIANA WITH THE SUPPORT OF DR. JOE GALLEGOS, WE ARE ABLE TO SHARE WITH YOU TODAY THIS PREMIER QUALITATIVE AND QUANTITATIVE REPORT WHICH IS REALLY A BENCH MAR FOR PRESENTATION OF THIS INFORMATION TO BEGIN TO ADDRESS THE CURRENT GAPS, LOOK AT OPPORTUNITIES AND INCORPORATE A SERIES OF RECOMMENDATIONS TO BEGIN DEVELOPMENT OF A POLICY FRAMEWORK. WE'RE THANKFUL TO -- I ALWAYS MISPRONOUNCE THAT -- OF DHRVETIONS FOR THEIR COLLABORATIVE WORK AS WELL WITH US AND OUR INTERNS. WE'RE SOON TO WELCOME A NEW INTERN, AARON HERNANDEZ, WHO WILL JOIN US AS A SUMMER INTERN TO DELVE FURTHER INTO THIS RESEARCH. LET ME SEGUE TO DR. GALLEGOS TO TALKED MORE ABOUT THIS.

Joe Gallegos: THANK YOU. CHAIR KAFOURY, COMMISSIONERS, I'M JOE GALLEGOS. I AM A COMMISSIONER WITH OCHA. I WILL ARE VERY BRIEF. I WANT TO SAY HOW EXCITING THIS PROJECT IS YOU CAN'T IMAGINE WHAT IT MEANS TO A RESEARCHER TO BE TOLD YOU HAVE ACCESS TO 30 YEARS OF DATA. READY TO JUMP INTO THAT. SO THAT'S WHAT DHS HAS MADE AVAILABLE TO US. WE'RE VERY HAPPY TO HAVE OUR INTERNS WORKING WITH OUR DATA SET. WE'RE ANTICIPATING THAT WE'LL NOT BE LIMITED TO -- ALTHOUGH THAT A COULD TAKE TWICE A WHILE, WE'LL BE DOING OTHER RESEARCHES AS WE PROCEEDING. SO I WANT TO TALK BRIEFLY ABOUT WHAT SORT OF UNDERLYING PLAN IS. WE'RE WORKING WITH THE OTHER ADVOCACY COMMISSIONS. AN INTERESTING SORT OF OVERLAY OR THEME FOR THIS EFFORT IS INTERSECTIONALITY. WE'RE LOOKING AT THE FACT THAT OUR VARIOUS ADVOCACY COMMISSIONS ARE REALLY A GROUPING OF MARGINALIZED INDIVIDUALS. SO WE SEE THAT DEPRESSION AND SOME OF THESE KINDS OF DISPARITY IS COMMON TO THE VARIOUS GROUPS.

GIVEN THAT, THEN, WE'RE DEVELOPING WHAT WE'RE CALLING THE POLICY ARC THAT IS BASICALLY A TEMPLATE THAT WE'RE PUTTING TOGETHER THAT WILL HELP LEGISLATORS AND OTHER PUBLIC OFFICIALS BE ABLE TOLL TAKE DATA THAT WE'LL BE DEVELOPING IN THIS PROCESS TO THEN MAKE POLICY DECISIONS. SO WE'RE VERY EXCITED ABOUT SORT OF THE OVER ALL TRAJECTORY OF THIS PROJECT. AND I THINK YOU'LL SEE FROM THE DATA THAT'S GOING TO BE REPORTED TO YOU THIS MORNING SOME OF THE INTERESTING KIND OF ISSUES. ONE OF THE THINGS THAT I KEEP THINKING ABOUT IS THE FACT THAT IN THE STATE OF OREGON, ALMOST 25% OF OUR STUDENTS IN THE STATE ARE LATINO. AND IF WE DON'T REALLY DO

SOMETHING WITH THAT POPULATION MAKE SURE THAT THEY ARE SUCCESSFUL, I CAN'T IMAGINE THE KIND OF ISSUE WE'RE GOING TO BE FACING IN THE NEXT 15, 20 YEARS. IT BEHOOVES US AS CITIZENS OF OREGON TO BE ADDRESSING THESE ISSUES NOW.

Joe Gallegos: CHAIR MORENO MENTIONED ORAL HEALTH AS WELL AS MENTAL HEALTH. ONE CANNOT STOP BUT RECOGNIZE THAT EVEN ORAL HEALTH IS TIED TO POVERTY, HOMELESSNESS AND OTHER DISPARITY ISSUES. WE'RE TRYING TO TAKE IT PIECE BY PIECE. MENTAL HEALTH FIRST BUT AGAIN YOU CAN SEE WE'RE REALLY GOING TO BE ADDRESSING LARGER ISSUES AS WE MOVE ALONG. THANK YOU VERY MUCH.

Linda Castillo: WE'RE GOING TO SEGUE TO THE PRESENTATIONS THEN HAVE SOME TIME FOR FINAL REMARKS AND ANY QUESTIONS THAT YOU MIGHT HAVE AND ANY ANSWERS AS WELL.

Chair Kafoury: THANK YOU.

Kimberly Volcker: THANK YOU FOR THE OPPORTUNITY TODAY FOR ME TO DISCUSS MY RESEARCH WITH YOU. FOR THE REPORT I'M KIMBERLY VOLCKER. I'M A GRADUATE STUDENT AT THE OHSU-PSU SCHOOL OF PUBLIC HEALTH. MAJORING IN EPIDEMIOLOGY. I WAS GRATEFUL TO COMPLETE THIS PROJECT ON MENTAL HEALTH DISPARITIES FOR LATINO OREGONIANS UNDER THE DIRECTION OF DR. VALERIE STEWART. LATINO POPULATION IS THE LARGEST MINORITY POPULATION IN THE STATE OF OREGON WITH SOME GROUPS ESTIMATING THIS POPULATION SIZE AT JUST UNDER 500,000 INDIVIDUALS, WHICH IS ABOUT 12% OF OREGON'S POPULATION. THE LATINO POPULATION IN OREGON HAS BEEN GROWING AT A FASTER RATE THAN THAT FOR THE ENTIRE UNITED STATES. WITH OREGON LATINOS ALMOST THE POPULATION FOR OREGON LATINOS ALMOST STEADILY FROM 275,000 IN 2000 TO 400,000 IN 2010. THE OREGON GROWTH IS PRIMARILY FUELED BY RISE IN THE NUMBER OF U.S. BORN LATINOS RATHER THAN IMMIGRATION. IN FACT NEARLY TWO-THIRDS OF OREGON LATINOS WERE BORN IN THE UNITED STATES. ALTHOUGH WE'RE AWARE OF THE PHYSICAL HEALTH NEEDS FOR THIS POPULATION, WE ARE NOT AS AWARE OF THE MENTAL HEALTH NEEDS.

THERE'S RELATIVELY LITTLE INFORMATION PUBLISHED IN ACADEMIC JOURNALS AND ELSEWHERE FOR THE MENTAL HEALTH NEEDS OF LATINOS. THE EXISTING REPORTS ARE CONTRADICTORY. THE OREGON HEALTHY TEENS SURVEY FROM 2015 SHOWED LATINO YOUTH WERE SLIGHTLY MORE LIKELY THAN THEIR WHITE PEERS TO HAVE REPORTED SUICIDE ATTEMPTS, WHICH IS CONSISTENT WITH ANOTHER STUDY THAT SHOWS LATINA HIGH SCHOOLGIRLS HAVING HIGHER RATES OF SUICIDE ATTEMPTS THAN THEIR WHITE PIERCE. ANOTHER STUDY SHOWED LATINA AMERICANS WERE MORE LIKELY TO EXPERIENCE SEVERE DEPRESSION. 53% OF LATINA PARTICIPANTS EXPERIENCING MODERATE TO SEVERE DEPRESSIVE SYMPTOMS COMPARED

TO 37% OF WHITE AMERICAN FEMALES. THIS CONFLICTS WITH THE NATIONAL STUDY ON DRUG USE AND HEALTH WHICH SHOWED THAT LATINO ADULTS MEN AND WOMEN WERE LESS LIKELY THAN WHITE AMERICANS TO HAVE ANY MENTAL ILLNESS OR SERIOUS MENTAL ILLNESS. THESE CONTRADICTORY FINDINGS MAY BE EXPLAINED IN PART BY THE FACT LATINOS ARE LESS LIKELY TO SEEK MENTAL HEALTH TREATMENT. ONE IN FIVE LATINOS SYMPTOMS SPOKE TO THEIR DOCTORS ABOUT MENTAL HEALTH NEEDS. THE NATIONAL ALLIANCE ON MENTAL HEALTH REPORTS THAT ONLY 10% OF LATINOS MENTAL HEALTH DISORDER CONTACT MENTAL HEALTH SPECIALISTS SO AS YOU CAN IMAGINE, THE EXISTING REPORTS REALLY CAN BE CONTRADICTORY.

Kimberly Volcker: THERE ARE ISSUES OF STIGMA, CULTURAL MISCOMMUNICATION, AND MISUNDERSTANDING OF COUNSELING SERVICES THAT CONTRIBUTE TO THIS UNDER UTILIZATION OF MENTAL HEALTH NEEDS. ADDITIONALLY LACK OF BILINGUAL SERVICES MAY LIMIT LATINOS' ACCESS TO MENTAL HEALTH CARE. I WAS ABLE TO START THIS PROJECT LAST YEAR FOR THE OREGON ADVOCACY COMMISSION OFFICE COMMISSION ON HISPANIC AFFAIRS IN PARTNERSHIP WITH OREGON ENTERPRISE DATA ANALYTICS. TO BETTER UNDERSTAND HOW OREGONIANS UTILIZE MENTAL HEALTH SERVICES I REVIEWED DATA FOR TEENAGE OREGONIANS WHO INITIATED MENTAL HEALTH CARE BETWEEN 1983 AND 2010 AND WHO HAD TERMINATED THEIR TREATMENTS BETWEEN 2010 AND 2014. THE SET CONTAINED HUNDREDS OF THOUSANDS OF ENTRIES AND THERE WERE 15 VARIABLES. GENDER, AGE, ETHNICITY, EDUCATION, TRAINING, WHICH WAS WHETHER THE SUBJECT WAS CURRENTLY INVOLVED IN SCHOOLING OR TRAINING, REFERRAL SOURCE, WHICH WAS THE INDIVIDUALS, GROUP OR INSTITUTION RESPONSIBLE FOR GETTING THE PATIENT INTO CARE, INCOME, TYPE OF TREATMENT THE PATIENT RECEIVED, THE PATIENT'S PRIORITY STATUS, MARITAL STATUS, LIVING ARRANGEMENTS, EMPLOYABILITY, PAYER OF SERVICE AND TERMINATION TYPE. TODAY I'M GOING TO FOCUS ON AGE, COUNTY OF RESIDENCE, ELIGIBLE CODE AND TERM PAIR. I STRONGLY ENCOURAGE YOU TO LOOK AT MY FULL REPORT WHICH IS AVAILABLE ONLINE. THE NAME OF THAT REPORT IS MENTAL HEALTH DISPARITIES FOR LATINO OREGONIANS EXPLORATORY ANALYSIS USING ADMINISTRATIVE DATA. THE LATINO POPULATION WAS MUCH YOUNGER THAN THE TOTAL POPULATION WITH OVER HALF OF LATINOS RECEIVING MENTAL HEALTH CARE UNDER THE AGE OF 18 YEARS. AS YOU CAN SEE WITH THAT GRAPH ON THE RIGHT.

THE MEDIAN AGE FOR LATINOS TO RECEIVE MENTAL HEALTH SERVICES WAS 17 YEARS WHICH COMPARED TO A MEDIAN OF 29 YEARS FOR THE TOTAL POPULATION. TOTAL POPULATION ONLY ABOUT 30% OF PATIENTS WERE UNDER THE AGE OF 18 YEARS. FOR THIS REASON SOME OF THE NOW -- [AUDIO NOT UNDERSTANDABLE] STRATIFIED BY AGE AND ANALYSIS WAS DONE FOR MINORS AND ADULTS ONLY. A LATINO POPULATION IS MORE GEOGRAPHICALLY CONCENTRATED THAN THE TOTAL POPULATION. CLOSE TO TWO-THIRDS OF LATINO OREGONIANS RECEIVING MENTAL HEALTH LIVING IN

MULTNOMAH, WASHINGTON, YAMHILL, POLK OR MULTNOMAH COUNTY. IN MULTNOMAH COUNTY WHEN CONSIDERING THE ENTIRE PATIENT POPULATION REGARDLESS OF AGE, WE SEE THAT APPROXIMATELY 21% OF LATINO BE PATIENTS RESIDE IN THIS COUNTY. THIS COMPARES TO ABOUT 27% OF THE TOTAL PATIENT POPULATION. THINGS LOOK A LITTLE DIFFERENT WHEN WE LOOK AT MINORS. MINORS FROM MULTNOMAH COUNTY IS IN THAT BOX THERE AT THE VERY TOP. THE PERCENTAGE BETWEEN LATINO MINOR PATIENTS AND ALL MINOR PATIENTS RESIDING NEWSCAST MULTNOMAH COUNTY IS NOW THE SAME.

Kimberly Volcker: GIVEN THAT OVER HALF OF THE WILL LATINO PATIENT POPULATION IS UNDER AGE 18 IT'S IMPORTANT TO REMEMBER THIS FINDING THAT YOU REALLY DO HAVE SIMILAR NUMBER OF LATINO PATIENTS IN MULTNOMAH COUNTY AS YOU DO THE TOTAL PATIENT POPULATION. I'M GOING TO DISCUSS THE ELIGIBILITY CODES FOR PATIENTS. THERE ARE FOUR ELIGIBILITIES CODES THAT PATIENTS WERE UNDER. THIS IS PRIORITY ONE, WHICH IS PERSISTENTLY MENTAL ILLNESS OR SERIOUS EMOTIONAL DISORDER. THESE WILL BE PATIENTS THAT IF UNTREATED ARE AT RISK OF HOSPITALIZATION. THERE'S ALSO NON SERIOUS, SEVERE AND PERSISTENT MENTAL ILLNESS OR SERIOUS EMOTIONAL DISORDER WHICH I'M GOING TO BE CALLING FROM HERE ON OUT. PEOPLE A THAT ARE STILL PRIORITY ONE ARE PATIENTS THAT ARE WITHOUT THAT SEVERE AND PERSISTENT MENTAL ILLNESS OR EMOTIONAL DISORDER BUT STILL AT RISK OF HOSPITALIZATION IF UNTREATED. PRIORITY 2 ARE PATIENTS THAT ARE THE LEAST CAPABLE OF RECEIVING ASSISTANCE FROM THE PRIVATE SECTOR DUE TO THE NATURE OF THEIR ILLNESS, GEOGRAPHIC LOCATION OR FAMILY INCOME. PRIORITY 3 ARE INDIVIDUALS WHO ARE EXPERIENCING MENTAL OR EMOTIONAL DISTURBANCES THAT WILL NOT REQUIRE HOSPITALIZATION IN THE NEAR FUTURE.

Commissioner Meieran: CLARIFYING QUESTION ABOUT THAT. FOR PRIORITY 2, THEY ARE EXPERIENCE -- ARE THEY LIKE PRIORITY 3 BUT ARE LESS CAPABLE OF OBTAINING ASSISTANCE? LIKE THEY ARE EXPERIENCING MENTAL OR EMOTIONAL DISTURBANCES MAY NOT REQUIRE HOSPITALIZATION BUT DON'T HAVE ACCESS TO THE PRIVATE SECTOR?

Kimberly Volcker: YES, COMMISSIONER. THANK YOU FOR THAT QUESTION. YES. SO THEY ARE STILL EXPERIENCING MENTAL OR EMOTIONAL DISTURBANCES AND NEED FOR MENTAL HEALTH CARE BUT ARE MOST THE A RISK OF NOT BEING ABLE TO OBTAIN THAT CARE WITHOUT ASSISTANCE FROM THE PUBLIC SECTOR.

Commissioner Meieran: PRIORITY 3 THEY HAVE THE MENTAL OR EMOTIONAL DISTURBANCES BUT CAN GET SOME SORT OF ASSISTANCE.

Kimberly Volcker: YES.

Commissioner Meieran: OKAY.

Kimberly Volcker: THANK YOU, COMMISSIONER. NOW IF WE LOOK AT THIS ELIGIBILITY CODE AND MINORS WITH THE TOTAL MINOR POPULATION ON THE LEFT SIDE AND THE LATINO MINOR POPULATION ON THE RIGHT SIDE WE SEE THAT APPROXIMATELY 56% OF LATINO PATIENTS UNDER AGE 18 ARE PRIORITY 2 CLIENTS COMPARED TO 47% OF THE TOTAL POPULATION. A SMALLER PROPORTION OF MINORS ARE PRIOR 1 OR PRIORITY 3 CLIENTS WITH ABOUT THREE OF TEN RATED PRIORITY 1 WITH MOST BEING NON SERIOUS PERSISTENT MENTAL ILLNESS OR SERIOUS EMOTIONAL DISORDER AT IMMEDIATE RISK OF HOSPITALIZATION FOR TREATMENT OR POSE A HAZARD TO THEMSELVES OR OTHERS. IN CONTRAST ABOUT FOUR OUT OF TEN OF THE TOTAL MINORITY PATIENT POPULATION IS RATED PRIOR TO 1 -- PRIORITY ONE. TO CLARIFY THAT A LITTLE BIT MORE FOR THE DIFFERENCE BETWEEN PRIORITY ONE AND PRIORITY TWO, THE MAIN DIFFERENCE -- NOT -- BETWEEN THE TWO DIFFERENCES OF THE PRIORITY ONE, IT'S REALLY THAT RED GROUP RIGHT THERE THAT YOU SEE IN THE BAR GRAPH.

IT'S BEING CHARACTERIZED BY PERSISTENT MENTAL ILLNESS OR SERIOUS EMOTIONAL DISORDER. BOTH PRIORITY ONE GROUPS ARE STILL AT RISK OF HOSPITALIZATION IF UNTREATED. NOW WE ARE GOING TO LOOK AT THE ELIGIBILITY CODE FOR ADULTS AND THE PRIORITY CODE FOR ADULT PATIENTS LOOK SOMEWHAT DIFFERENT AS YOU CAN SEE. ALMOST HALF OF LATINO ADULT PATIENTS ARE PRIORITY ONE CLIENTS WITH 22% CHARACTERIZED BY SERIOUS MENTAL ILLNESS OR EMOTIONAL DISORDER AND 27% NOT BEING CHARACTERIZED BY SPMISZ OR STD. THE PERCENTAGE OF LATINO ADULTS RATED PRIORITY TWO IS GREATER THAN AHE PERCENTAGE OF THE TOTAL ADULT POPULATION. THIS IS 41% COMPARED TO 31%. FINALLY WE ARE GOING TO LOOK AT PAIR. IT REQUIRES TO THE PRIMARY SOURCE OF SERVICES DELIVERED TO THE PATIENTS. PATIENTS WERE MUCH MORE LIKELY TO HAVE INDIGENT FUND BILLS WHILE LATINO PATIENTS WERE MORE LIKELY TO HAVE MEDICAID, TITLE 19 FOR SERVICE, M.H.C. OFFICE OR OTHER PROGRAMS RESPONSIBLE FOR PAYMENT OF SERVICES. THESE RESULTS HAVE AN IMPORTANT -- FOR IDENTIFYING THE NEEDS OF MENTAL HEALTH PATIENTS RECEIVING CARE IN MULTNOMAH COUNTY. ENTERS AT A MUCH YOUNGER AGE THAN THE GENERAL POPULATION. FURTHERMORE THE LATINO POPULATION IS MORE STRONGLY CLUSTERED IN SOME AREAS WHICH MAY BE A CONCERN IF COUNTIES DON'T HAVE THE RESOURCES TO ADEQUATELY MEET NEEDS SPECIFICALLY IN MULTNOMAH COUNTY WE STILL HAVE LARGE NUMBER OF MINORITY PATIENTS WITHIN THE COUNTY. THANK YOU FOR YOUR TIME AND YOUR ATTENTION.

Chair Kafoury: ANY QUESTIONS?

Commissioner Meieran: THANK YOU SO MUCH FOR THIS WORK. DOING SUCH AN AMAZING RESEARCH PROJECT. IT'S REALLY FANTASTIC THAT YOU TOOK THIS ON AND THE DEGREE TO WHICH YOU WENT INTO DEPTH. REALLY APPRECIATE IT. I HAD A QUESTION, IN TERMS OF I KNOW THE CONCLUSIONS -- LATINO PATIENTS RECEIVE SERVICES AT A SIGNIFICANTLY YOUNGER AGE THAN THE GENERAL POPULATION. SO KIND OF LOOKING AT THE NEED THAT'S OUT THERE, I WORK AS A DOCTOR AND I SEE A LOT OF MENTAL HEALTH ISSUES. I'M SEEING WHAT FEELS LIKE AN EXPONENTIAL INCREASE IN THE YOUTH WHO NEED MENTAL HEALTH SERVICES. IT'S LIKE AN EPIDEMIC. SO ONE COULD LOOK -- IF LATINO PATIENTS ARE RECEIVING SERVICES AT A SIGNIFICANTLY YOUNGER AGE THAN THE GENERAL POPULATION DO WE KNOW -- I WOULD SAY SO. THE KIDS NEED MENTAL HEALTH SERVICES RIGHT NOW. THEY ARE RECEIVING THE SERVICES BUT -- I DON'T KNOW HOW TO POINT THIS QUESTION. IT COULD BE READ AS THAT'S GREAT THEY HAVE BETTER ACCESS TO THE SERVICES AT THE YOUNGER AGE THAN THE REST OF THE POPULATION.

Kimberly Volcker: THANK YOU FOR YOUR QUESTION. COMMISSIONER, I BELIEVE DIANA WILL GET INTO THAT IN HER PRESENTATION A LITTLE BIT. IT'S DEFINITELY SOMETHING TO BE AWARE OF. THERE ARE ISSUES OF STIGMA, CULTURAL MISCOMMUNICATION THAT OCCURS TO THE POINT WHERE WE DO STILL NEED TO MAKE SURE THAT LATINO PATIENTS ESPECIALLY LATINO CHILDREN ARE GETTING THE MENTAL HEALTH SERVICES THEY NEED. DIANA'S PRESENTATION GOES INTO THIS A LITTLE BIT MORE. I THINK FROM THE DATA THAT I'M SEEING THERE IS STILL SIGNIFICANT BARRIERS TO CARE. [AUDIO NOT UNDERSTANDABLE] THAN THE GENERAL POPULATION I THINK. I BELIEVE THAT THEY ARE.

Commissioner Meieran: I WANT TO PUT THAT OUT THERE. JUST SAYING THIS DATA ACTUALLY SURPRISES ME BECAUSE IT'S A LITTLE COUNTER TO WHAT I WOULD HAVE EXPECTED. I WOULD HAVE THOUGHT HIGHER NEED, FEWER SERVICES BEING ACCESSED AND THIS SAYS THAT THEY ARE ACTUALLY GETTING THE SERVICES BUT WE'RE SAYING THERE'S A HIGHER NEED. KNOW WHAT I'M SAYING?

Kimberly Volcker: YES. THANK YOU, COMMISSIONER. I THINK PART OF THIS IS THAT THE DATA SET IS STRONG FROM PATIENTS WHO HAD RECEIVED THE SERVICES. I DIDN'T HAVE THE OPPORTUNITY TO LOOK AT PATIENTS OR LATINO YOUTH WHO DIDN'T HAVE AN OPPORTUNITY TO GET THOSE SERVICES. THE NEED THAT WE'RE ASSESSING FROM MY DATA SET ARE THE NEEDS WE'RE SEEING FROM THE PRIORITY MOSTLY THE ELIGIBILITY CODES. SO THAT SINCE WE'RE SEEING SUCH A LARGE NUMBER OF PRIORITY 2 PATIENTS, WHICH ARE THOSE MOST AT NEED FOR ASSISTANCE, AMONG THE LATINO YOUTH I THINK THAT'S INDICATIVE OF THE BARRIERS THAT THEY MAY HAVE TO CARE.

Alberto Moreno: COMMISSIONER, CHAIR MORENO, AGAIN HERE WITH YOU TRYING TO WEIGH IN ON THIS QUESTION. YOUR DISTINCTION REALLY GOES TO THE CORE OF OUR FINDINGS. HOW WE INTERPRET THE -- JUST TO CLARIFY WHAT THE DATA IS SHOWING IS SIMPLY THAT THOSE RECEIVING MENTAL HEALTH SERVICES WHO ARE LATINO TEND TO BE YOUNGER THAN WHITES WHO ARE RECEIVING MENTAL HEALTH SERVICES. IT DOES NOT SUGGEST ACCESS IN A GREATER SHAPE OR FORM. IT SUGGESTS WE HAVE A YOUNGER POPULATION SEEKING ACCESS. IT DOES NOT INDICATE IN ANY WAY, SHAPE OR FORM THAT LATINOS HAVE GREATER ACCESS. IT JUST MEANS THE POPULATION RECEIVING SERVICES TENDS TO BE YOUNGER. WE KNOW THIS TO BE TRUE BOTH AT THE STATE AND NATIONAL LEVEL THAT THIS COMMUNITY TENDS TO BE YOUNGER THAN THE DOMINANT CULTURE. SO I THINK THAT'S WHAT THAT DATA POINT IS SAYING. THEN YOU'LL HAVE DIANA WHO WILL ADDRESS YOUR QUESTION. JUST TO CLARIFY, THE DATA POINT IS NOT SAYING LATINOS GREATER ACCESS TO MENTAL HEALTH CARE. THANK YOU. APOLOGIES FOR COMING BACK UP. [LAUGHTER]

Commissioner Smith: THANK YOU, ALBERTO, FOR YOUR COMMENTS. I WANT TO THANK YOU ALL FOR COMING TODAY BECAUSE BRINGING THIS INFORMATION IS TIMELY. IT PROVIDES CRITICAL REPORTING. ON THE IMPORTANCE OF ENSURING OUR MENTAL HEALTH SERVICES DO BETTER AT CONNECTING WITH ALL RESIDENTS IN OUR COMMUNITY. THE IMPORTANCE OF CULTURALLY APPROPRIATE SERVICES CANNOT BE UNDERSTATED. SO MANY OF OUR CORE PROGRAM MODELS HAVE BEEN DEVELOPED THROUGH THE LENS OF THE DOMINANT COMMUNITY, AND I SAY THAT WITHOUT CASTING BLAME OR DEVALUING THE WORK THAT HAS BEEN DONE OVER THE YEARS, BUT ON A DAILY BASIS WE HEAR AND WE SEE AND WE READ THE NEWS OF INDIVIDUALS IN MENTAL HEALTH CRISIS WHO HAVE BECOME ENGAGED WITH LAW ENFORCEMENT COMMUNITY AND DUE TO A MENTAL HEALTH CHALLENGE IT'S BEEN SHOWN THOSE SITUATIONS CAN BECOME DEADLY. WE NEED TO DO BETTER THAN WHAT WE'RE DOING. WE CAN DO BETTER. WE MUST DO BETTER. WE MUST MAKE SURE THAT WE REDUCE THE IMPACT OF LIMITED SERVICES AND NON EFFECTIVE TREATMENT MODELS TO VULNERABLE COMMUNITIES AND COMMUNITIES OF COLOR. THIS REPORT FOR ME PROVIDES STEPS THAT WE CAN TAKE THROUGH COLLABORATION AND RESOURCE DEVELOPMENT TO IMPROVE OUR MENTAL HEALTH NETWORK OF SERVICES OVER ALL. THE REPORT INDICATES THAT SERVICE DELIVERY MODELS WORKING WITHIN THE HISPANIC COMMUNITY ARE AVAILABLE. NOTABLY IN THE LOS ANGELES AREA THEY HAVE BEEN ABLE TO REVIEW AND VISIT THOSE PROGRAMS. ARE YOU IN ANY WAY USING SOME OF THOSE METHODS THAT ARE TRANSFERABLE FROM LOS ANGELES? COULD WE DUPLICATE THOSE MODELS HERE?

Diana St. Amor: SO COMMISSIONER SMITH, THANK YOU. I CAN ADDRESS THAT. I ACTUALLY THROUGH MY QUALITATIVE STUDIES SPOKE TO A PERSON WHO HAD WORKED IN THE LOS ANGELES AREA. AND SHE HAD SUGGESTED SEVERAL MODELS THAT COULD BE IMPLEMENTED IN OUR COMMUNITY TO ME.

THOSE ARE PARTS OF MY REPORT THAT YOU CAN ALSO FIND ONLINE THROUGH THE OREGON HEALTH AUTHORITY. YES, ABSOLUTELY THOSE CAN BE REPLICATED.

Commissioner Smith: THAT'S THE VALUE OF BRINGING THIS REPORT FORWARD. THE VALUE OF USING OTHER BEST PRACTICES OTHER PLACES SO THEY ARE FROM A PUBLIC SECTOR STANDPOINT WE ARE THE HEALTH AUTHORITY HERE AT MULTNOMAH COUNTY AND IT IS OUR RESPONSIBILITY TO MAKE SURE WE SEEK OUT THOSE OPPORTUNITIES TO BETTER SERVE THE RESIDENTS HERE IN MUSIC. THANK YOU SO MUCH. THIS IS VERY VALUABLE.

Chair Kafoury: DO YOU HAVE A PRESENTATION?

Diana St. Amor: YES, I DO AS WELL. YES. THANK YOU FOR THE TIME THIS MORNING. I APPRECIATE IT. MY NAME IS DIANA ST. AMOR, MASTER OF SOCIAL WORK STUDENT AT WESTERN NEW MEXICO UNIVERSITY. MY REPORT IS REALLY A COMPLEMENT TO KIMBERLY'S. I HAVE DONE THE QUALITATIVE PIECE, WHICH IS INTERVIEWING 16 INDIVIDUALS THROUGHOUT THE STATE OF OREGON BOTH RURAL AND URBAN PROVIDERS. I REALLY WANTED TO GET A REPRESENTATIVE SURVEY THROUGHOUT OREGON. I HAVE INTERVIEWED SOCIAL WORKERS, EXECUTIVE DIRECTORS, MEMBERS OF THE CHURCH AND OTHER AFFILIATED ORGANIZATIONS THAT SERVE LATINOS. 12 OF THE INDIVIDUALS I INTERVIEWED WERE BILINGUAL AND BUY CULTURAL AND FOUR WERE BILINGUAL AND OTHER RACES.

MY INTERVIEW QUESTIONS IN THIS STUDY FOCUSED ON BARRIERS TO MENTAL HEALTH AND ALSO I ASKED THEM WHAT COULD BE DONE IN THEIR EXPERIENCE TO IMPROVE MENTAL HEALTH SERVICES. SO THE TWO BARRIERS THAT I DISCOVERED IN MY RESEARCH WERE DIVIDED INTO SYSTEMIC AND INDIVIDUAL. SYSTEMIC REALLY BEING THE EXTERNAL STRUCTURAL BARRIERS THAT PREVENT PEOPLE FROM GETTING MENTAL HEALTH SERVICES AND INDIVIDUALS JUST MORE PERSONAL BARRIERS. THEY REALLY DID COMBINE. THE SYSTEMIC I FOUND IMPACTED THE INDIVIDUAL. I'M GOING TO FIRST DISCUSS SOME BARRIERS AND THEN TALK ABOUT SOME RECOMMENDATIONS AND POSSIBLE POLICY IMPLICATIONS. SO FIRST I'M GOING TO TALK ABOUT THE SYSTEMIC BARRIERS. I HAVE PUT THESE IN ORDER OF FREQUENCY SO THE NUMBER OF RESPONDENTS WHO ADDRESS THESE. FIRST WERE THE LACK OF CULTURALLY SPECIFIC MENTAL HEALTH SERVICES. I HAVE A QUOTE HERE FROM A PROVIDER IN BEND. IT'S REALLY NOT ABOUT STIGMA, IT'S MUCH MORE ABOUT THE INAPPROPRIATENESS OF MENTAL HEALTH SERVICES. IN OUR COMMUNITY THINGS AREN'T CULTURALLY APPROPRIATE BECAUSE WE HAVE A DOMINANT CULTURAL NARRATIVE FOR HOW MENTAL SERVICES SHOULD BE PROVIDED.

THAT WAS FROM A PROGRAM DIRECTOR IN BEND. SECONDLY, THIS TIES IN WITH THE FIRST, LACK OF BILINGUAL AND BUY CULTURAL PROVIDERS.

THERE'S A REAL SHORTAGE SO PEOPLE CANNOT ACCESS THE SERVICES. IF THEY DO THEY TEND TO DROP OUT EARLIER IF NOT CULTURALLY APPROPRIATE. I THINK THIS HAS BEEN DISCUSSED AS WELL. THE POLITICAL CLIMATE. FEAR OF OBTAINING SERVICES DUE TO THE POLITICAL CLIMATE. ONE PERSON, LATINO CLIENTS ARE LESS LIKELY TO SEEK OUT GOVERNMENT PROVIDED MENTAL HEALTH SERVICES BECAUSE THEY ARE WORRIED ABOUT ICE AND DOCUMENTATION STATUS. THAT WAS FROM A PROGRAM COORDINATOR IN MEDFORD. THERE'S ALSO A LACK OF FUNDING FOR MENTAL HEALTH SERVICES. THAT WAS A REAL BARRIER. FROM MY FEEDBACK THERE WAS A DENNIS HASTERT OF FUNDING AN -- A DERTH OF FUNDING AND EVERYONE WAS STRUGGLING TO ACCESS THE SAME FUNDS. ONE EVER THE MODELS THAT'S COMING AROUND IS THE INTEGRATED BEHAVIORAL AND PRIMARY CARE SERVICES. SO THAT REALLY IS CULTURAL APPROPRIATE FOR LATINOS. THAT WORKS WELL.

Diana St. Amor: THERE'S A FEW MODELS IN OUR COMMUNITY CURRENTLY SO WE NEED MORE OF THOSE. NUMBER 6, LACK OF AWARENESS, EDUCATION ABOUT MENTAL HEALTH SERVICES SO I THINK THAT TIES INTO THIS PEOPLE AREN'T AWARE OF MENTAL HEALTH SO THEY ARE NOT ACCESSING IT OR THERE'S STIGMA AS WELL. THE LAST WAS LACK OF ACUTE MENTAL HEALTH SERVICES FOR LATINOS. THAT WAS REALLY THE EXTREME CASES THAT KIMBERLY REFERRED TO. SO NOW I'M GOING TO TALK ABOUT SOME INDIVIDUAL BARRIERS. AGAIN, THIS IS TIED TO THE SYSTEMIC, WHICH IS FEAR AGAIN. THERE'S A LOT OF FEAR IN THE COMMUNITY ABOUT EVEN GOING TO GOVERNMENT SERVICES OR OBTAINING THEM FOR FEAR OF QUESTIONS ABOUT RESIDENCY STATUS. NUMBER 2 IS LACK OF INSURANCE AND THE ABILITY TO PAY. A LOT OF PEOPLE STILL ARE UNINSURED AND CANNOT ACCESS MENTAL HEALTH SERVICES. NUMBER 3 IS MENTAL HEALTH SERVICES ARE NOT CULTURALLY RELEVANT. I THINK COMMISSIONER SMITH SPOKE TO THIS. IT'S REALLY A DOMINANT CULTURAL MODEL THAT'S BEING IMPLEMENTED. AGAIN, LACK OF BILINGUAL AND BICULTURAL THERAPISTS. THERE'S NO ABILITY TO BILL FOR ALTERNATIVE THERAPIES WHICH ARE OFTEN CULTURALLY APPROPRIATE. THERE'S TALK OF MENTAL HEALTH SERVICES, NOT INTEGRATED. OTHER FACTORS ARE EXTERNAL. CHILD CARE, TRANSPORTATION, LACK OF HOURS, EVENING FLEXIBLE FOR THIS PARTICULAR POPULATION.

AGAIN, STIGMA AND LACK OF EDUCATION. SO I ASKED THE INDIVIDUALS THAT I INTERVIEWED ABOUT WHAT THEIR IDEAL MODELS WOULD BE IF THEY HAD UNLIMITED RESOURCES. THESE ARE SOME OF THE RESPONSES I GOT. THE NUMBER ONE WAS REAL NEED FOR THE INTEGRATED PRIMARY CARE AND MENTAL HEALTH SERVICES MEANING AN INDIVIDUAL GOES TO A PRIMARY CARE CLINIC AND THEN IS REFERRED TO A BEHAVIORIST. THAT WAS A CULTURALLY APPROPRIATE MODEL THAT WORKED WELL IN OTHER COMMUNITIES AND WITHIN OUR COMMUNITY. SECONDLY THE INTEGRATION OF MENTAL HEALTH SERVICES INTO COMMUNITY CENTERS. THERE WAS TALK

OF POSSIBLY INTEGRATING THOSE INTO SUN SCHOOLS, INTO HOUSING, INTO PLATFORM MODELS. A NEED FOR MORE CULTURALLY SPECIFIC MENTAL HEALTH CLINICS AND ALSO INTEGRATING POSSIBLY INTO COMMUNITY CENTERS AND CHURCHES USING A PLATFORM MODEL. HAVING ALL THE RESOURCES IN ONE PLATFORM RATHER THAN DIVIDED THROUGHOUT THE COMMUNITY, WHICH WOULD CREATE GREATER BARRIERS. LASTLY, SOME OF THE POLICY IMPLICATIONS, WE DEFINITELY NEED MORE FUNDING FOR LATINO SPECIFIC MENTAL HEALTH, MORE GENERAL FUNDING WAS ASKED FOR, LESS COMPARTMENTALIZED. THERE IS ALSO A NEED FOR MORE WORK FORCE DEVELOPMENT SPECIFICALLY TO ADDRESS THE BILINGUAL AND BUY CULTURAL -- BICULTURAL ISSUE AND MAYBE A MODEL WOULD BE STARTING WITH COMMUNITY HEALTH WORKERS MOVING UP TO CLINICIANS AND PH.D LEVEL.

Diana St. Amor: THE WHOLE PLATFORM THAT MIGHT BE A PART OF THE EDUCATIONAL SYSTEM TO CREATE MORE BILINGUAL AND BICULTURAL PROVIDERS. EASIER REIMBURSEMENT FROM INSURANCE, ACCESS TO GENERAL FUNDS, AWARENESS OF MENTAL HEALTH IN SCHOOLS BECAUSE THIS IS A VERY YOUNG POPULATION AND I THINK IF WE ADDRESS THOSE NEEDS EARLY THEN IT'S BETTER. LASTLY NEED FOR AS COMMISSIONER SMITH SAID MORE RESEARCH ON SUCCESSFUL MODELS THAT HAVE BEEN IMPLEMENTED IN OTHER COMMUNITIES. IN SUMMARY, I HAVE A QUOTE HERE IF A MENTAL HEALTH SYSTEM IS DESIGNED CORRECTLY FOR LATINOS THEN THERE ARE NO BARRIERS. I'M FROM LOS ANGELES AND I HAVE SEEN IT WORK. THAT'S SPECIFICALLY FROM OUR PROGRAM DIRECTOR. SO THANK YOU VERY MUCH FOR YOUR TIME. I APPRECIATE IT.

Chair Kafoury: ANY QUESTIONS BEFORE WE BRING UP THE OTHER PANEL? COMMISSIONER STEGMANN?

Commissioner Stegmann: THANK YOU SO MUCH FOR THIS INFORMATION. I APPRECIATE YOU DOING THE DEEP DIVE. A LOT OF TIMES WE TALK ABOUT DISAGGREGATING THE DATA. I'M HEARING YOU SAY THAT'S NOT EVEN EVER BEEN AGGREGATED. THE FACT YOU PULLED TOGETHER THE DATA AND LOOKED AT IT MORE DEEPLY IS GREAT. SO I REPRESENT EAST COUNTY AND SO WE HAVE A VERY DIVERSE COMMUNITY SO I CAN REALLY APPRECIATE THE WORK. IT'S ABSOLUTELY IMPORTANT AND THEN I GUESS THE SECOND PART OF ALL OF THIS IS THE WHY. OBVIOUSLY BECAUSE THERE'S A LOT OF POVERTY IN EAST COUNTY I CAN'T HELP BUT THINK THESE THINGS ARE RELATED, CULTURAL BARRIERS AND POVERTY. IT'S A SUPER YOUNG POPULATION, ESPECIALLY IN EAST COUNTY. FIGURING OUT HOW TO INTEGRATE MENTAL HEALTH INTO OUR NORMAL DOCTORS' VISITS, I LOVE THAT. MY PROVIDER HAS BEEN DOING THAT AND IT'S JUST REALLY, REALLY NICE TO HAVE SOMEBODY ASK THOSE QUESTIONS THAT I HONESTLY HAVE NEVER BEEN ASKED BEFORE. OH, THIS IS REALLY DIFFERENT. THEY HAVE REFERRED ME TO DIFFERENT SERVICES. I REALLY APPRECIATE THAT. I THINK

THE BOTTOM LINE IS THAT JUST MEETING PEOPLE WHERE THEY ARE. SAYING WHAT IS IT THAT YOU NEED? WHAT BARRIER NEEDS TO BE REMOVED IN ORDER FOR YOU TO ACCESS MENTAL HEALTH THAT MOST OF OUR COMMUNITY HAS ACCESS TO BUT YOU DON'T FOR PARTICULAR REASONS. SO SPOTLIGHTING ALL OF THIS IS REALLY IMPORTANT. THANK YOU SO MUCH FOR COMING TO SHARE THE INFORMATION WITH US.

Kimberly Volcker: THANK YOU VERY MUCH.

Commissioner Vega Pederson: WE'RE GOING TO HAVE THE OTHER PANEL COME BACK UP. I HAVE A COUPLE OF QUESTIONS FOR YOU GUYS. THANK YOU SO MUCH FOR PRESENTING THIS DATA. I'M GLAD THAT WE'RE FOCUSING ON SUCH AN IMPORTANT TOPIC. IT SEEMS TO BE COMING UP FOR ME IN SO MANY DIFFERENT CONVERSATIONS IN TERMS OF JUST ACCESS TO MENTAL HEALTH SERVICES IS ALWAYS AN ISSUE THAT HAS COME UP BUT I THINK ESPECIALLY BECAUSE OF THE WIDESPREAD STRESS AND ANXIETY SO MANY ARE LIVING WITH OVER THE LAST YEAR OR SO. THIS HAS BEEN EVEN MORE OF A PROBLEM AND MORE OF AN ISSUE THAT WE'RE SEEING IN A LOT OF DIFFERENT PARTNERS AND COMMUNITIES. SO THE QUESTION I HAD IN TERMS OF THE FIRST PRESENTATION WHEN YOU WERE BROKE IT DOWN BY -- YOU BROKE IT DOWN BY COUNTIES OF RESIDENCE. WERE THOSE THE NUMBER OF PEOPLE WHO HAD SO THE MENTAL HEALTH SERVICES BY COUNTY?

Kimberly Volcker: YES, COMMISSIONER, THANK YOU. IT'S THE PATIENTS WHO HAD RECEIVED MENTAL HEALTH SERVICES. SO WE DON'T HAVE ACCESS OR THAT DATA SET DID NOT CONTAIN INDIVIDUALS WHO DESIRED MENTAL HEALTH CARE AND WEREN'T ABLE TO RECEIVE IT. ALL OF THESE PATIENTS HAD BEEN ENTERED INTO MENTAL HEALTH SERVICES AT ONE POINT EVEN IF BRIEFLY.

Commissioner Vega Pederson: SO WHEN YOU'RE TALKING ABOUT LIKE SPECIFICALLY FOR MINORS YOU'RE SAYING THAT THEY ARE RECEIVING SERVICES ABOUT THE SAME RATE AS THE GENERAL POPULATION IS ACCESSING SERVICES, BUT THEY ARE A BIGGER PART OF THE POPULATION SO IT'S ACTUALLY A LITTLE BIT LESS IN TERMS OF STRAIGHT NUMBERS?

Kimberly Volcker: OKAY. THANK YOU FOR YOUR QUESTION. I'M MAKING SURE THAT I'M COMPLETELY UNDERSTANDING YOU. YES. WHAT WE SEE HAPPENING IS THAT A LARGER PROPORTION OF THE LATINO POPULATION ARE MINORS. SO WHAT YOU'RE LOOKING AT SPECIFICALLY FOR THAT COUNTY HOW THAT'S GETTING BROKEN DOWN IS I'M LOOKING AT THAT BY COUNTY SAYING THE LATINO POPULATION WHO ARE PATIENTS AND WHO ARE RECEIVING SERVICES, WHAT PERCENTAGE ARE IN MULTNOMAH COUNTY, WHAT PERCENTAGE IS IN WASHINGTON COUNTY AND SO ON. THAT'S ALSO DONE FOR THE TOTAL POPULATION. SO WHAT YOU END UP SEEING IS THAT THERE IS THAT SIMILAR RATE WITHIN MULTNOMAH COUNTY.

Commissioner Vega Pederson: GOTCHA.

Kimberly Volcker: DOES THAT ANSWER YOUR QUESTION?

Commissioner Vega Pederson: IT'S BY COUNTY, NOT NECESSARILY BY POPULATION. THANK YOU. THEN I THINK THAT IT'S GOING TO BE WHEN WE HAVE THE FIRST PANEL COME UP WE CAN TALK ABOUT SOME OF THE POLICY IMPLICATIONS. WHEN YOU'RE UNDERSTANDING LOOKING AT THE BARRIERS I THINK THE WORK THAT WE TRY TO DO HERE IS TO FOCUS ON STREAM. RECOMMENDATIONS YOU GIVE, A LOT OF THESE THINGS THAT ARE FACTORS IN TERMS OF BARRIERS ARE BROADER POLICY ISSUES WE NEED TO INVEST IN TOO. THANK YOU BOTH FOR ALL THIS WORK.

Chair Kafoury: THANK YOU VERY MUCH. OTHER QUESTIONS? IF YOU HAVE A RESEARCHY QUESTION. NOT THAT OUR OTHER PANEL COULDN'T ANSWER A RESEARCHY QUESTION BUT WHEN YOU HAVE THE RESEARCHERS --

Commissioner Meieran: I TRULY LOVE THE QUALITATIVE AND QUANTITATIVE APPROACH THAT YOU TAKE. THAT'S WHERE WE REALLY GET A MEANINGFUL CONFLUENCE OF DATA TO INFORM OUR POLICY DECISIONS. REALLY APPRECIATE THAT. I'M JUST CURIOUS IN THE 16 PEOPLE THAT YOU INTERVIEWED, WERE THERE ANY PEOPLE WITH LIVED EXPERIENCE OR WERE THEY ALL MORE THE PROVIDER ADMINISTRATIVE LEVEL?

Diana St. Amor: MOSTLY PROVIDER ADMINISTRATE LEVEL. MOST HAVE AT LEAST 20 YEARS' EXPERIENCE WITH THIS PARTICULAR POPULATION.

Commissioner Meieran: THANK YOU.

Chair Kafoury: THANK YOU BOTH SO MUCH FOR COMING TODAY. GLAD YOU HAD THE OPPORTUNITY NOT ONLY TO DO THIS RESEARCH BUT TO PRESENT IT. I HOPE YOU'RE HAVING OTHER OPPORTUNITIES TO PRESENT IT FAR AND WIDE AROUND THE STATE. I KNOW LIKE MOST ISSUES THIS IS NOT JUST AN ISSUE THAT INDIVIDUALS LIVING IN MULTNOMAH COUNTY FACE BUT REALLY ACROSS OUR ENTIRE STATE. SO THANK YOU SO MUCH.

Diana St. Amor: THANK YOU.

Chair Kafoury: NUMBER ONE, PLEASE COME BACK UP.

Linda Castillo: CHAIR, COMMISSIONERS, I HOPE YOU CAN TELL HOW EXCITED WE ARE ABOUT THIS INFORMATION. IT'S JUST THE VERY BEGINNING FLOOR OF THIS AMAZING NEW MANSION THAT WE'RE GOING TO BUILD IN TERMS OF THE POSSIBILITIES OF SERVICES THAT CAN BE AVAILABLE FOR OUR COMMUNITY. I THINK ONE OF THE QUESTIONS THAT COMES TO MIND IN TERMS

OF REVIEWING THE RESEARCH AND THE QUESTIONS THAT CAME ABOUT IS THINKING ABOUT REFERRALS THEN ACCESS TO SERVICES, THEN PERHAPS LOOKING AT SOME POINT WE'LL HAVE TO THINK ABOUT THIS, RETENTION IN SERVICES BASED ON EFFECTIVENESS OF THE SERVICES THAT THEY RECEIVE AND ONGOING OUTCOMES. THAT'S SOMETHING WE NEED MORE INFORMATION ON THAT WILL BE HELPFUL FOR THE QUESTIONS THAT WERE ASKED TODAY. AS WE LOOKED AT THE RESEARCH AND RECOMMENDATIONS AGAIN AND AGAIN, THE THINGS THAT WE SEE IS THERE'S THE UNDERLYING NEED FOR QUALIFIED MENTAL HEALTH PROFESSIONALS AND PROVIDERS INCREASING THAT PIPELINE OF PROVIDER DEVELOPMENT, INCREASING PEER PROVIDERS, VALUING RECRUITING MULTILINGUAL PROVIDERS. WORKING ON RECREDENTIALING SYSTEM TO CREATE QUALIFIED STAFF WITH INTERNATIONAL CREDENTIALS, WHICH WILL HELP ALSO INCREASE THE PIPELINE OF PROVIDERS.

Linda Castillo: INCREASE THE 234U78 AND LEVEL OF CULTURALLY COMPETENT SUPERVISORS TO THE STAFF. PART OF THE RETENTION OF THE PROVIDERS HAS BEEN THAT THEY HAVEN'T FELT SUPPORTED BY THE SUPERVISORS THAT ARE ASSIGNED TO WORK WITH THEM IT. UTILIZATION OF BEST PRACTICE MODELS THAT CENTER THE CLIENT'S NEEDS OVER MAINSTREAM MODELS AND OUT COMES. FISCAL AND RESOURCE PARITY ISSUES, ADDRESSING THE DRIVERS SUCH AS PROVIDED TO THE STATE AND COORDINATE CARE ORGANIZATIONS FOR INTEGRATED CARE CUSTOMIZED SERVICES TO THE LATINO COMMUNITY. MORE CULTURALLY COMPETENCE OF CARE. JUST INCREASING THE ADVOCACY FOR THE RESEARCH FINDINGS THROUGH MULTI JURISDICTIONAL AND LEGISLATIVE TESTIMONY AT SOME POINT AND HAVING THE ABILITY TO WORK TOGETHER AS VALIDATORS OF THE WORK TOGETHER. ASSISTANCE IN BUILDING THOSE LEGISLATIVE CONCEPTS TO MOVE US TO THE PLACE TO BE ABLE TO REFORM THE PROVISION OF MENTAL HEALTH SERVICES TO OUR MOST VULNERABLE CHILDREN AND YOUTH AND LATINOS THROUGHOUT THE STATE. THANK YOU.

Alberto Moreno: THANK YOU, CHAIR. APPRECIATE BEING ALLOWED BACK ON THE DIAS. THAT DOESN'T ALWAYS HAPPEN FOR ME. THANK YOU. COMMISSIONERS, LOVELY AGAIN TO BE BEFORE YOU. AS CHAIR OF THIS AUGUST COMMISSION, AND I THINK COMMISSIONER VEGA-PEDERSON KNOWS THIS ABOUT ME, I HAVE DECREASED APPETITE FOR SYMBOLISM. SO WHAT WE WANT TO DO IS WE WANT TO MAKE MEANINGFUL SYSTEMIC POLICY CHANGES. SO THIS REPORT IS REALLY INTENDED TO BE A SENTINEL REPORT. IT'S NEVER BEEN COMMISSIONED OR EXECUTED EVER BEFORE THIS, IT HAS JUST BEEN SITTING IN DHS AND OHA FOR DECADES. NO ONE SAID, WHAT DOES IT SAY ABOUT THIS COMMUNITY? WHAT DOES IT SAY ABOUT NEED AND OPPORTUNITY. THE REPORT AT THE END OF THE DAY IS NOT MEANT TO BE A REPORT THAT WE SHELF, THAT WE FEEL GOOD ABOUT. IT'S MEANT TO GIVE US A KIND OF ARCHITECTURE TO MOVE FORWARD, A POLICY FRAMEWORK THAT GETS TO ADDRESS SOME OF THE GAPS THAT YOU HEARD ABOUT

TODAY. SO WE WANTED TO COME BEFORE YOU BECAUSE MULTNOMAH COUNTY IS SUCH AN IMPORTANT AND VITAL PARTNER NOT ONLY BECAUSE OF YOUR LEADERSHIP AND THE VISION YOU EXERCISE EVERY DAY BUT BECAUSE OF THE NUMBER OF LATINOS THAT YOU HAVE. TO CLARIFY, THE REASON YOU'RE SEEING SO MANY MINOR CHILDREN SEEKING SERVICES IS BECAUSE OUR POPULATION TENDS TO BE YOUNGER THAN THE GENERAL POPULATION. ALSO I THINK IT'S INDICATIVE OF THE FACT THAT MINOR CHILDREN HAVE GREATER ACCESS THAN THEIR PARENTS SO THAT BEGINS TO PAINT A PICTURE ABOUT THE LATINO ADULTS WHO HAVE DECREASED ACCESS TO MENTAL HEALTH SERVICES. SO JUST WANT TO MAKE SURE THAT WE ARE CLEAR ABOUT WHAT THOSE FINDINGS SUGGEST. SO WE WANT TO MOVE FORWARD POLICY SOLUTIONS.

Alberto Moreno: WE HAVE ALREADY PRESENTED TO THE HUMAN SERVICES AT THE STATE LEGISLATURE AND THEY WERE EXCITED TO HEAR THE RESULTS BUT IT'S REALLY JUST THE BEGINNING OF THAT POLICY ARC THAT DR. GALLEGOS HAS INTIMATED TO YOU. WE WANT TO PUT TOGETHER A TIMELINE AND A PLAN SO THAT WE CAN MOVE MEANINGFUL POLICY FORWARD. SO HOW DO WE CREATE POLICIES THAT ALLOW US TO RE-CREDENTIAL PROVIDERS FROM FOREIGN COUNTRIES WHO ARE HERE? NOT WORKING IN THEIR TRAINED PROFESSION. HOW DO WE TAKE PEER MENTAL HEALTH SUPPORT SPECIALISTS WHO ARE NOW SUPPORTED BY THE TRADITIONAL HEALTH WORKERS TRADITION AND BILL AT THE STATE LEVEL THAT WE WERE PROUD TO MOVE FORWARD TO MAKE SURE THAT THEY PROVIDE ANCILLARY SUPPORT FOR THE QMHP'S, LIMITED NUMBER OF QMHPS.

HOW DO WE MAKE SURE AS WE THINK ABOUT FUNDING ALLOCATIONS THAT WE DO SO THROUGH AN EQUITY LENS. THAT IS YOU HEAR ABOUT THE LACK OF INVESTMENT IN SOME OF OUR COMMUNITIES HISTORICAL AND POTENTIALLY EVEN PRESENT, HOW DO WE LOOK AT THAT ALLOCATION DIFFERENTLY? THERE ARE SO MANY OPPORTUNITIES TO DO BETTER AND WE KNOW THAT RESTING IN EACH OF YOUR CHAIRS IS THAT WAITING COMMITMENT IN JUST WE ARE EXCITED TO PARTNER WITH EACH OF YOU TO MAKE THAT HAPPEN. I KNOW THAT WE ARE CHAMPIONS HERE TODAY AND WE WANT TO BUILD ON THAT AND WORK WITH YOU TO LOOK AT WHAT ARE THOSE POLICY AND FUNDING AND INVESTMENT OPPORTUNITIES THAT WE CAN BRING FORWARD TO MAKE THIS BETTER FOR OUR CHILDREN AND THEIR PARENTS TOO I MIGHT ADD. HAPPY TO TAKE QUESTIONS BUT I ALSO WANT TO GIVE OUR ESTEEMED COMMISSIONER A CHANCE TO SAY SOMETHING.

Joe Gallegos: CHAIR KAFOURY, COMMISSIONERS, AS YOU CAN IMAGINE I'M VERY EXCITED BY THIS EFFORT ON BEHALF OF OCHA AND THE OTHER ADVOCACY COMMISSIONS. AGAIN I APPRECIATE YOUR QUESTIONS. I THINK THEY ARE EXTREMELY APPROPRIATE FOR THIS LEVEL OF RESEARCH. JUST TO REMIND US THAT THIS IS VERY PRELIMINARY. THESE ARE PRELIMINARY EFFORTS. THESE ARE ONLY OUR FIRST TWO STUDIES, AND WE ANTICIPATE

MANY MORE. BUT TO APPRECIATE SORT OF THE LEVEL, THE KNOWLEDGE DEVELOPED PROCESS, THESE WERE AND ARE VERY EXPLORATORY KINDS OF RESEARCH, AND YOU'RE CORRECT IN QUESTIONING ANY NEEDS ASSESSMENT BEGINS WITH THIS KIND OF EXPLORATORY STUFF. THEN RECOGNIZING THAT, THE DATA THAT WE'VE GOT IS COMING FROM PEOPLE WHOM HAVE SO THE SERVICE. ONE CAN ANTICIPATE THERE'S A WHOLE RAFT OF OTHER PEOPLE THAT DIDN'T ACCESS THE SYSTEM YET. WE NEED TO FIGURE OUT HOW WE CAN BETTER UNDERSTAND WHAT THAT POPULATION LOOKS LIKE. SO AGAIN, THERE'S A NUMBER OF CHALLENGES IN TERMS OF DEVELOPING A KNOWLEDGE THAT WE USE AS A BASE FOR OUR POLICY DECISION MAKING. FOR US THAT'S THE WHOLE PURPOSE. THAT'S THE GOAL OF THIS EFFORT IS REALLY TO DEVELOP A DATA COLLECTION, DATA RESEARCH, DATA ANALYSIS PROCESS THAT WILL LEAD TO SOLID POLICY RECOMMENDATIONS.

Joe Gallegos: I WAS JUST TRYING TO THINK, I REMEMBER I THINK IT WAS 1988, '89, THAT I WAS ACTUALLY ASKED BY COMMISSIONER -- THE CHAIR MCCOY TO REVIEW THE MULTNOMAH COUNTY MENTAL HEALTH SYSTEM. SO WE DID THAT BACK THEN. IT'S JUST FASCINATING THAT WE'RE STILL DEALING WITH A NUMBER OF THE SAME KIND OF ISSUES. I THINK WE HAVE MADE SOME SYSTEMIC CHANGES THAT HAVE IMPROVED ACCESS TO OUR POPULATION, BUT STILL SOME OF THE ISSUES PARTICULARLY POWER ISSUES, BILINGUAL, BICULTURAL, THAT SORT OF THING, WE NEED TO LOOK AT OUR TRAINING OF MASTER STUDENTS AND DOCTORAL STUDENTS. TRYING TO THINK ABOUT THE COUNTY IN PARTICULAR, I HEARD ONE STORY IN WASHINGTON COUNTY, ICE HAD ARRESTED A FATHER OF A FAMILY, AND THERE WAS EXTREMELY TRAUMATIC ON THE CHILDREN IN THAT FAMILY. THEY DIDN'T GO TO SCHOOL FOR I DON'T KNOW HOW MANY WEEKS AFTER THAT. AGAIN, JUST IMAGINING THE TRAUMA THAT THESE FAMILIES GO THROUGH, AND HOW THAT TIES INTO THEN SANCTUARY STATUS, HOW OUR POLICE DEAL WITH OUR CITIZENS AND SO ON.

THE OTHER KIND OF THING IT MAKES ME THINK ABOUT IN TERMS OF THE COUNTY LEVEL IS OUR HEALTH CARE, OUR SCHOOL SOCIAL WORKERS THAT IN, BOY, AGAIN, 1988, 1989, THAT WE DECLASSIFIED SCHOOL SOCIAL WORKERS. INSTEAD WE HAVE HAD 30 YEARS THEN OF NOT HAVING THEM IN THE SCHOOLS. I THINK THAT WE HAD A BILL LAST SESSION ACTUALLY TO RETURN SCHOOL SOCIAL WORKERS TO THE SCHOOL SYSTEMS, BUT AGAIN, THAT'S ANOTHER MENTAL HEALTH PROVIDER THAT WE SURELY NEED IN OUR SCHOOLS. THOSE ARE SOME POLICY IMPLICATIONS I THINK WE CAN ANTICIPATE MORE. AGAIN, TO RECOGNIZE THAT THIS IS A STEP BY STEP PROCESS, WE'LL CONTINUE TO SORT OF ANALYZE THIS DATA AND TRY TO DEVELOP THE KINDS OF QUESTIONS THAT ARE GOING TO LEAD TO SOLID POLICY RECOMMENDATIONS.

Chair Kafoury: QUESTIONS OR COMMENTS FROM THE BOARD?

Commissioner Stegmann: THANK YOU FOR PRESENTING TODAY. THIS IS REALLY IMPORTANT INFORMATION, ESPECIALLY FOR MY EAST COUNTY DISTRICT. I APPRECIATE WHAT YOU'RE TALKING ABOUT, THAT THERE'S A NEED FOR CULTURALLY COMPETENT PROVIDERS, BUT IT'S ALSO AN OPPORTUNITY. I HAVE A YOUNG WOMAN IN MY LIFE WHO WANTS TO GO INTO THE MEDICAL FIELD, SO I THINK REALLY KIND OF BRINGING UP THAT NEXT GENERATION TO SAY, THERE ARE -- WE ALSO HAVE TO START PAYING OUR MENTAL HEALTH PROVIDERS A LITTLE BIT BETTER TOO. THAT WOULD BE REALLY HELPFUL. ABSOLUTELY WE NEED MORE RESOURCES AND WE ESPECIALLY NEED THEM IN EAST COUNTY. SO I AM VERY SUPPORTIVE OF YOUR WORK AND ANYTHING THAT I CAN DO PLEASE FEEL FREE TO CONTACT ME AND THANK YOU SO MUCH FOR PRESENTING TODAY.

Alberto Moreno: THANK YOU.

Commissioner Vega Pederson: SO THANKS TO ALL OF YOU. IT'S SO GOOD TO SEE YOU HERE TESTIFYING. ALWAYS WONDERFUL TO HAVE MY FORMER COLLEAGUE PROFESSOR GALLEGOS COME AND SHARE HIS INSIGHTS ON THIS. I THINK THIS IS SUCH WONDERFUL WORK FOR THE COMMISSION ON HISPANIC AFFAIRS TO BE TAKING ON AND LIFTING UP THIS DATA THAT HAS BEEN LYING FALLOWS FOR SO LONG TO POINT OUT THE NEEDS IN OUR COMMUNITY. I SEE NANCY IN THE AUDIENCE. LUCY WAS HERE EARLIER. YOU HAVE GREAT STAFF AND WONDERFUL INTERNS DOING THIS WORK BUT IT'S REALLY ON THE COMMISSION ITSELF TO BE DRAWING ATTENTION TO IT, DOING EXACTLY WHAT YOU'RE DOING. YOU'RE IN THE BEST POSITION TO HELP BUILD THE WEB OF SUPPORT NEEDED TO MAKE SOME OF THESE POLICY CHANGES HAPPEN. WHAT INVESTMENTS DO WE NEED FROM OUR K-12 SYSTEM, FROM THE CCOS, FROM OHA, FROM THE COUNTIES. IT'S GOING TO TAKE A LOT OF WORK FROM A LOT OF DIFFERENT PEOPLE AND THE COMMISSION IS A WONDERFUL PLACE TO DO THAT.

Joe Gallegos: THANK YOU, COMMISSIONER. I DO WANT TO POINT OUT THAT THE OREGON ADVOCACY COMMISSION FOR WHICH LUCY AND NANCY, OUR STAFF, HAS BEEN ENRICHED WITH THE ADDITION OF CONNIE KIM GARVEY, WHO IS ACTUALLY THEIR POLICY RESEARCH PERSON. THAT'S A TREMENDOUS IMPROVEMENT AND HELP TO US IN THIS EFFORT.

Commissioner Vega Pederson: THAT'S WONDERFUL. I WAS ON THE COMMISSION AS THE LEGISLATIVE LIAISON, WHICH IS A WONDERFUL -- YOU'RE A LITTLE AFTER MY TIME BUT I'M GLAD TO SEE THERE'S MORE SUPPORT FOR THE COMMISSION. IT WAS ALWAYS A STRUGGLE TO MAKE SURE THERE WAS SUPPORT IN ORDER FOR THE COMMISSIONS TO FULFILL THE ROAD. WE NEED YOU TO PLAY THAT IN THE STATE. I LOOK FORWARD TO PARTNERING WITH YOU IN TERMS OF WHAT MULTNOMAH COUNTY CAN DO TO HELP WITH THIS. I THINK ALL OF US NEED TO WORK TOGETHER TO LOOK AT MORE SYSTEMIC

ISSUES THAT IMPACT THIS ISSUE BUT SOME OF THE OTHERS WE KNOW PEOPLE ARE CHALLENGED FOR SO MANY PEOPLE IN OUR STATE LIKE CHILD CARE ISSUES AND ESPECIALLY TRANSPORTATION WHEN THERE'S A LARGE PART OF OUR COMMUNITY NOT ELIGIBLE TO HAVE DRIVER'S LICENSES IN OUR STATE, THAT WE NEED TO ADDRESS THAT ISSUE WITH A STATEWIDE EFFORT. SO THANKS AGAIN FOR BRINGING THIS FORWARD. LOOK FORWARD TO CONTINUED DATA TO HELP SHED LIGHT ON THIS PROBLEM AND CONTINUE WORKING ON CHANGING AND IMPROVING THE POLICIES.

Chair Kafoury: THANK YOU, COMMISSIONER VEGA-PEDERSON.

Commissioner Meieran: I WANT TO ADD MY APPRECIATION FOR REALLY SHINING A SPOTLIGHT ON THIS WORK AND TAKING IT ON. AS A COMMISSIONER, I THINK YOU ALL KNOW THAT PROFESSOR GALLEGOS -- MY PRIORITY IS MENTAL HEALTH CARE. WE ARE WORKING ON A PROJECT ACTUALLY RESULTS SHOULD BE COMING OUT IN THE NEXT WEEK OR SO, DRAFT FORM, BUT A PROJECT LOOKING AT HOW MENTAL HEALTH SERVICES ARE ACTUALLY PROVIDED IN MULTNOMAH COUNTY AND ALSO DOING THAT QUANTITATIVE AND QUALITATIVE COMBINED APPROACH TO REALLY GET A SENSE OF WHAT PEOPLE EXPERIENCING THE SYSTEM SEE IN THAT SYSTEM.

WE ARE ALSO LOOKING AT THE BARRIERS AND CHALLENGES PEOPLE FACE AND ALSO THEIR VISION FOR WHAT THEY WISH THAT THEY COULD HAVE IN THEIR SYSTEM. DON'T WANT TO DO A SPOILER OR ANYTHING BUT AS I TOLD ALBERTO AND LINDA, ONE OF THE VERY OBVIOUS THEMES THAT HAS ARISEN IN THE CONTEXT OF THAT RESEARCH IS THE NEED FOR CULTURALLY SPECIFIC SERVICES, PROVIDERS, AND IT IS A VERY DEEP, VERY PERVASIVE NEED. EVEN SOME OF THE SPECIFIC STRATEGIES THAT YOU WERE SPEAKING TO AND SOME OF THE RECOMMENDATIONS THAT YOU MENTIONED THAT ARE MORE SPECIFIC ARE THINGS THAT CAME UP IN OUR CONVERSATION. SO I AM SO EAGER TO CONTINUE THIS WORK WITH YOU TO CONTINUE TO ADVOCATE ON BEHALF OF THIS WORK. I KNOW JUST IN TERMS OF INTEGRATION -- THAT IS SO CRUCIAL. BUT IN TERMS OF PRIMARY CARE AND MENTAL HEALTH SERVICES THEY ARE JUST STARTING THIS WORK. I DON'T KNOW WHY IT HASN'T BEEN HAPPENING BUT THEY ARE JUST STARTING THIS WORK IN GENERAL IN THEIR PILOT. THIS IS GOING TO BE A HUGE CONTINUED CONVERSATION, AND REALLY POINTS TO THE NEED FOR CONTINUING HAVING ACCOUNTABILITY AND TRANSPARENCY FOR OUR CCOS AS THEY DO SOME OF THAT IMPLEMENTATION WORK AND STRIVING FOR THAT.

I HAVE BEEN SPEAKING WITH DIFFERENT COMMUNITY ORGANIZATIONS ABOUT THE CONNECTIONS WITH PEOPLE IN THE COMMUNITY, AND THAT'S WHERE PEOPLE GO TO GET INFORMATION AND REFERRALS AND TO BE CONNECTED AND HOW WE CAN HAVE THOSE CONVERSATIONS BLOSSOM AND MULTIPLY. WE DEFINITELY THERE'S WORK WE CAN AND SHOULD BE AND ARE DOING RIGHT NOW TO ADDRESS THE FEAR AND THE TRAUMA EXPERIENCE

PARTICULARLY IN THE LATINO COMMUNITY RIGHT NOW SO THAT PEOPLE ARE ABLE TO GET THE SERVICES THEY SO DESPERATELY NEED. SO THIS IS IT LIKE THE BEGINNING OF THE POLICY ARC. I LOOK FORWARD TO CONTINUING THE JOURNEY WITH YOU. THANK YOU.

Alberto Moreno: THANK YOU, COMMISSIONER.

Chair Kafoury: COMMISSIONER SMITH?

Commissioner Smith: YES. I WANT TO THANK YOU ALL FOR COMING HERE AND KIND OF REALLY GIVING US A COMPREHENSIVE OVERVIEW OF WHAT THIS IS. WHAT THE PROBLEM IS AND WHAT IT LOOKS LIKE AND HOW TO SOLVE IT THROUGH POLICY AND THROUGH ADDITIONAL PRIORITIZATION OF RESOURCES. SO THANK YOU SO MUCH FOR COMING. I REALLY APPRECIATE THIS. THANKS.

Alberto Moreno: THANK YOU, COMMISSIONERS. THERE'S JUST SO MANY OPPORTUNITIES, AND WE LOOK TO BE IN PARTNERSHIP WITH YOU. WE ARE EXCITED ABOUT YOUR CONTINUED LEADERSHIP, COLLECTIVE LEADERSHIP ON THIS ISSUE. I WANT TO CALL OUT TO REALLY SORT OF AMPLE OPPORTUNITIES THAT ARE SPECIFIC TO MULTNOMAH COUNTY. I WON'T FORGET WHEN I FIRST TOURED THE SUICIDE HOTLINE HERE IN MULTNOMAH COUNTY MANY YEARS AGO NOW, TO LEARN THAT THERE WERE PERMANENT STAFF WHO SPOKE ENGLISH FOR THE HOTLINE BUT SPANISH SPEAKING CAPACITY OF THAT HOTLINE WAS DEPENDENT ON VOLUNTEERS OF THE DAY IF THEY WERE AVAILABLE. SO I WANT TO REFLECT ON WHAT THAT MEANS. IT MEANS IF YOU ONLY SPOKE SPANISH OR SPOKE AN INDIGENOUS LANGUAGE AND WERE FEELING SUICIDAL THAT DAY AND YOU CALLED THE HOTLINE, HELP IS ONLY AVAILABLE TO YOU IF SOMEBODY VOLUNTEERED THAT PARTICULAR DAY TO BE THERE FOR YOU. WE CANNOT INVEST DIFFER REPUBLICAN NATIONAL CONVENTIONALLY DIFFERENTIALLY IN THESE KIND OF VITAL SUPPORTS. WE SEE OPPORTUNITY FOR DIFFERENTIAL INVESTMENTS IN LATINO MENTAL HEALTH IN MULTNOMAH COUNTY.

THOSE ARE UNREALIZED OPPORTUNITIES. THEN WE SEE AN OPPORTUNITY AS YOU'VE MENTIONED TO LOOK AT WAYS TO BETTER INTEGRATE MENTAL HEALTH SERVICES INTO A PRIMARY CARE MODEL. YOU HAVE AN FQHC OPERATED BY MULTNOMAH COUNTY WHICH IS NOT NEW TO THAT MODEL AND HAS EMBRACED IT AND IS REALLY BEST PRACTICE FROM OUR PERSPECTIVE. HOW DO WE GROW THAT? WE LOOK FORWARD TO WORKING WITH YOU. GREAT CHAMPIONS HERE, I KNOW. I CAN CONFIRM THAT. THANK YOU, COMMISSIONER VEGA-PEDERSON FOR BEING A CO-SPONSOR OF THE PROTECTION BILL IS WHICH IS NOT SEPARATE OR DISTINCT FROM THIS EFFORT. I WANT TO THANK YOU FOR THAT HISTORICAL WORK AND LOOK FORWARD TO PARTNERING WITH EACH OF YOU INCLUDING YOU, COMMISSIONER KAFOURY.

Chair Kafoury: THANKS SO MUCH. I WOULD CONTINUE OUR CONVERSATION. WE HAVE THE NEXT ONE WHICH YOU MIGHT WANT TO STICK AROUND FOR WHERE WE TALK ABOUT THE UNITY CENTER. THANK YOU.

Alberto Moreno: THANK YOU FOR YOUR TIME.

Chair Kafoury: NEXT BRIEFING, FOLKS FROM THE UNITY BEHAVIORAL HEALTH CENTER.

B.2 Briefing on the Unity Behavioral Health Center. Presenter: Chris Farentinos, Vice President, Unity Center; Nimisha Gokaldas, Behavioral Health Medical Director, Health Department.

Nimisha Gokaldas: CHAIR KAFOURY, COMMISSIONERS, THANK YOU FOR HAVING ME HERE TODAY. FOR THE RECORD, MY NAME IS NIMISHA GOKALDAS, MEDICAL DIRECTOR FOR THE SERVICE IN MULTNOMAH COUNTY. I'M JOINED BY CHRIS FARENTINOS. TODAY WE'RE HERE TO SHARE OUR FINDINGS IN THE FIRST YEAR OF OPERATION. I WOULD LIKE TO THANK ALL OF THOSE THAT PRESENTED. I'M VERY EXCITED BY THE RESEARCH. LIKE DR. MEIERAN HERE, I'M A BIT OF A NERD AND THIS IS A WAY TO MOVE FORWARD TO REALLY SERVE THE POPULATION OF MULTNOMAH COUNTY, ESPECIALLY OUR LATINO POPULATION. WE HAVE A LOT OF WORK TO DO. THAT'S CLEAR FOR ALL OF US. BUT WE ARE REALLY COMMITTED TO IT, AND I KNOW WE LOOK FORWARD TO LOOKING AT THOSE AND SEEING HOW WE CAN IMPROVE THE SERVICES THAT WE HAVE HERE AT MULTNOMAH COUNTY MENTAL HEALTH.

SO BEFORE I TURN THE PRESENTATION OVER TO CHRIS, WHAT I WANTED TO DO WAS SHARE A LITTLE BIT ABOUT THE INCEPTION OF UNITY AS WELL AS THE COUNTY'S ROLE IN THE UNITY PROJECT. THE FIRST THING IS TO RECOGNIZE THAT UNITY ACTUALLY IS A COMMUNITY COLLABORATION. IT REALLY STARTED APPROXIMATELY TWO AND A HALF, THREE YEARS AGO SPEARHEADED BY LEGACY. I WOULD SAY CHRIS REALLY SPEARHEADED THIS. IT'S A COLLABORATION AMONG ADVENTIST LEGACY OREGON HEALTH AND KAISER PERMANENTE. THIS BEGAN BECAUSE AS A COMMUNITY ALL OF US REALLY SAW A NEED FOR BETTER EMERGENCY SERVICES FOR INDIVIDUALS WHO ARE SUFFERING FROM A MENTAL CRISIS OR AN EMERGENCY. A LOT OF INDIVIDUALS WERE PLACED IN PHYSICAL ERS, MARCUS MARIOTA ROOMS, SOMETIMES BOARDING FOR DAYS ON END TO GET AN INPATIENT PSYCHIATRIC BED. WHILE IN THOSE FACILITIES THERE WAS VERY LITTLE OR MINIMAL TREATMENT STARTED. YOU CAN IMAGINE SOMEONE FIVE, SEVEN DAYS STUCK IN A ROOM WITH NO TREATMENT. IT USUALLY DOES NOT HELP A MENTAL CRISIS.

SO REALLY I THINK THAT WAS A NEED REALLY SEEN AND AT THAT TIME CHRIS FARENTINOS BEGAN LOOKING AT BEST PRACTICES, GOING INTO DIFFERENT PARTS OF THE COUNTRY. UNITY WAS MIRRORED AFTER AN IN AL MEDIATION

CALIFORNIA. ONE OF THE THINGS THAT REALLY SETS IT APART, IT WAS ABOUT A YEAR OF PLANNING THAT OCCURRED. ALL THE COMMUNITY PARTNERS, PIERCE AS WELL AS COUNTY WERE -- PEERS AS WELL AS THE COUNTY WERE INVOLVED IN THE PLANNING. AT THIS POINT UNITY NOW INCLUDES A 24/7 PSYCHIATRIC ROOM FOR ANY INDIVIDUAL SUFFERING A MENTAL ILLNESS OR CRISIS. THEY CAN COME, BRING THEMSELVES IN. WE HAVE CONTRACTS TO HAVE TRANSPORT FOR THOSE SERVICES. THEY ALSO HAVE AN 85 ADULT PSYCHIATRIC INPATIENT BED UNIT. THEY RECENTLY INCREASED TO 85. IT WAS 80 UNTIL A COUPLE OF MONTHS AGO. THEY HAVE 22 ADOLESCENT BEDS FOR YOUNG CHILDREN AGE 12 AND ABOVE. ALSO A MENTAL HEALTH COURT FOR MULTNOMAH COUNTY. THIS WAS JUST A HUGE GAME CHANGER LOTS OF WAYS. PRIOR TO UNITY OPENING MENTAL HEALTH COURT WAS DOWNTOWN.

Nimisha Gokaldas: ALL INDIVIDUALS WERE IN A MENTAL CRISIS AND ON A COMMITMENT HAD TO BE TRANSPORTED DOWNTOWN, WHICH WAS VERY DIFFICULT FOR FRANKLY EVERYONE INVOLVED, ESPECIALLY THE INDIVIDUAL. BY HAVING THE MENTAL HEALTH COURT AT UNITY, THE MAJORITY OF OUR PATIENTS, NOT ALL, WE STILL HAVE OTHER HOSPITALS, BUT MAJORITY OF OUR PATIENTS ARE GETTING SERVED RIGHT AT THE CENTER THAT THEY ARE RECEIVING THEIR TREATMENT. IT DOESN'T DISRUPT TREATMENT IN THE SAME WAY FOR THAT INDIVIDUAL. WHAT I WOULD LIKE TO SAY IS I WANT TO THANK MULTNOMAH COUNTY COMMISSIONERS, THE CHAIR, FOR INVESTING \$3 MILLION TOWARD THE START KWRU7 COSTS OF UNITY. THAT WAS A HUGE HELP. AS A LOCAL MENTAL HEALTH AUTHORITY, WE AT MULTNOMAH COUNTY ARE PARTNERED WITH UNITY TO PROVIDE CARE COORDINATION FOR COUNTY CLIENTS RECEIVING SERVICES IN THEIR SYSTEM.

SO ONE OF THE THINGS THAT WAS REALLY IMPORTANT THAT WE PARTNER WITH UNITY TO MAKE SURE THAT THE COUNTY AS WELL AS CONTRACTED AGENCIES HAVE SPACE WITHIN THE FACILITY TO HELP WITH CARE COORDINATION. AN CAMP IS CASCADIA ACTUALLY HAS CASE MANAGER THAT IT HAS ROOM AT THE PSYCH EMERGENCY SERVICES TO TRY TO HELP ENGAGE INDIVIDUALS WHO NEED HELP OUT OF THE COMMUNITY OR MAY NOT HAVE THAT MUCH ACUTE TO GET THEM BACK TRANSITIONED INTO THE COMMUNITY. THAT'S THE FOCUS OF MULTNOMAH COUNTY AS A LOCAL MENTAL HEALTH AUTHORITY IS TO TRY TO SEE IF WE CAN ENGAGE AND HAVE A SMOOTHER TRANSITION FROM THOSE URGENT SETUPS BACK INTO OUR COMMUNITY. AS WE MOVE FORWARD CHRIS WILL MENTION SOME OF THE COLLABORATIONS THAT WE HAVE HAD. I WOULD LIKE TO TURN IT OVER TO CHRIS, WHO IS GOING TO TALK IN DETAIL ABOUT UNITY FOR SURE AND ANY QUESTIONS YOU HAVE WE'RE MORE THAN HAPPY TO ANSWER.

Chair Kafoury: THANK YOU. GOOD MORNING.

Chris Farentinos: THANK YOU, COUNTY COMMISSIONERS, CHAIR KAFOURY. I LOVE TO SEE ALSO THE PREVIOUS PRESENTATION ON LATINO SERVICES. FOR

TEN YEARS I RAN ONE OF THE BIGGEST LATINO SERVICES IN FOUR DIFFERENT COUNTIES. IT WAS JUST AN INCREDIBLE OPPORTUNITY THEN AND THEN WE WENT THROUGH THE 9/11 THING AND THERE WAS SUCH A DECLINE IN THE POPULATION. NOW IT'S BOOMING AGAIN. IT'S A PASSION OF MINE. BEING A LATINO MYSELF, IMPORTED DIRECTLY FROM BRAZIL. THANK YOU AGAIN FOR GIVING ME THE OPPORTUNITY. FIRST GRATITUDE. YOU GUYS ARE STILL CHANGING THE PRESENTATION, I SUPPOSE. I CAN SAY THIS WITHOUT A PRESENTATION. I WOULD LIKE TO TALK ABOUT THE ACCOMPLISHMENTS. YES. YES. AND THE THANK YOU GOES TO SO MANY PEOPLE. FIRST TO MULTNOMAH COUNTY FROM WORKING VERY CLOSELY WITH THE COUNTY CRISIS SERVICES RUN BY CASCADIA TO COLLABORATIVELY DISCHARGING PATIENTS WITH HELP OF INTENSIVE TRANSITION TEAM WE WORK TOGETHER ALL THE TIME. WE WORK WITH COUNTY INVESTIGATORS EVERY DAY GIVING DUE PROCESS TO VULNERABLE AND ILL PATIENTS THAT NEED DUE PROCESS AT UNITY. WE HAVE A COURTROOM, A HEARING ROOM WHERE WE CAN DO THOSE PROCEDURES RIGHT THERE.

Chris Farentinos: I THINK UNITY CAME TO FILL A GAP IN THE CONTINUUM OF CRISIS SERVICES THAT ALREADY EXISTED AND WERE FUNDED BY MULTNOMAH COUNTY, SO IT WAS REALLY IN ADDITION TO WHAT WAS ALREADY THERE, BY DOING THAT I THINK WE STRENGTHEN WHAT NEEDED TO HAPPEN. I THINK WE MET THAT PROMISE. I ALSO HAVE TO SAY THAT THE ACCOMPLISHMENTS THAT I'M SHOWING YOU TODAY HAVE A LOT TO DO WITH MANY OTHER PROGRAMS. SO IT'S CASCADIA, CENTRAL CITY CONCERN, LIFE WORKS NORTHWEST. IT'S FULL-TIME. IT'S DE PAUL TREATMENT CENTERS. WE WORK WITH THEM ALL OF THE TIME. IN THE SUCCESSES WE'LL SEE TODAY HAVE A LOT TO DO WITH THEM. WE HAVE ALSO WORKED VERY CLOSELY WITH PORTLAND POLICE AND AMBULANCE COMPANIES. WE HAVE REALLY TRANSFORMED THE WAY THAT A PATIENT IN A MENTAL HEALTH CRISIS IS TRANSPORTED FROM THE FIELD TO THE HOSPITAL NOW BY AMBULANCE, USED TO BE IN THE BACK OF A POLICE CAR. I HAVE SOME SLIDES TO SHOW THAT. FINALLY, OF COURSE, I COULD NOT SAY THE THINGS I WANT TO SAY WITHOUT SAYING A BIG THANK YOU TO LEGACY, TO OHSU, TO KAISER AND ADVENTIST WHO HAVE SUPPORTED US REALLY. THERE'S A LOT OF INVESTMENT THAT COME IN EVERY MONTH INTO SUPPORTING THIS OPERATION AND THIS GREAT COMMUNITY BENEFIT THAT UNITY IS FOR ALL OF US. BOTTOM LINE, I THINK BEFORE UNITY INDIVIDUALS HAD NO ALTERNATIVE BETWEEN JAIL AND UNITY.

UNITY FILLED THAT GAP. UNITY EMBRACED A FRAMEWORK THAT IS EFFECTIVE, SAFE, THE RIGHT THING TO DO FOR STAFF, FOR PATIENTS AND THEIR FAMILIES AND CREATING NEW CULTURE, MOVING FROM AN OUTDATED, RIGHT MODEL TO A MODEL THAT GIVES PATIENTS MORE VOICE AND CHOICE, IT'S NOT A SPRINT, IT'S A MARATHON. I THINK WE'RE IN MILE FIVE. IT'S NEEDLESS TO SAY UNITY SAFETY IS FRONT AND CENTER TO EVERYTHING WE DO FOR PATIENTS AND FOR STAFF. WHAT I LEARNED THIS YEAR IS THAT

CULTURE IS SORT OF THE WAY THINGS ARE DONE HERE. IT'S BEHAVIOR. CULTURE IS BEHAVIOR. THAT EXPERIENCE IS WHAT YOU GET WHEN YOU DON'T GET WHAT YOU WANT. SO WE HAVE HAD OUR SHARE OF EXPERIENCES THIS FIRST YEAR. THOSE EXPERIENCES HAVE CREATED WISDOM AND THAT WISDOM IS CREATING NEW BEHAVIORS. AT UNITY THESE NEW BEHAVIORS WITH PATIENTS HAVE EVERYTHING TO DO ABOUT MEETING PATIENTS WHERE THEY ARE, ENGAGING PATIENTS AND FAMILIES IN THEIR RECOVERY AND CREATING SAFETY FOR ALL. AS ONE PATIENT FEEDBACK STATES, EVERYONE IN THIS HOSPITAL HAS BEEN SO CORDIAL. SINCE BEING HERE I HAVE EXPERIENCED CHANGE, TOLERANCE, HARM REDUCTION, EVERY GROUP THAT I ATTEND HAS AFFECTED ME IN A NOURISHING WAY. THAT'S WHAT WE'RE TRYING TO CREATE.

Chris Farentinos: PEOPLE ONLY SHOW UP AT UNITY WHEN THEY ARE HAVING THE WORST DAY OF THEIR LIVES. IT'S NOT A SPA. IT'S A PLACE WHERE YOU GO WHEN IT'S REALLY TOUGH. THINGS ARE TOUGH. BASED ON THE VERY NATURE OF CARING FOR MENTAL HEALTH PATIENTS IN CRISIS OUR STAFF HAS TO SET LIMITS AND BOUNDARIES. WE HAVE TO. BUT WE ALSO NEED TO ALLOW CHOICE AND CONTROL WHEN INDICATED. SO WE OPERATE IN THIS CONTINUUM THAT ALWAYS PLACES SAFETY FIRST AND FOREMOST. WOOPS. CHANGING HERE. AND ALSO THROUGH THIS COLLABORATIVE PROCESS AND CONSULTATION. WE CONSULTED WITH THE DIRECTOR OF TRAUMA INFORMED ORGAN MINDY DAVIS. SHE IS HELPING US CREATE -- WE STARTED IN 2017 BUT WE HAVE A 2018 ACTION PLAN BASED OFF THE TRAUMA INFORMED OREGON HEALTH CARE STANDARDS.

IT'S THE WHOLE IDEA OF CHANGING THE QUESTION FROM WHAT'S WRONG WITH YOU WHEN YOU WALK IN AND PERHAPS YOU'RE NOT SPEAKING TO THE WALL OR YOU'RE JUST TALKING INSIDE YOUR BRAIN OR PERHAPS YOU'RE VERY AGITATED, BUT TO THINKING ABOUT WHAT HAPPENED TO YOU? WHAT HAPPENED TO YOU TO GET YOU TO WHERE YOU ARE RIGHT NOW. THE PRINCIPLES OF TRAUMA INFORMED A FOUR. SOME OF YOU MAY ALREADY KNOW THIS AND I APOLOGIZE FOR REPEATING BUT IT'S IMPORTANT TO FRAME THE CONVERSATION ABOUT WHAT WE'RE TRYING TO DO. IT'S TRAUMA WARRENS, SO THOSE WHO ARE TRAUMA INFORMED WILL UNDERSTAND THE PREVALENCE AND IMPACT OF TRAUMA IN ALMOST ALL THE PATIENTS WE SERVE AND WITHIN THE FORK FORCE AS WELL. POLICIES AND PRACTICES REFLECT THAT AWARENESS. NUMBER 2 IS SAFETY. IT'S A COMMITMENT TO PROVIDING PHYSICAL AND EMOTIONAL SAFETY FOR EVERYBODY. CHOICE AND EMPOWERMENT.

TO FACILITATE HEALING AND AVOID RETRAUMATIZATION THAT IN MANY TIMES CAN BE PRETTY TRAUMATIZING TO FOLKS. CHOICE AND EMPOWERMENT ARE PART OF THAT SERVICE DELIVERY AND STRENGTH BASE. INSTEAD OF DEFICIT BASE IT'S FOCUSING ON PEOPLE'S STRENGTHS. LET'S SEE WHAT PEOPLE CARRY IN PRECINCTS BEFORE WE LOOK AT

DEFICITS. OUR EFFORTS HAVE BEEN SO THE AFTER BY MANY OTHERS. THERE'S NOT A MONTH GO BY THAT WE DON'T HAVE A SITE VISIT BY SOME OTHER STATE, ALSO JAPAN, CANADA AND AUSTRALIA. WE HAVE BEEN VISITED BY IDAHO, ST. ALFONSO'S AND ST. LUKE HOSPITALS TRYING TO MAKE SOMETHING VERY SIMILAR IN IDAHO. THE CHI FRANCISCAN IN INDIANA, SAME IDEA. KING COUNTY BEHAVIORAL HEALTH DIVISION, THEY ARE VERY INTERESTED IN THE MODEL WE HAVE HERE. SOUTH JERSEY BEHAVIORAL COLLABORATIVE. THEY HAVE VISITED US AND ARE DOING SOME CONSULTATION WITH US. SO LET'S TAKE A LOOK AT THE NUMBERS. WE HAVE HAD OVER 10,000 VISITS IN THE PAST. WHEN I SAY PAST IT MEANS PSYCHIATRIC EMERGENCY SERVICES. WE SAY THAT SO OFTEN WE SAY PES. IT'S BEEN GOING ON -- IT WAS EXPECTED. WE DID A SOFT OPENING. WE WANTED TO LEARN THIS WAS THE FIRST TIME THAT A SERVICE LIKE THAT WAS BEING DONE.

Chris Farentinos: WE WERE VERY CAREFUL. THE NEXT SLIDE SPEAKS OF PREVALENCE IN TRAUMA IN THE PEOPLE WE SERVE. THIS IS A PIE CHART OF THE CHIEF COMPLAINTS THAT THE PEOPLE THAT SHOW UP AT OUR PSYCHIATRIC EMERGENCY SERVICE. FOR INSTANCE SUICIDE, DEPRESSION COMES FIRST, THEN PSYCHOTIC SYMPTOMS, ANXIETY, AGITATION, PARANOIA, ET CETERA. WHEN WE DIG DEEP INTO THE DIAGNOSTIC CRITERIA WE FIND THAT 60% OF PATIENTS PRESENT WITH A SUBSTANCE DISORDER AS WELL. ABOUT 40% OF OUR PATIENTS REPORT BEING HOMELESS AS THEY SHOW UP IN THE PSYCHIATRIC EMERGENCY SERVICE. 10% ARE AFRICAN-AMERICAN. 5% LATINO. 2.5% AMERICAN OR ALASKAN NATIVES. 1% ASIAN. THE TOP FOUR LANGUAGES SPOKEN THERE APART FROM ENGLISH ARE SPANISH, SOMALI, A LOT OF REFUGEES, RUSSIAN AND SIGN LANGUAGE. SO WHAT WE'LL TALK A BIT ABOUT ARE ACCOMPLISHMENTS. I WANT TO INTRODUCE YOU TO THESE TWO LADIES. JULIANA WALLACE, THE ONE THAT IS PRETENDING TO THE COUNSELOR. WE WERE POSING FOR PICTURES IN OUR NEW LOBBY. IT'S A BIG DEAL. WE HAD OUR STAFF POSE FOR PICTURES SO WE COULD SHOW OUR NEW LOBBY IN OUR WEBSITE.

SO SHE'S THE DIRECTOR OF SOCIAL WORKERS UTILIZATION MANAGEMENT PEER SUPPORT. SHE'S AWESOME. THE PATIENT IS ACTUALLY KANYATA, WHO WORKS FOR US AS AN ENVIRONMENTAL SERVICE WORKER BUT TOOK THE PEER SUPPORT TRAINING AND THEN NOW SHE SPLITS HER TIME BETWEEN CLEANING AND LENDING SUPPORT TO PEOPLE THAT SHE CAN COMMUNICATE AND CONNECT IN A WAY THAT NOBODY ELSE CAN. IF YOU'VE BEEN THERE, YOU CAN CONNECT IN A MUCH DIFFERENT WAY. UNITY WAS DESIGNED TO CREATE A BETTER, MORE EFFECTIVE ALTERNATIVE FOR PATIENTS -- PEOPLE EXPERIENCING CRISIS. AS YOU CAN SEE IN THESE CHARTS THERE'S BEEN REDUCTION OF THE NUMBER OF PATIENTS WITH BEHAVIORAL HEALTH CHALLENGES SEEKING HELP. THE CHART ON THE LEFT IS LEGACY EMANUAL MEDICAL CENTER E.D.,

YOU SEE A DROP IN THE LINE GOING DOWN. SAME WITH GOOD SAM ON THE CHART ON THE RIGHT. THERE'S A DROP IN THE TREND OF NUMBERS OF BEHAVIORAL HEALTH PATIENTS THERE. THE NEXT SLIDE IS OHSU. IT ALSO SHOWS A TREND. IT MAKES SENSE THAT THESE HOSPITALS ARE THE ONES THAT HAVE EXPERIENCED THE MOST DROP BECAUSE THEY ARE VERY CLOSE TO UNITY. WE ARE STILL WORKING WITH ADVENTIST AND KAISER ON TRANSPORTING. WE'RE ACTUALLY POOLING THEIR PATIENTS, IF YOU WILL, PULL PATIENTS AND TRANSPORTING THEM TO UNITY WHEN THEY NEED SERVICES. THIS NEXT SLIDE TALKS ABOUT THE REDUCTION OF AMBULANCE DIVERT TIME.

Chris Farentinos: I DON'T KNOW IF YOU KNOW WHAT DIVERT TIME -- I'M SURE COMMISSIONER MEIERAN KNOWS IT WELL. YOU BASICALLY SHUT DOWN YOUR DOOR FOR AMBULANCES BECAUSE YOU'RE AT CAPACITY. AS YOU CAN SEE HERE, IN THE YEAR 2016, THE AVERAGE FOR LEGACY EMANUEL, GOOD SAM AND OHSU RANGED BETWEEN 57 AND 64 HOURS PER MONTH. THEN THE NEXT YEAR, WHICH IS WHEN UNITY OPENED, IT WENT DOWN TO 38, 37, 53, THEN WAY DOWN IN DECEMBER OF 2017 AS OUR OPERATIONS BECAME MORE AND MORE ROBUST. I THINK THAT SPEAKS ALSO TO FEELING THAT -- FILLING THAT GAP. SO TRAUMA INFORMED CARE AIMS TO CREATE OPPORTUNITIES FOR PEOPLE TO REBUILD A SENSE OF CONTROL AND EMPOWERMENT. IF YOU DON'T NEED TO BE HOSPITALIZED IN A PSYCHIATRIC UNIT YOU DON'T WANT TO BE IN A PSYCHIATRIC UNIT. AVOIDING UNNECESSARY HOSPITALIZATION WAS ANOTHER BIG AIM FOR BUILDING UNITY AND HAVING THE PSYCHIATRIC EMERGENCY SERVICE. FOR INSTANCE FROM FEBRUARY 1, '17, TO JANUARY 31, '18, THEY RECEIVED ALMOST 10,000 VISITS. OF THOSE 77.6% WERE DISCHARGED BACK TO THE COMMUNITY WITHIN 24 HOURS. THE AVERAGE LENGTH OF STAY IN OUR PES VARIES FROM MONTH TO MONTH BUT AVERAGE ABOUT 18 HOURS. THERE HAS BEEN ALSO A REDUCTION OF THE PERCENTAGE OF PATIENTS WHO PRESENT A VERY SHORT HOSPITALIZATION. LIKE 24 TO 48 HOURS. WHAT THAT MEANS IS THAT WENT FROM 20 TO 25% BEFORE UNITY TO 10% AFTER UNITY.

WHAT THAT MEANS IS THAT THOSE PATIENTS THAT WERE GOING INTO A SHORT HOSPITALIZATION NOW ARE BEING TREATED IN AN OUTPATIENT SETTING PSYCHIATRIC EMERGENCY SERVICE AND RETURNED TO THE COMMUNITY WITHOUT THE NEED FOR A BED. WE'RE SAVING THE BEDS FOR THE PEOPLE WHO REALLY NEED. IN SKI FRY YOUR AVERAGE LENGTH OF STAY THROUGHOUT THE NATION, NATIONAL STATISTICS, IT'S AROUND BETWEEN EIGHT AND TEN DAYS. WHEN UH YOU NEED TO BE IN A PSYCHIATRIC HOSPITAL NORMALLY IT'S A LONGER PERIOD OF CIVILIZATION -- STABILIZATION, MEDICATION ADJUSTMENT AND SAFE PLANNING FOR DISCHARGE. I THINK AN EXAMPLE OF TRAUMA INFORMED CARE AT THE COMMUNITY LEVEL HAS BEEN BY WORKING WITH LOCAL POLICE AND FIRE DEPARTMENT AND PLANS COMPANIES TO CHANGE THE WAY WE TRANSPORT INDIVIDUALS. AS I MENTIONED BEFORE, THE CHARTS JUST SHOW THAT THAT BASICALLY AT

UNITY THE ARRIVALS BY AMBULANCE HAVE BEEN GOING UP OVER TIME, AND THE POLICE ARRIVALS STAY STEADY AROUND BETWEEN 3% AND 4%. BY THE WAY, WE HAVE AN AGREEMENT WITH PORTLAND POLICE THAT THEY CAN BRING ANYBODY THEY WANT AS A RIDE. THEY CAN GIVE A RIDE TO SOMEBODY THAT WANTS TO COME TO UNITY. BUT IF SOMEBODY IS IN CRISIS, THAT'S CONSIDERED A MEDICAL EMERGENCY. THAT SHOULD BE TRANSPORTED BY AN AMBULANCE. LIKE ANY OTHER MEDICAL CONDITION WITHOUT DISCRIMINATION. THE NEXT SLIDE YOU SEE THE AMBULANCE TRANSPORTS. WE MISSED DATA COLLECTION IN JULY.

Chris Farentinos: APOLOGIZE FOR THAT. WE HAVE AMBULANCE TRANSPORTS TO UNITY AS OPPOSED TO OTHER EMERGENCY DEPARTMENTS HAVE BEEN CLIMBING STEADILY SINCE WE OPENED. THAT MEANS THAT STILL THERE ARE MANY PATIENTS THAT ARE STILL BEING TRANSPORTED FROM THE FIELD TO MEDICAL E.D.S FOR MEDICAL CLEARANCE. WE HAVE PROTOCOLS THAT DETERMINE IF THAT PERSON NEEDS A MEDICAL CLEARANCE FIRST. ONE OF THE REASONS WHY WE CAN SEE IT CLIMBING, AS THE AMR MEDICS USE THE PROTOCOL THEY BECOME MORE ACQUAINTED TO THE SAFETY OF THE PROTOCOL AND THEY CAN SLOWLY BRING MORE PATIENTS DIRECTLY TO UNITY AS OPPOSED TO OTHER HOSPITALS. OF COURSE EVERYBODY HAS BEEN VERY AWARE OF THE NEED TO MAINTAIN MEDICAL SAFETY FOR EVERYBODY TRANSPORTED.

ANOTHER POINT OF PRIDE I HAVE TO SAY HAS BEEN COLLABORATION WITH CORRECTIONS HEALTH DEPARTMENT. ONE OF THE THINGS THAT WHAT WE CAME TO TRY TO ACHIEVE WAS CREATING THAT ALTERNATIVE TO JAIL, RIGHT? SO WHEN CORRECTIONS HEALTH NOW DECIDES THAT A PATIENT OR PERSON WHO IS BEING RELEASED FROM JAIL IS NOT WELL AND NEEDS AN ASSESSMENT THEY CAN SEND THE PATIENT BY SECURE TRANSPORT DIRECTLY TO UNITY. AT THAT POINT WE DO AN EVALUATION AND THIS THREE MONTHS DATA SET SHOWS OF THE 33 PEOPLE BROUGHT, 12 OF THEM NEEDED INPATIENT BEDS. THAT SHOWS THAT THIS IS WORKING. CORRECTIONS HEALTH ACTUALLY WAS RELEASING SOMEONE MAYBE FOR A MINOR CRIME OR SOMETHING LIKE THAT, BUT THEY COULD DETECT THAT THAT PERSON WAS ILL. LET'S SEND THAT PERSON TO UNITY. WE HAVE BEEN WORKING VERY CLOSELY WITH THEM ON THAT WORK FLOW. THE SAME GOES FOR POLICE OFFICER HOLDS. THOSE ARE THE HOLDS PLACED BY POLICE WHEN THEY ARRIVE AT A SCENE IN THE FIELD AND THEY ENCOUNTER A PERSON THAT IS OUT OF CONTROL, THAT IS AT RISK TO THEMSELVES OR TO OTHER PEOPLE.

NOW IT'S REPORTED THE PATROLS ESTIMATE THAT ABOUT 50% OF THE POLICE OFFICER HOLDS ARE COMING TO UNITY AS OPPOSED TO EITHER JAIL OR MEDICAL E.D., AND THAT'S A GREAT ACHIEVEMENT TO HAVE THAT THIRD OPTION FOR PEOPLE TO GO TO FIND SERVICES. I WANT TO TALK ABOUT THE REDUCTION OF BOARDING TIME IN OUR HEADS. COMPARE THAT TO BEFORE.

BOARDING TIME MEANS PEOPLE WAITING FOR A BED IN AN EMERGENCY DEPARTMENT. THAT'S THE DEFINITION. BEFORE UNITY, BOARDING TIME AT REGIONAL E.D.S USED TO BE AN AVERAGE OF 40 TO 60 HOURS, SOMETIMES MANY DAYS, SOMETIMES JUST AN AVERAGE. AT UNITY THE ADMISSION WAIT TIME ARE NOW AT AN AVERAGE OF 14 HOURS. WE STILL THINK THAT'S NOT GOOD. WE'RE WORKING ON IT. WE HAVE A FLOW OF -- UNITY FLOW OF COMMUNITY WORKING ON IT TO MAKE IT EVEN SHORTER. WE DON'T WANT PEOPLE TO HAVE TO WAIT MUCH FOR FEELING THEY HAVE A BED FOR THEMSELVES. THE OTHER STAT THAT I THINK IS TO ME ALMOST STAGGERING, BECAUSE I DID NOT BELIEVE WE WERE GOING TO BE SO SUCCESSFUL, IS THE PERCENTAGE OF PATIENTS DISCHARGED FROM UNITY INPATIENT UNITS WHO ATTEND, NOT JUST SCHEDULED, WHO ATTEND A FIRST APPOINTMENT AFTER BEING DISCHARGED WITHIN SEVEN DAYS OF BEING DISCHARGED. BEFORE UNITY, WE ALREADY WERE WORKING VERY HARD ON THIS.

Chris Farentinos: GOOD SAM, ADVENTIST, WE WERE ARRANGING BETWEEN 75, 77% OF THE TIME. AFTER UNITY AND ALL OF THESE CONNECTIONS WITH ALL OF THESE COMMUNITY-BASED ORGANIZATIONS THAT WE WORK TOGETHER AND SOME OF THEM COLLOCATED WITH US, WE HAVE BEEN ABLE TO ACHIEVE 88%. 88% OF PEOPLE DISCHARGED WILL ATTEND THAT SEVEN-DAY FOLLOW-UP. AS A FAMILY MEMBER FEEDBACK STATES THIS PERSON ACTUALLY WROTE AN EMAIL AND SENT TO US THROUGH GENERAL EMAIL, WE CAN SLEEP AT NIGHT KNOWING HE IS THERE WITH YOU. WHEN WE WALK IN THE DOOR, IT FEELS GOOD AND IT FEELS THAT IF I'M TEARFUL WHEN I'M LEAVING YOU GUYS UNDERSTAND. I AM SURE HE WILL ATTEND HIS FIRST SESSION AFTER UNITY BECAUSE YOU PUT SO MUCH EFFORT INTO IT. THIS CAME FROM A FAMILY MEMBER OF A PATIENT. AND TRAUMA INFORMED CARE POSITS THAT VERY PIERCE AS PART OF 9 TREATMENT TEAM IS FUNDAMENTAL.

THESE INDIVIDUALS HAVE LIVED EXPERIENCE OF MENTAL ILLNESS OR ADDICTION CAN KEEP OUR TEAM IN CHECK. THEY HAVE THE VOICE OF THE PATIENTS. KIND OF LIKE YOU GUYS WERE THINKING ABOUT THIS POLICY, BUT THAT'S NOT HOW IT IMPACTED ME. THINK ABOUT IT. THIS IS HOW IT IMPACTS ME. IT'S LIKE, OKAY, YOU'RE KEEPING US IN CHECK. THEY ARE PART OF OUR LEADERSHIP. ALSO WE HAVE PEERS THAT WERE PART OF OUR PLANNING FROM THE GET-GO. YOU REMEMBER WE HAD VERY INTERESTED MEETINGS, PLANNING MEETINGS WITH 40 PEOPLE AT THE TABLE. THEY WERE INCREDIBLY COLORFUL IN THE SENSE OF SO MANY VOICES AROUND. BUT THESE INDIVIDUALS, THEY INFORMED OUR POLICIES, PRACTICES AND THEY CAN LEND A TYPE OF SUPPORT FOR PEOPLE THAT COME TO US THAT IS UNIQUE. WHAT THEY BRING NOBODY ELSE CAN.

THIS IS STATISTICS ON OUR PEER SUPPORT PROGRAM THAT IS ACTIVELY ENGAGING WITH PATIENTS BOTH INSIDE THE PES, YOU GO SEE THE PES, YOU SEE PEERS THERE TALKING TO FOLKS, ALSO THROUGH A BRIDGE PROGRAM AFTER DISCHARGE THAT WE HAVE BEEN ABLE TO PUT TOGETHER THROUGH

GRANTS FROM SPECIFIC SOURCE. OH, GOSH. I KNOW THAT IT'S THE BLUE CROSS BLUE SHIELD ARM -- FOUNDATION ARM. SO I'M GOING TO MOVE ALONG. UNITY IS THE TRAINING SITE FOR NEXT GENERATION OF PSYCHIATRISTS, DOCTORS, NURSES AND SOCIAL WORKERS. WE WORK COLLABORATIVELY TO PROVIDE TRAINING FOR STUDENTS FROM OHSU AND MANY OTHER LOCAL UNIVERSITIES AND WE'RE VERY GLAD TO HAVE THEM THERE. IT'S SO REFRESHING TO SEE HOW THERE'S A WHOLE GENERATION OF FOLKS LEARNING TO DEAL WITH THESE ISSUES. AND I SHOULD ALSO HIGHLIGHT THE COLLABORATION WITH MULTNOMAH COUNTY CRISIS SERVICES BECAUSE THE CASCADIA WALK-IN CLINIC SERVES AS A BRIDGE PROGRAM FOR INDIVIDUALS WAITING FOR A PROVIDER IN THE COMMUNITY.

Chris Farentinos: THEY HAVE BEEN INCREDIBLE IN THAT COLLABORATION. THERE IS AN E.D. DIVERT TEAM THAT COLLABORATES WITH PES STAFF WITH CONNECTIONS. OUR SOCIAL WORKERS WORK ALL THE TIME WITH MULTNOMAH COUNTY CRISIS LINE AS WELL AS THE INVOLUNTARY COMMITMENT PROGRAM STAFF COLLOCATED AT UNITY AND WORKS WITH US NONSTOP. SO LOOKING BACK AT UNITY FIRST YEAR IT MAKES ME THINK ABOUT CULTURE. IT TRULY DOES. WORK TO BLEND AND INTEGRATE STAFF CULTURES FROM ALL THE DIFFERENT HOSPITALS THAT CAME TOGETHER. ALSO LEARNING TO RUN A PAS TOOK TIME AND A LOT OF EFFORT. IT'S A VERY DIFFERENT SERVICE. WE HAVE HAD NURSES THAT CAME FROM EMERGENCY DEPARTMENTS APPLIED TO WORK IN OUR SYSTEM THAT THEY WERE LIKE I HAVE NEVER SEEN ANYTHING LIKE THIS. SO I THINK IT WAS A LEARNING CURVE FOR SURE. ALSO CREATED COMMUNITY SOLUTIONS FOR INDIVIDUALS WHO PRESENT AT UNITY MULTIPLE TIMES HAS GIVEN US OPPORTUNITIES TO WORK CLOSELY WITH CEOS, CARE MANAGERS, POLICE, CORRECTIONS, COUNTY AND OTHERS. THE OTHER PIECE THAT I WANT TO SHARE AND I'M GOING TO SHOW YOU SOME NUMBERS, IN PATIENT STAYS HAVE BEEN LONGER THAN WE ANTICIPATED AND I'LL SPEAK TO THAT.

AS WE CONCENTRATED SO MANY VULNERABLE INDIVIDUALS WITH MENTAL HEALTH CHALLENGES UNDER OUR CARE THE GAP IN SUPPORTIVE HOUSING AND DUAL DIAGNOSIS RESIDENTIAL PROGRAMS AS WELL AS LATINO PROGRAMS DEDICATED TO LATINOS AND AFRICAN-AMERICANS HAS BECOME VERY EVIDENT TO US. VERY EVIDENT. SO THIS IS DATA ON OUR OWN DIVERSE STATUS AND HOW MANY HOURS PER MONTH WE WORK ON IT AND THAT WAS PART OF OUR LEARNING CURVE. WE WERE STILL LEARNING THE WORK FLOWS AND HAVING OUR STAFF FEEL MORE COMFORTABLE WITH THESE WORK FLOWS. WE'RE DEFINITELY GETTING BETTER AND BETTER AS TIME GOES BY. THE NEXT SLIDE SHOWS INDIVIDUALS IN OUR COMMUNITY THAT PRESENT WITH MULTIPLE CHALLENGES BECAUSE IT'S MENTAL HEALTH ISSUES, SUBSTANCE ABUSE DISORDER, LACK OF HOUSING, PHYSICAL ILLNESS AND SOMETIMES A PATTERN OF RETURNING TO EMERGENCY DEPARTMENTS TO GET THEIR NEEDS MET.

IT'S WHERE THEY GET THEIR NEEDS MET. THIS HAS SHOWN UP JUST LIKE IN ANY OTHER EMERGENCY DEPARTMENT. WE'RE WORKING CLOSELY, HOWEVER, WITH CURE OREGON AND THEIR HEALTH RESILIENT SPECIALISTS TO HELP INDIVIDUALS FIND RESOURCES THEY NEED TO STAY HEALTHY AND OUT OF THE HOSPITAL. WE HAVE A COUPLE OF SLIDES ON OUR AVERAGE LENGTH OF STAY. WE HAVE EXTENDED LONGER LENGTH OF STAY THAN ANTICIPATED. THE NUMBER OF PATIENTS THAT WERE CIVILLY COMMITTED WAITING FOR OREGON STATE HOSPITAL BED OR COMMUNITY PLACEMENT, IN RESIDENTIAL FACILITIES OR SUPPORTIVE HOUSING WHICH WE KNOW IT'S VERY SCARCE RESOURCE.

Chris Farentinos: WE HAVE A TASK FORCE LOOKING AT REDUCING LENGTH OF STAY TO AN OPTIMAL EIGHT TO TEN DAYS ACCORDING TO THE REST OF THE STATE AND NATIONAL STUDIES AS WELL. YOU CAN SEE IN THE NEXT SLIDE LENGTH OF STAY IN THE KIDS' UNIT. THE CHALLENGE IS EVEN HARDER TO BE HONEST BECAUSE MANY RESIDENTIAL BEDS FOR THE WHOLE STATE WERE CLOSE TO TWO YEARS AGO -- CLOSED TWO YEARS AGO. I WAS WORKING CLOSELY WITH OHA. THAT SHOULD HELP STABILIZE THE SYSTEMS. RIGHT NOW ONE OF THE BIG PROBLEMS WE HAVE ARE KIDS WHO LINGER IN EMERGENCY DEPARTMENTS. KIDS THAT PRESENT WITH CHALLENGES SUCH AS DEVELOPMENTAL DISABILITIES, AUTISM, THAT ARE VERY HARD FOR PARENTS TO CARE FOR. THEY ABSOLUTELY DON'T KNOW WHAT TO DO, GO TO THE EMERGENCY DEPARTMENT AND SOME KIDS STAY THERE SEVEN, EIGHT DAYS. VERY SAD. FINALLY, I WANT TO SHARE WITH YOU THAT THE SAFETY OF OUR STAFF AND PATIENTS IS OUR NUMBER ONE PRIORITY AT UNITY CENTER AND IN THAT CONNECTION WE HAVE LOTS OF INITIATIVES. FOR INSTANCE WE HAVE A MONTHLY UNITY SAFETY COMMITTEE OPEN TO STAFF. THAT FEEDS SUGGEST ENGINEERING, CONCERNS AND DATA INTO THE WORK GROUP WORKING ON THOSE ISSUES. WE RUN SAFETY HUDDLES DAILY AT 10:30 A.M. WHERE WE CAN SEE THERE'S ANY HOT SPOTS OR ISSUES GOING ON. WE CORRECT THEM RIGHT AWAY.

YESTERDAY WAS A DOOR THAT HAD AN ISSUE. IT GOT CORRECTED RIGHT AWAY. WE HAVE QUARTERLY MULTIDISCIPLINARY SAFETY SUMMITS ALSO OPEN TO THE WHOLE STAFF. IN ADDITION WE HAVE LOTS OF MANDATORY TRAINING FOR THE ENTIRE STAFF. WE HAVE ABOUT 400 FTE OF CLINICAL STAFF. WE PUT THEM THROUGH CODE RESPONSE TRAINING. CODES IS WHEN YOU HAVE TO -- SOMEBODY IS HAVING A HARD TIME AND YOU HAVE TO PUT HANDS ON A PERSON TO HELP CREATE SAFETY AROUND THAT AGITATION. WE HAVE A MANDATORY MANAGEMENT OF ASSAULTIVE BEHAVIORS AND DE-ESCALATION TRAINING AND ALSO TRAUMA INFORMED CARE TRAINING AND MOTIVATIONAL INTERVIEWING TRAINING. WE ARE IMPLEMENTING A SCALE, A NEW SCALE THAT'S EVIDENCE BASED THAT HELPS US ASCERTAIN LEVEL OF AGITATION SO WE CREATE A COMMON LANGUAGE AMONGST THE ENTIRE STAFF ON STEPS TO MANAGE AGITATION AND WE HAVE TWO HARM INDUCTION SPECIALISTS, NURSES THAT DON'T HAVE A CASE LOAD. THEIR

SOLE PURPOSE AND NAME IS TO PREVENT HARM. TO LOOK FOR ALL OF THE ISSUES THAT ARE GOING AROUND IN THE HOUSE AND CREATE SAFETY PLANS FOR PATIENTS. SO ONCE AGAIN, THANK YOU SO MUCH FOR GIVING ME THIS OPPORTUNITY. WE LOOK FORWARD TO DIALOGUING WITH YOU.

Commissioner Smith: I WANT TO THANK YOU SO MUCH FOR THIS OVERVIEW. IT'S GOOD TO SEE WHEN A PLAN COMES TOGETHER. WE SOMETIMES HIT BUMPS IN THE ROAD BUT IT LOOKS LIKE YOU HAVE SET UP A REALLY GOOD COMPREHENSIVE PLAN TO DEAL WITH THOSE ISSUES. ONE OF THE THINGS THAT I WAS MOST CONCERNED ABOUT WAS THE 72-HOUR RETURN RATE. DO YOU HAVE THE NUMBERS ON THE DEMOGRAPHICS OF WHO THOSE PEOPLE ARE? WHAT I'M TRYING TO FIGURE OUT IS DO COMMUNITIES OF COLOR HAVE A HIGHER RETURN RATE THAN OTHERS?

Chris Farentinos: THEY DO. WE DO HAVE NUMBERS. WE ACTUALLY HAVE MULTI ORGANIZATION GROUPS THAT ARE WORKING ON THOSE INDIVIDUALS WITH HIGH RATE OF RETURN, AND YES, YOU ARE RIGHT, IT'S DISPROPORTIONATE TO OUR POPULATION. IT'S 25, 30% AFRICAN-AMERICAN, WHICH IS DISPROPORTIONATE TO THE NUMBER IN THE POPULATION. THAT SPEAKS TO WHAT I WAS SAYING. IT'S HAVING PROGRAMS THAT ARE ATTRACTIVE, THAT REALLY SPEAKS TO THE NEEDS OF AFRICAN-AMERICAN POPULATION IS SOMETHING THAT THERE ARE SOME BUT NOT A LOT. IF THERE'S A NEED FOR RESIDENTIAL PROGRAM FOR INSTANCE THERE'S NOT ONE THAT IS SPECIFIC.

Commissioner Smith: CULTURALLY SPECIFIC AND APPROPRIATE. THAT'S WHY I THINK THIS IS GOOD INFORMATION, VERY TIMELY. WE HAVE PUT IN \$50 MILLION INTO OUR JOINT OFFICE ABOVE EXISTING SERVICES BUT THERE MAY BE SOME SORT OF WAY TO IDENTIFY OPPORTUNITIES FOR THE 72-HOUR RETURN RATE SO WE DEAL WITH THAT ISSUE. IT'S VERY SIMILAR TO INMATES IN OUR JAIL SYSTEM. AFRICAN-AMERICANS MAKE UP 5.8% IN THIS COMMUNITY AND 22% OF THE INMATES IN OUR JAILS. OBVIOUSLY WE'RE MISSING OPPORTUNITIES FOR SUPPORT. MY OTHER QUESTION WAS KNOWING THIS INFORMATION, HAVE YOU ALL BEEN PROACTIVE IN WORKING WITH POPULATIONS IN OTHER COMMUNITIES OF COLOR TO MAKE SURE THERE'S SOME SORT OF SAFETY NET THAT CAN CATCH THESE FOLKS BEFORE THEY ACTUALLY RETURN BACK INTO THE UNITY CENTER.

Chris Farentinos: WE HAVE FOUND OUT WORKING ON SPECIFIC CASES BECAUSE YOU REALLY HAVE TO GO DOWN TO EACH SPECIFIC INDIVIDUAL, AND WE HAVE LIKE I SAID WEEKLY MEETINGS THAT WE GO THROUGH THE INDIVIDUALS WITH SEVERAL DIFFERENT ORGANIZATIONS AT THE TABLE. THE INDIVIDUALS THAT ARE AT THE VERY, VERY TOP OF UTILIZATION ARE ALREADY CONNECTED. THEY HAVE A PRIMARY CARE. THEY HAVE A CASE WORKER. THEY HAVE THEY HAVE A COUNCILOR. THEY HAVE SOMETIMES AN ACT TEAM. THEY ARE CONNECTED. IT'S STAGGERING. WE'RE LIKE, OKAY, WHAT DO WE DO NOW? THEN WE DECIDED ELECTION LOOK AT THE RISING

RISK POPULATION AND THEN WE STARTED FINDING OUT THE RISING RISK POPULATION WAS NOT CONNECTED. SO NOW WE'RE CONCENTRATING ON THAT RECOGNIZING THAT SOME OF THE FOLKS THAT ARE IN THE TOP ONE, A PARENT THAT IS TOO HARD TO INFLUENCE.

Commissioner Smith: I APPRECIATE ALL THE WORK THAT YOU'RE DOING IN GETTING THE STATISTICS FOR US. WE LONG TALKED ABOUT HAVING ANOTHER SITE LIKE A UNITY SITE TO SEE THAT IT'S WORKING AND THAT WE'RE DOING THE VERY BEST THAT WE CAN FOR PEOPLE WHO HAVE REALLY ACUTE MENTAL HEALTH CHALLENGES. THANK YOU.

Chris Farentinos: THANK YOU.

Chair Kafoury: COMMISSIONER MEIERAN?

Commissioner Meieran: THANK YOU FOR BEING HERE. IT'S SO GREAT TO SEE THE REPORT ON UNITY AND SEE HOW IT'S DOING. IT WAS GREAT TO BE THERE JUST THE OTHER WEEK AND SEE IT IN ACTION.

Chris Farentinos: AND YOU WERE PART OF LIKE THE INITIATION OF IT ALL. WE WENT TOGETHER TO SEE THE PLACE IN OAKLAND, REMEMBER?

Commissioner Meieran: I REMEMBER.

Chris Farentinos: TWO AND A HALF YEARS AGO, THREE YEARS AGO.

Commissioner Meieran: YES. IT WAS REMARKABLE TO SEE IT GO FROM THAT CONCEPTION TO REALITY IS QUITE REMARKABLE. SO I HAD A COUPLE OF QUESTIONS, SOME VERY SPECIFIC QUESTIONS, IN TERMS OF THE BOARDING TIME AND EMERGENCY DEPARTMENTS. YOU MENTIONED THOSE GOING FROM AN AVERAGE OF 40 TO 60 HOURS IN THE OUTSIDE EMERGENCY DEPARTMENTS AND ABOUT 14 HOURS AT UNITY. DO YOU HAVE A COMPARISON OF WHAT IT'S LIKE IN THE OUTSIDE EMERGENCY DEPARTMENTS NOW?

Chris Farentinos: WE HAVE A GROUP THAT WE JUST PUT TOGETHER THAT ARE RESEARCHERS THAT ARE GOING TO LOOK AT THAT. IT'S VERY COMPLICATED DATA. BECAUSE OF WHAT EACH HOSPITAL CALLS BOARDING TIME, HOW THEY MEASURE, AND ESPECIALLY AT LEGACY THERE'S EVEN MORE COMPLICATIONS BECAUSE -- ANYWAY, LONG STORY SHORT WE HAVE A RESEARCH GROUP NOW THAT THAT'S GOING TO BE THEIR RESEARCH. WE'RE ALSO PARTNERING WITH CARE OREGON TO SEE IF WE CAN USE NOT JUST OUR OWN INTERNAL DATA BUT ALSO CARE OREGON DATA. I JUST MADE THE CONNECTION BETWEEN THEM TO START LOOKING. WE'RE GOING TO SUBMIT AN IRB, DO A RIGOROUS STUDY. I CAN'T ANSWER THAT QUESTION TO YOU WITH A DEGREE OF RIGOR THAT I WANT TO DO.

Commissioner Meieran: YOU DO HAVE THE DATA, THOUGH, FROM PRIOR TO UNITY. IT'S JUST DIFFERENT --

Chris Farentinos: THE PROBLEM IS WE DON'T KNOW IF WE'RE COMPARING APPLES TO APPLES. WE HAVE WHAT THE BOARDING TIME USED TO BE. YOU'RE WAITING FOR A BED BEFORE UNITY HAPPENED, RIGHT? THEN NOW THE PARTNER HOSPITALS FOR INSTANCE, WHAT BOARDING TIME? IS IT TIME THEY WAIT TO TRANSFER TO UNITY THEN THEY GO TO THE PES? THAT'S WHY WE'RE GOING TO PULL IT ALL APART WITH RESEARCHERS TO REALLY TRY TO VALIDATE AND UNDERSTAND IF WE HAVE HAD AN IMPACT AND WHO THAT IMPACTED REALLY.

Commissioner Meieran: THAT'S GREAT. IT IS SOMETHING THAT'S ALWAYS SHOCKING TO ME. I KNOW JUST LOOKING AT THE DATA MYSELF, LITERALLY WORKING A SHIFT IN THE E.R., HAVING THE OCCASIONAL DOWNTIME, GOING THROUGH, IT IS EASY TO SEE WHO IS BOARDING. IT IS NOT ROCKET SCIENCE. IT JUST AMAZES ME THAT WE CAN'T -- NOT UNITY OR WHATEVER BUT IN GENERAL THERE'S AN ISSUE WITH GETTING EMERGENCY DEPARTMENT BOARDING DATA, WHICH IS SO IMPORTANT BECAUSE WE'RE TALKING ABOUT 40 TO 60 HOURS, ET CETERA. THE REALITY IS I HAVE TAKEN CARE OF KIDS WHO WERE IN EMERGENCY DEPARTMENTS IN THE WINDOWLESS ROOM NOT GETTING ANY TREATMENT, YOU KNOW, WHICH IS WHY UNITY IS FABULOUS. PEOPLE ARE 59 LEAST GETTING TREATMENT WHILE THEY ARE BOARDING. I GOT SOME INFORMATION ABOUT A NINE-YEAR-OLD KID WHO WAS IN AN EMERGENCY DEPARTMENT FOR OVER A MONTH. I MEAN, IT IS HORRIFYING.

Chris Farentinos: I THINK IT IS IMPORTANT TO CLARIFY THAT THE UNITY PSYCHIATRIC EMERGENCY SERVICE ONLY SERVES ADULTS. IT DOES NOT SERVE THE MINOR THAT WE ARE SPEAKING TO.

Commissioner Meieran: I KNOW. IT'S PRETTY DEVASTATING. ANYWAY, THAT'S A WHOLE OTHER ISSUE THAT IS SEPARATE AND APART. THE CHALLENGE OF SEEING PEOPLE WITH THE NOT JUST DIAGNOSIS WITH SUBSTANCE ABUSE BUT DEVELOPMENTAL DISABILITIES AND DEMENTIA, TRAUMATIC BRAIN INJURY MAKES IT EXTREMELY CHALLENGING. I DID WANT TO ADDRESS THE SAFETY ISSUE YOU MENTIONED. THERE WERE SOME REPORTS IN THE PAPERS AND ALL OF THAT THAT I THINK RAISE SOME CONCERNS. I APPRECIATE YOUR ADDRESSING THOSE HEAD-ON AND SPEAKING TO THOSE. I STILL REMEMBER WHEN WE FIRST WENT TO VISIT JOHN GEORGE IN ALAMEDA COUNTY WHAT STRUCK ME WAS THEY WERE SO PROUD THAT THEY HAVE NO -- ESSENTIALLY NO PEOPLE IN RESTRAINT, NO INCIDENTS OF VIOLENCE. ZERO. WHICH IS UNHEARD OF IN THIS SYSTEM. LIKE, WOW, THAT'S AMAZING. WELL, IT WAS NOT ALWAYS AMAZING LIKE THAT. THE CULTURE SHIFT YOU SPEAK TO IS SO IMPORTANT TO BE AWARE OF. LIKE WHEN WE FIRST STARTED THE INCIDENCES OF VIOLENCE, THE INJURIES WENT UP

BECAUSE PEOPLE ARE ENCOUNTERING THAT CULTURE SHIFT. THAT'S NOT HOW WE DO IT. IN OUR E.R. -- EVERYONE IS COMING FROM DIFFERENT PLACES. AND REGULARLY THERE'S THAT APPROACH OF YOU'RE GOING TO DO WHAT I SAY OR ELSE. YOU CAN WATCH IT ESCALATE. ADDRESSING THAT TAKES TIME. THAT JUST STUCK WITH ME SO MUCH. I APPRECIATE YOUR BEING JUST SO AWARE AND TAKING THE ACTION THAT YOU DO AND HAVING THAT LIKE YOU SAID, IT'S A MARATHON, NOT A SPRINT. HAVING THAT PERSPECTIVE IS SO IMPORTANT. THANK YOU FOR YOUR WORK FOR OUR COUNTY RESIDENTS. IT'S SO IMPORTANT. THANK YOU.

Chris Farentinos: THANK YOU.

Commissioner Stegmann: THANK YOU, CHAIR. THANK YOU SO MUCH FOR THE INFORMATION. SOME OF THE INFORMATION THAT REALLY STUCK ME WAS THE AMR TRANSPORTATION VERSUS POLICE. I JUST -- HOW WONDERFUL IS THAT TO NOT BE TRAUMATIZED, TO RIDE IN THE BACK OF A POLICE CAR WHEN YOU'RE IN THE MIDDLE OF A MENTAL HEALTH CRISIS. THAT'S INCREDIBLY IMPORTANT TO ME. \$3 MILLION, WHAT A GREAT INVESTMENT. I CAN'T THINK -- OBVIOUSLY IT WAS THE BOARD BEFORE ME. CHAIR KAFOURY. AGAIN, GREAT WORK BY OUR PREVIOUS BOARD. I KNOW YOU WENT OVER THE PRINCIPLES OF TRAUMA INFORMED CARE AND FOR A LAYPERSON THAT WAS VERY BENEFICIAL. THANK YOU. NOBODY WENT THROUGH, OKAY, THAT'S WHAT THE DEFINITION IS. THE FACT THAT YOU'RE TRAINING UP THE NEXT GENERATION OF PROVIDERS, I GUESS REALLY THE ONLY QUESTION I WOULD HAVE IS DO WE HAVE MANY FOLKS OF COLOR AND ARE WE ABLE TO FILL THE PIPELINE THAT WE JUST HEARD ABOUT THAT WE NEED TO BE FILLING.

Chris Farentinos: YES. I KNOW. WE ARE TRYING REALLY HARD. I'LL GIVE YOU A FOR INSTANCE. WE HAD TWO CANDIDATES FOR SOCIAL WORKER POSITION THAT JUST CAME ALONG. ONE WAS AFRICAN-AMERICAN. ONE WAS WHITE. THEY WERE EQUALLY QUALIFIED AND WE MADE THE DECISION, LET'S BRING MORE DIVERSITY TO OUR TEAM. WE DO THAT OFTEN. OUR TEAM OF PROVIDERS IS ACTUALLY QUITE DIVERSE. YOU HAVE SEEN THEM. IT'S LIKE KIND OF A UNITED NATIONS. WHICH IS GREAT. IT'S NEVER ENOUGH. I THINK WE DO HAVE TWO OR THREE PEOPLE IN THE PES THAT ARE CERTIFIED TO SPEAK SPANISH BUT EVERY NOW AND THEN WE HAVE TO DO TRANSLATION OVER THE PHONE. WHICH IS NOT IDEAL. WE WILL CONTINUE TO WORK ON IT. IT'S PART OF MY PASSION. I LIKE I WAS SAYING BEFORE THAT IS WHERE I COME FROM. IT'S TO MEET PEOPLE NOT JUST WHERE THEY ARE BUT ALSO TO REALLY UNDERSTAND THEIR CULTURE AND MEET THAT CULTURAL NEED OF LANGUAGE AND UNDERSTANDING. SO WE'LL CONTINUE DOING THAT, PURSUING IT.

Commissioner Stegmann: THANK YOU FOR THE WORK. THAT LIVED EXPERIENCE AND THAT PEER SUPPORT, I'M SO GLAD TO HEAR HOW YOU HAVE EMBRACED THAT FROM THE VERY BEGINNING AND CLEARLY THAT HAS MADE A HUGE

DIFFERENCE AND CONTRIBUTED TO THE SUCCESS OF THE UNITY CENTER. JUST TO BE LITERALLY A NATIONAL MODEL IS, LIKE, WE HAVE ALL -- WE'RE ALL SO CONCERNED ABOUT MENTAL HEALTH. TO SEE THE OUTCOME OF THE WORK THAT YOU'RE DOING IS SO MEANINGFUL AND SO IMPORTANT. TO KNOW THAT WE'RE ACTUALLY MOVING THE DIAL, THAT'S HUGE. SO THANK YOU SO MUCH FOR YOUR WORK.

Chris Farentinos: THANK YOU.

Commissioner Vega Pederson: I JUST WANT TO THANK YOU BOTH FOR THE PRESENTATION AND GIVING US AN UPDATE ON WHAT IS A REALLY IMPORTANT INVESTMENT FOR OUR COMMUNITY, A REALLY NEEDED RESOURCE. I'M GLAD TO HEAR THERE'S SUCH NATIONAL AND INTERNATIONAL ATTENTION ON WHAT'S GOING ON SO IT COULD BE USED AS A MODEL FOR OTHER PLACES, JUST CONNECTING THE MENTAL ILLNESS AND, YOU KNOW, JAIL, CONNECTION. EMERGENCY DEPARTMENT REALLY USAGE AND REALLY GIVING AN ALTERNATIVE THAT BETTER SERVES THE PATIENTS AND THE COMMUNITY. APPRECIATE THIS INFORMATION. OBVIOUSLY THERE ARE ANY TIME YOU TRY SOMETHING NEW THERE ARE GROW PAINS AND LEARNING EXPERIENCES AND IT'S REALLY IMPORTANT YOU'RE FACING THESE HEAD ON AND ADDRESSING THEM AS THEY COME UP AND LEARNING FROM THIS. THIS IS GROWING INTO WISDOM THAT WILL HELP US OVER ALL. ONE OF THE THINGS THAT I'M INTERESTED IN IS WHAT MORE DO WE NEED? I KNOW THIS DIDN'T ADD CAPACITY IN TERMS OF THE NUMBER OF PSYCHIATRIC BEDS THAT WE HAD. WHAT ELSE ARE WE LOOKING AT IN TERMS OF THE NEEDS AND HOW WE CAN CONTINUE TO INVEST IN THESE KINDS OF SERVICES. SO THANK YOU VERY MUCH.

Chris Farentinos: THANK YOU. I WOULD SAY QUITE FRANKLY IN TERMS OF CAPACITY, IF I WERE TO MAKE MORE INVESTMENTS I WOULD MAKE MORE IN SUPPORTIVE HOUSING. THAT'S REALLY THE BARRIER FOR A LOT OF THE PEOPLE THAT ARE STILL THERE THAT COULD BE DISCHARGED EARLIER AND MAKE ROOM FOR THE NEXT ONE. THAT WE STRUGGLE SO MUCH TO DISCHARGE BECAUSE OF THE LACK OF SUPPORTIVE HOUSING.

Chair Kafoury: NOT QUICKLY ENOUGH. I WAS JUST GOING TO SAY THAT EXACT THING. INSTEAD OF HAVING JUST LIKE THE SHELTERS YOU NEED SOME BUT YOU REALLY NEED HOUSING SO PEOPLE CAN GET OUT, BACK INTO THE COMMUNITY. I WILL BE INTERESTED TO SEE ONCE THE NEW COLLABORATION THAT WE HAVE WITH CENTRAL CITY CONCERN AROUND THE HOTEL AND MOTEL UNITS IN BARBUR, ONCE THAT OPENS IF THAT HELPS WITH GETTING PEOPLE THROUGH, SO THEY ARE NOT STUCK WITH NO PLACE TO GO. OR WORSE RELEASED BACK INTO THE STREETS AFTER WE SPENT SO MUCH TIME AND ENERGY AND COMMUNITY RESOURCES GETTING PEOPLE STABLE. I ALSO WANT TO SAY THAT I AM ALWAYS EXCITED BECAUSE IT HAPPENS SO RARELY TO HEAR KING COUNTY IS LOOKING AT WHAT WE'RE DOING. USUALLY IT'S THE

OTHER WAY AROUND. HALF. [LAUGHTER] THANK YOU, FOLKS, FOR COMING. I FEEL LIKE I HAVE SEEN YOU RECENTLY. THAT'S GREAT. I APPRECIATE YOUR WORKING WITH US ON OUR ISSUES OF GETTING PEOPLE OUT. COMMISSIONER VEGA-PEDERSON GETTING PEOPLE OUT OF JAIL WHO NEED TREATMENT AND STABILIZATION. THANKS. WE SHOULD HAVE YOU COME BACK AFTER ANOTHER BIT AND SEE WHERE YOU ARE IN TERMS OF CONTINUING TO MAKE PROGRESS AND WHAT OTHER CHALLENGES YOU SEE IN THE WAY OF SUCCESS AND WE CAN WORK ON THOSE AS WELL.

Chris Farentinos: WONDERFUL. GLAD TO COME BACK.

Chair Kafoury: THANKS SO MUCH. ALL RIGHT. SEEING NO FURTHER BUSINESS, WE'RE ADJOURNED.

ADJOURNMENT – 12:11 p.m.

[CAPTIONS PROVIDED BY LNS CAPTIONING AND MAY INCLUDE INACCURATE WORDS OR PHRASES DUE TO SOUND QUALITY, OTHER TECHNICAL DIFFICULTIES AND/OR SOFTWARE ERRORS.]

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Submitted by:
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Board of County Commissioners
Multnomah County, Oregon