

WEBVTT

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00:00:00.000 --> 00:00:00.390

How

2

00:00:02.730 --> 00:00:03.360

waller_n: It is for

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00:00:03.780 --> 00:00:04.140

Us.

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00:00:05.549 --> 00:00:06.060

To know

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00:00:09.269 --> 00:00:17.400

waller_n: Yeah, this has been, I think, a difficult time for all of us personally in the professional roles that we play as we're trying to keep things together and keep

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00:00:18.180 --> 00:00:28.650

waller_n: Things going and then as we try to move forward and notwithstanding all of the limitations and challenges to improve the circumstances and situation.

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00:00:29.760 --> 00:00:47.250

waller_n: For people with behavioral health and mental health issues. And so our agenda today is a bit of looking at what we are currently doing looking to the future as to what we hope to do and then hopefully getting some feedback from all of you as to how things are going in the community.

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00:00:50.520 --> 00:00:55.080

waller_n: And any questions about the agenda or anything that people have others happy. Good.

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00:00:56.580 --> 00:01:01.230

waller_n: That anyone would like to add to the agenda for this afternoon.

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00:01:03.720 --> 00:01:13.530

waller_n: Okay then, without we'll get started and Abby's going to talk a little bit about the local public safety Coordinating Council of which this is a subcommittee of the visioning that's going on.

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00:01:14.460 --> 00:01:25.350

Abbey Stamp: Yeah. Hey, everybody. Great to see you today. Sorry, as little late. I we have a few zoom accounts and I kept trying to log out and wouldn't let me log out. And anyway, but I made it.

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00:01:26.580 --> 00:01:29.610

Abbey Stamp: Thank you judge I

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00:01:31.380 --> 00:01:45.720

Abbey Stamp: Back in January, we had a gathering of all of the local public safety Coordinating Council executives and the Board of County Commissioners and we invited a bunch of state legislators.

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00:01:46.500 --> 00:01:57.510

Abbey Stamp: None of them come. Unfortunately, due to a conflict with mandatory training Dennis capital and we also invited City Council, Commissioner, Hardesty was there.

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00:01:58.140 --> 00:02:12.390

Abbey Stamp: So it was all of the criminal justice leadership mental health leadership health across the board. Also, a few people with lived experience also attended and the focus was really looking at how the criminal system.

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00:02:14.790 --> 00:02:27.930

Abbey Stamp: Does harm when we put people in a box about whether they are a perpetrator of crime or a victim of crime and try to use that dichotomy to open up a deeper conversation about how

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00:02:28.410 --> 00:02:36.150

Abbey Stamp: The response to challenging behavior or crime or what have you, needs to be much more human centered and holistic

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00:02:36.870 --> 00:02:44.970

Abbey Stamp: And really focus on harm and healing and acknowledging the harm that the criminal system has done over the past 400 years of oppression.

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00:02:45.810 --> 00:02:51.390

Abbey Stamp: And from that that place. What we were able to do was to get buy in across the board.

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00:02:52.050 --> 00:03:01.080

Abbey Stamp: From everybody who was in attendance that we have a real opportunity to re envision and reinvent the future of justice policy in Multnomah County over again.

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00:03:01.530 --> 00:03:07.920

Abbey Stamp: And maybe even the state because the legislative offices, we worked with during the planning process we're, we're pretty excited about it.

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00:03:08.220 --> 00:03:17.610

Abbey Stamp: And we use the victim offender dichotomy simply as a topic to launch into a bigger discussion about equity and disparities and

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00:03:18.120 --> 00:03:25.110

Abbey Stamp: Just our, our approaches that had been built on on a really golden antiquated system and since then.

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00:03:26.010 --> 00:03:36.930

Abbey Stamp: The pandemic happened and George Floyd was murdered, and we have a massive movement in our community. And so it's really galvanized like all the stuff we've been talking about for years is really happening now.

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00:03:37.500 --> 00:03:47.640

Abbey Stamp: And what we wanted to do in order to for those of us who've been sitting in government meetings for decades. There's like a there's like a government culture.

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00:03:48.690 --> 00:03:57.570

Abbey Stamp: How about how many, how many strategic plans. Have you all seen in your libraries in your offices or around. Right. You know, we do a lot of planning and talking and good

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00:03:57.870 --> 00:04:13.080

Abbey Stamp: Agenda production and we have a plan. And sometimes those plans. Since sit on shelves and they're brilliant, but they gather dust. And so what we wanted to do is employee or do a procurement process to have different consultant firms.

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00:04:14.460 --> 00:04:26.580

Abbey Stamp: fill out an application and describe how they might support the work so that we would have an outside entity, perhaps someone that's not a usual suspect working with different county and government partners.

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00:04:27.210 --> 00:04:38.070

Abbey Stamp: To really help us think and behave differently to really develop a plan to reallocate funds from criminal systems into housing, health and human services to really help.

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00:04:38.550 --> 00:04:46.590

Abbey Stamp: Folks are really in need and the vision, there is to include three main populations of people in the planning process, which would be

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00:04:47.610 --> 00:04:56.070

Abbey Stamp: All of the lipstick Executive Committee, the bureaucrats. The, the government folks the elected the legislature right so that that body.

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00:04:56.460 --> 00:05:06.060

Abbey Stamp: Folks with lived experience who have been clients are recipients of criminal justice services who've been incarcerated formerly incarcerated individuals and then folks, we would

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00:05:06.630 --> 00:05:11.100

Abbey Stamp: Consider who have been victimized or harm or been crime victims themselves.

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00:05:11.400 --> 00:05:27.990

Abbey Stamp: And with those three perspectives really drive forward towards a North Star about really what, how should we use all of our public dollars to have a better just system that promotes healing and harm reduction and so that work was on hold temporarily

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00:05:29.070 --> 00:05:44.280

Abbey Stamp: But I'm really happy to say that with all of the movement. It really galvanized us to plow forward. And so the procurement process was underway. It has no clothes. There were 18 different consultant firms that responded to the RFP.

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00:05:45.570 --> 00:06:00.840

Abbey Stamp: There are about six or so people who are going to be reviewing those applications, both inside the county and out in mental health and in the community field and also who are part of the system and we hope by

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00:06:01.380 --> 00:06:12.420

Abbey Stamp: The end of August to have those applications scored and affirmed selected, and then we'll start to work on kind of what how do we do it, what's the structure also because we're in this remote space.

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00:06:12.960 --> 00:06:21.300

Abbey Stamp: In terms of engaging all of those entities to continue the work that has already started because of the events of this spring and summer.

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00:06:22.590 --> 00:06:30.690

Abbey Stamp: That's a really broad overview of that work. And we're going to talk about reforming our system every day. So it's pretty exciting.

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00:06:32.190 --> 00:06:40.530

Abbey Stamp: And I because I joined late. I don't know if we talked about how folks want to ask questions or when I don't have my participant tab thing open. If you want to

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00:06:40.830 --> 00:06:48.150

Abbey Stamp: You could like turn on your camera and actually raise your hand like you just saw, Commissioner, Myron do or if you want to raise your hand on the

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00:06:49.380 --> 00:06:54.480

Abbey Stamp: Little Blue hand thing that comes up and then I'll watch it that way to Commissioner Myron

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00:06:55.500 --> 00:06:56.730

Sharon Meieran: Thank you. Abby.

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00:06:56.850 --> 00:07:05.130

Sharon Meieran: And I will always love it when technology works. I'm like, are they

going to see my hand and you see me eating my sandwich. So

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00:07:06.660 --> 00:07:12.330

Sharon Meieran: Thank you for that. And it is really exciting to sort of see all of this come together.

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00:07:14.910 --> 00:07:16.950

Sharon Meieran: With a real movement.

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00:07:18.720 --> 00:07:23.430

Sharon Meieran: A couple of questions just on the this process you described.

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00:07:25.980 --> 00:07:44.910

Sharon Meieran: One of sort of more focused on one broader in terms of the process. You mentioned inclusion of lipstick executive committee members. People with lived experience who've been through the system of incarceration and people who have been victimized or harmed.

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00:07:46.530 --> 00:07:48.960

Sharon Meieran: Any. How about how our

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00:07:49.980 --> 00:08:01.230

Sharon Meieran: Sort of the frontline workers included in that in that conversation because I think that that voice is really important, I think, on the executive committee, there's

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00:08:01.800 --> 00:08:13.200

Sharon Meieran: Representation of sort of management or administration of and leadership of different advocacy groups, different nonprofit organizations but um

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00:08:15.090 --> 00:08:19.650

Sharon Meieran: But not the frontline workers themselves. I feel that's an important voice to involve

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00:08:20.100 --> 00:08:32.970

Abbey Stamp: And that's a really good point. And thanks, Commissioner, I, you know, as we start to move forward and figure out how to do this. And how many people to include in the process. I'm I am confident that all of the places that we have missed

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00:08:33.000 --> 00:08:35.910

Abbey Stamp: Will be eliminated and what you just start with one

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00:08:36.450 --> 00:08:37.650

Sharon Meieran: Great. Okay.

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00:08:38.160 --> 00:08:39.240

Abbey Stamp: And you have another question.

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00:08:39.630 --> 00:08:54.990

Sharon Meieran: And then the broader one is I know of at least five separate big picture community safety, public safety overarching change groups.

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00:08:55.500 --> 00:09:06.060

Sharon Meieran: In our own region that are happening. There's lipstick. There's the city of Portland. There's the, you know, what was the collab. And now I can't remember what it's called.

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00:09:07.110 --> 00:09:11.490

Sharon Meieran: The PPP maybe the and there was one other

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00:09:12.750 --> 00:09:17.190

Sharon Meieran: And now I've heard like the Northwest Health Foundation might be having some sort of visioning thing.

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00:09:18.630 --> 00:09:30.750

Sharon Meieran: There are many of these going on. How are we, ensuring there's coordination, rather than what often does happen with the silo going and duplication and

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00:09:32.160 --> 00:09:36.240

Sharon Meieran: A lot of people doing the same thing in their own in their own ways.

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00:09:36.540 --> 00:09:39.060

Abbey Stamp: That is the challenge of the day, isn't it.

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00:09:39.810 --> 00:09:41.970

Abbey Stamp: Yeah, it is. And so

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00:09:42.420 --> 00:09:57.780

Abbey Stamp: We need to make sure that we are aligned and communicating. And I think one of the things that the lipstick office has done really well. And I think we should continue to do is to be sort of a

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00:09:58.290 --> 00:10:04.350

Abbey Stamp: gatherer of all of the things, not necessarily doing all of the things, but being aware of what's going on in the community.

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00:10:04.650 --> 00:10:17.430

Abbey Stamp: And I, I absolutely don't know everything that's going on in the community. So being able to network in these types of forums to say, hey, did you know this is happening. And then just being really clear that we're in.

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00:10:17.880 --> 00:10:20.010

Abbey Stamp: Kind of all in each other's lanes right now.

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00:10:20.490 --> 00:10:30.540

Abbey Stamp: But just being really clear what the scope is and that's something we'll continue to develop once a month is facilitation from is selected. What's the scope of work and how is that similar or different

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00:10:30.840 --> 00:10:38.880

Abbey Stamp: And something that comes up a lot is policing but work we're talking about is really much bigger than policing. It really talks about the criminal system.

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00:10:40.080 --> 00:10:57.120

Abbey Stamp: So, Commissioner Hardesty was at the What Works conference that really launched this idea. So I would certainly hope that folks who want to braid align not conflict not step on toes. What have you would just continue to communicate through that.

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00:10:58.950 --> 00:11:03.660

Abbey Stamp: And thanks for all of the comments about peace AP is the formerly known as Co lab.

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00:11:03.870 --> 00:11:04.320

Yes.

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00:11:07.020 --> 00:11:09.240

Sharon Meieran: Thank you. Thanks. Abby.

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00:11:11.700 --> 00:11:12.090

waller_n: And

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00:11:14.340 --> 00:11:20.490

waller_n: Next we're going to hear. I know that there have been concerns in this group about with coven what happened with

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00:11:21.930 --> 00:11:32.520

waller_n: The State Hospital and admissions and that's still a a work in progress, given civil commitments and the inability to admit right now but

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00:11:33.420 --> 00:11:48.660

waller_n: I think there's been some progress in terms of those waiting for restoration services to be transported under the main decision and Mickey and Derek, we're going to catch us up to date on where things are with the hospital.

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00:11:49.710 --> 00:11:50.010

To keep

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00:11:51.120 --> 00:12:00.960

Micky: Yeah, thank you chose Waller and Abby. Thanks. Thank you for that helpful explanation I just really tickled as I know

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00:12:01.590 --> 00:12:06.960

Micky: I will pass on to the State Hospital all the work that has been done by a terrific group of people

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00:12:07.740 --> 00:12:17.160

Micky: I asked my supervisor deputy superintendent Derek were to if he could attend make some time for this because he is much more

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00:12:17.490 --> 00:12:29.820

Micky: Knowledgeable than I am about the numbers and what is actually happening on the ground and the admissions office. So it sounds like you want to know where we are and how we got to where we are. And he would be best.

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00:12:30.990 --> 00:12:35.010

Micky: Suited to answer that. So I'm going to turn it over to Derek where right now.

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00:12:36.990 --> 00:12:38.040

Micky: Okay, thanks. Nikki.

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00:12:38.100 --> 00:12:40.140

1503****076: Can everyone hear me, or someone at least

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00:12:43.440 --> 00:12:44.490

Abbey Stamp: Yes, we can hear you.

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00:12:45.420 --> 00:12:50.460

1503****076: Excellent. Okay, so we are actually in pretty good shape.

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00:12:52.290 --> 00:13:06.000

1503****076: So as you know, on March 16 we put a temporary admission restriction in place so that we could create seven specialty units. Some for protecting our most vulnerable. Some for quarantine and then some to

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00:13:07.380 --> 00:13:09.660

1503****076: regain our admission capacity.

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00:13:10.950 --> 00:13:19.980

1503****076: Also of note we asked for our federal modification in our make requirement for the seven day restriction that were successful.

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00:13:21.210 --> 00:13:31.380

1503****076: In getting that and with every three weeks report to judge Marston to let him know what our progress like between April 13 in June 30

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00:13:32.100 --> 00:13:49.920

1503****076: We admitted 196 people hundred and 61 of those were in assist 22 were gee i three g i revocations and then to emergency transfers for more news story and

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00:13:50.940 --> 00:13:52.230

1503****076: 10 civil commitment.

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00:13:54.000 --> 00:14:09.180

1503****076: Right now we have a number of folks who are waiting to be discharged around AD in a in the three legal jurisdictions that we're getting it from so guilty, except for insanity civil commitment made assessed.

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00:14:10.950 --> 00:14:21.000

1503****076: As of today, there are no people waiting for aid and assist we have 26 people for civil commitment on the waitlist and we have no people

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00:14:22.170 --> 00:14:29.940

1503****076: Guilty, except for insanity or PS RB. We've been in compliance admitting all adn assist three seven orders.

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00:14:31.620 --> 00:14:42.510

1503****076: within seven days or less since June 2 which is incredible. But now we are running up a problem. And the problem is

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00:14:43.680 --> 00:14:51.840

1503****076: We don't have since we have about 80 people that need to be discharged in those three categories. When we have a admission cohort.

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00:14:53.280 --> 00:14:55.620

1503****076: And we group, the people who come in.

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00:14:57.000 --> 00:15:06.870

1503****076: About 15 to 19 at a time, we test them after the last one good four days after the last one discharges, so we can then transfer them into our general population.

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00:15:08.040 --> 00:15:15.120

1503****076: We're running out of room to transfer them into her general population. So we Junction City is completely full.

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00:15:16.830 --> 00:15:33.000

1503****076: And we're just about completely full and Salem. And so we're really hoping that we can get some more outflow with discharges, so we can continue to stay in compliance with a desist orders and then start to look at

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00:15:34.800 --> 00:15:49.770

1503***076: The civil commitment admissions that are building up an acute care, although the number is down where it was when we first put this restriction in place. I think it got up to about a high of about 47 people on that list, and now it's at 26

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00:15:52.380 --> 00:15:54.300

1503***076: Any questions about any of that.

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00:15:59.010 --> 00:16:01.380

waller_n: Commission Mirren has her hand up. Go ahead.

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00:16:02.400 --> 00:16:05.520

Sharon Meieran: I'd like if there's someone else who has a question. First I want to

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00:16:09.660 --> 00:16:10.620

Sharon Meieran: Have others.

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00:16:12.300 --> 00:16:12.720

waller_n: Who have

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00:16:13.380 --> 00:16:14.010

Already

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00:16:15.360 --> 00:16:18.630

Sharon Meieran: Just thank you for that update

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00:16:19.770 --> 00:16:27.960

Sharon Meieran: I had a question, just about some of the numbers and and then a broader question one is

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00:16:28.980 --> 00:16:36.150

Sharon Meieran: In terms of the people awaiting discharged. What is the breakdown of the, you know, within that three categories. I'm just curious.

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00:16:37.740 --> 00:16:41.190

1503***076: Yeah, thank you, Commissioner, so we have 27 people

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00:16:42.210 --> 00:16:46.290

1503***076: Who are under the psychiatric security review board GI

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00:16:47.760 --> 00:17:04.170

1503***076: Commitment waiting to be discharged. We have 25 people understood commitment waiting to be discharged and we have 24 people under eight nurses to no longer meet on some level of care and are going through the nine be discharge

process.

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00:17:06.210 --> 00:17:06.600

1503****076: Right.

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00:17:06.630 --> 00:17:07.350

So it's

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00:17:08.790 --> 00:17:21.750

Sharon Meieran: I was just sort of curious about the you know that that breakdown to know what what it, what it is in our local jurisdictions that that we're sort of lacking that is causing that.

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00:17:23.370 --> 00:17:28.110

Sharon Meieran: You know, causing the obstruction sort of to the flow.

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00:17:30.420 --> 00:17:32.040

1503****076: We have a weekly meeting.

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00:17:33.720 --> 00:17:38.520

1503****076: Where we meet with stakeholders, we call it movers and it's complicated.

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00:17:39.810 --> 00:17:59.970

1503****076: Acronym but we look at what are, what are the things that are what are the barriers. One of the biggest barriers is that oftentimes people who are transitioning from the State Hospital need a SRT s level of care or an RTS level of care. And what we're finding is

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00:18:01.470 --> 00:18:10.530

1503****076: Those resources are absolutely full and the waitlist are pretty long, and so

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00:18:12.180 --> 00:18:22.470

1503****076: And of course for indices community restoration. There's some counties that are not yet up to speed on how exactly they're going to do that or they might not have as many resources, but

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00:18:23.220 --> 00:18:35.850

1503****076: If you think about the middle of the system. Once that gets plugged or there's not a lot of flow there, then people tend to wait longer in the higher levels of care.

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00:18:37.230 --> 00:18:50.010

1503****076: And and then if you would talk to the answer gift providers, they would like to say, Well, yes, we have people who can transition from Sri Lanka, but we don't have resources in the community that we need. And so

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00:18:51.420 --> 00:18:55.140

1503***076: Hopefully that gives you a better idea. No, it absolutely

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00:18:55.140 --> 00:18:56.820

Sharon Meieran: Does and just focus

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00:18:57.120 --> 00:18:58.050

Sharon Meieran: Figuring out

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00:18:58.080 --> 00:19:01.800

Sharon Meieran: How to address those resources going from the

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00:19:01.830 --> 00:19:02.640

Sharon Meieran: You know, maybe

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00:19:03.960 --> 00:19:11.880

Sharon Meieran: We talked about for a while transitioning of the reallocation of some of the funding to adjust to or or SH to the

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00:19:12.960 --> 00:19:14.790

1503***076: To that level of care.

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00:19:14.790 --> 00:19:18.390

Sharon Meieran: To open up some of those types of resources.

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00:19:19.620 --> 00:19:23.100

1503***076: At some point would be would might be a good

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00:19:23.250 --> 00:19:25.500

Sharon Meieran: Thing to do potentially

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00:19:27.480 --> 00:19:27.900

1503***076: And

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00:19:28.320 --> 00:19:28.830

And

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00:19:30.390 --> 00:19:32.340

Sharon Meieran: I have one other question about this but I

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00:19:34.920 --> 00:19:36.000

Sharon Meieran: That's it. That's, I think,

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00:19:37.050 --> 00:19:46.890

1503****076: I think this is Derek, I think that trick. If you think about that concept. Yeah, I think that's a good concept just, this is my personal opinion. Hey, I've just been a banner in

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00:19:47.280 --> 00:20:01.260

1503****076: The system for a while. Yeah, I love that concept. The key to that making that concept work is to do very, very good utilization management in the middle levels of care, because if I'm a provider.

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00:20:02.730 --> 00:20:05.520

1503****076: And I have people who are relatively stable.

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00:20:07.080 --> 00:20:14.250

1503****076: It. They might not meet some of them might not meet the level of care criteria and it might be time for them to move on to the next.

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00:20:14.760 --> 00:20:24.180

1503****076: Place. Yeah. However, there's not an incentive sometimes for me especially if I'm running two or three s RTS to move those people

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00:20:24.780 --> 00:20:35.850

1503****076: Down to the next level of care, because that's going to need for me as a provider. It's going to mean more staff because I'm going to get be taken more acute patients or people

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00:20:36.900 --> 00:20:44.520

1503****076: And so I think that the key to that concept is really around some strong consistent standard

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00:20:46.080 --> 00:20:49.710

1503****076: Utilization management, but I liked your idea. Yeah.

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00:20:49.740 --> 00:20:50.400

Micky: No, that's

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00:20:51.150 --> 00:20:53.460

Sharon Meieran: So helpful. Thank you. Yeah.

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00:20:54.570 --> 00:20:55.590

1503****076: Commissioner, this is

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00:20:55.620 --> 00:21:03.810

Micky: Mickey Logan, I do want to add on, on, just so that you probably all know this, but I feel compelled to say it once again.

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00:21:04.680 --> 00:21:18.120

Micky: Taking money from the State Hospital doesn't work unless we actually close

the unit as a state hospital right because those beds are going to be full. As soon as they're empty at this point they

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00:21:18.870 --> 00:21:22.050

Sharon Meieran: And that's what I've been advocating for. So I mean, and that's a larger

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00:21:22.050 --> 00:21:25.530

Sharon Meieran: Conversation, and I'm still want to have that, but I

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00:21:25.620 --> 00:21:26.940

Sharon Meieran: I feel we need to

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00:21:28.050 --> 00:21:33.930

Sharon Meieran: That's what we need to do and I feel in this time when everything is so sort of

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00:21:35.010 --> 00:21:40.050

Sharon Meieran: Just there's such an impetus for change and they're such big things happening.

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00:21:40.620 --> 00:21:42.180

1503***076: This might be the time

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00:21:42.270 --> 00:21:44.610

Sharon Meieran: To be bold and

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00:21:45.240 --> 00:21:47.490

Sharon Meieran: Make that kind of action, but um

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00:21:48.930 --> 00:21:49.230

1503***076: And

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00:21:50.490 --> 00:21:52.020

1503***076: And so I'd love to continue those

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00:21:54.540 --> 00:22:04.980

waller_n: I think another option. I just read a draft of the paper that will be coming out from the Council for state governments on the agent assist process and really looking holistically at it is

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00:22:06.420 --> 00:22:14.820

waller_n: Really considering who it is who we want to go, who we need to have go through these. The assist process.

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00:22:15.870 --> 00:22:22.170

waller_n: And whether or not we can offer them some people before we even get to that point, who have lower levels so

168

00:22:23.220 --> 00:22:30.510

waller_n: It is figuring out our tolerance for risk and figuring out whether we want to I and my docket yesterday I have somebody who

169

00:22:32.490 --> 00:22:39.360

waller_n: Is going to be she's at end of jurisdiction has been at the State Hospital and I think I figured out that we have spent

170

00:22:39.870 --> 00:22:40.800

Probably

171

00:22:41.880 --> 00:22:45.030

waller_n: More well I know \$300,000 on her.

172

00:22:45.600 --> 00:22:45.930

1503****076: And

173

00:22:45.990 --> 00:22:46.530

She'll be

174

00:22:47.880 --> 00:22:48.630

waller_n: Charges will

175

00:22:48.900 --> 00:22:52.560

waller_n: Be an A, B test and she has no housing and no

176

00:22:54.270 --> 00:22:56.460

waller_n: No anything else. And so I think one of the end

177

00:22:56.730 --> 00:23:01.710

waller_n: Of Abby's beginning remarks on re envisioning, I think one important part of re envisioning

178

00:23:01.770 --> 00:23:04.770

waller_n: That criminal justice system is looking at

179

00:23:05.280 --> 00:23:07.290

waller_n: What are the case that we think

180

00:23:07.500 --> 00:23:09.690

waller_n: Need to go through the competency with a level.

181

00:23:09.810 --> 00:23:12.090

waller_n: Risk. What's our tolerance level of

182

00:23:12.420 --> 00:23:14.670

waller_n: Seriousness of the charges, whatever it is.

183

00:23:15.210 --> 00:23:17.070

waller_n: Versus those cases that perhaps

184

00:23:17.370 --> 00:23:20.580

waller_n: We can off ramp and instead have the resource going to

185

00:23:22.710 --> 00:23:38.580

waller_n: Provide people what they need, not through the criminal justice door, but through behavioral health door. So I think we'll hear more about that and some of the other proposals that are being discussed currently in the community. And with that, we will turn to

186

00:23:39.540 --> 00:23:42.390

waller_n: Think Adams going to talk a little bit, maybe, maybe, Commissioner.

187

00:23:42.900 --> 00:23:44.940

waller_n: Here in about the Behavioral Health Resource Center.

188

00:23:46.740 --> 00:23:51.390

Multco_DMPTP0RGJ2D1_iOS: Okay thank you judge. Yeah, I think you set it up very well actually at the beginning.

189

00:23:51.390 --> 00:23:52.860

1503***076: By saying last time that

190

00:23:52.890 --> 00:24:01.050

Multco_DMPTP0RGJ2D1_iOS: We were in a completely different universe, especially, you know, not only Cogan but just from a practical budget standpoint.

191

00:24:01.920 --> 00:24:09.870

Multco_DMPTP0RGJ2D1_iOS: You know, back in March, we were looking at a county was looking at taking on new business income tax revenue we were in a much

192

00:24:10.620 --> 00:24:15.660

Multco_DMPTP0RGJ2D1_iOS: Much more positive situation then and we're actually really looking forward to potentially

193

00:24:16.290 --> 00:24:33.330

Multco_DMPTP0RGJ2D1_iOS: You know, opening up and continuing on the path we had set for the Behavioral Health Resource Center to open up next summer and 2021 once coven hit obviously the entire world changed and between mid March and eventual be

finished the budget.

194

00:24:34.650 --> 00:24:37.920

Multco_DMPTP0RGJ2D1_iOS: I think it was a couple weeks ago, might as well have been 10 years ago at this point.

195

00:24:39.630 --> 00:24:47.130

Multco_DMPTP0RGJ2D1_iOS: We really had to put all the most of the the BH RC work on the on the back burner, not all but most of it.

196

00:24:48.630 --> 00:24:58.170

Multco_DMPTP0RGJ2D1_iOS: Especially in light of the budget deficit we were facing to write me and we were looking at every potential bucket of money to potentially bubbles for the

197

00:25:00.150 --> 00:25:09.450

Multco_DMPTP0RGJ2D1_iOS: For the, for the the gap we are facing and due to the due to the economic recession in light of covert. So what we did continue on with during the

198

00:25:10.530 --> 00:25:16.020

Multco_DMPTP0RGJ2D1_iOS: Over the past three months was just some very technical work that had already been underway right so

199

00:25:16.620 --> 00:25:22.590

Multco_DMPTP0RGJ2D1_iOS: We had our project team, for example, submit our design review package for the project to the city of Portland.

200

00:25:23.040 --> 00:25:31.650

Multco_DMPTP0RGJ2D1_iOS: That had been largely informed by work that had been done over the past year with I think almost a dozen meetings with your stakeholders and

201

00:25:31.950 --> 00:25:37.830

Multco_DMPTP0RGJ2D1_iOS: That was about the design of the exterior of the building. So we were still able to move forward with that because regardless of

202

00:25:38.370 --> 00:25:50.130

Multco_DMPTP0RGJ2D1_iOS: What happened, right. We'll just wanted to continue. Some of the discipline that transactional work. So if we decided to continue when we decide to continue to move forward on the project we at least have that ready to go and burn you know months behind

203

00:25:51.390 --> 00:25:55.050

Multco_DMPTP0RGJ2D1_iOS: Now that the budget process has been wrapped up. I know there has been

204

00:25:56.070 --> 00:26:06.060

Multco_DMPTP0RGJ2D1_iOS: Certainly some enthusiasm from the chair, Commissioner, my

red and others and community to restart and re examine you know where we are now.

205

00:26:07.590 --> 00:26:14.520

Multco_DMPTP0RGJ2D1_iOS: And how we could potentially find the funding to make the project reality. I think the the financing.

206

00:26:15.060 --> 00:26:21.750

Multco_DMPTP0RGJ2D1_iOS: conversations we had and some of the challenges we faced before continue to exist, right, where are we going to get the money for the

207

00:26:22.080 --> 00:26:30.210

Multco_DMPTP0RGJ2D1_iOS: Remainder of the capital, where we going to get some of the operational dollars, but at least at this point we're in a little bit more of a solid

208

00:26:30.840 --> 00:26:41.400

Multco_DMPTP0RGJ2D1_iOS: I'm going to say completely solid foundation, but at least we know that we've made it past the current budget cycle we have kept the money that we allocated an FYI money.

209

00:26:42.000 --> 00:26:49.800

Multco_DMPTP0RGJ2D1_iOS: For the Resource Center in the current budget. So we have about \$10 million, which is about half of the capital costs for the project still

210

00:26:50.310 --> 00:26:56.280

Multco_DMPTP0RGJ2D1_iOS: Set up for the Behavioral Health Resource Center, we're investigating ways on potentially closing that other gap.

211

00:26:56.670 --> 00:27:07.770

Multco_DMPTP0RGJ2D1_iOS: We're having discussions later this week with the project team with the program team to ourselves in that conversation, Commissioner, my runs through I know us for that internal county conversation on potential next steps.

212

00:27:08.430 --> 00:27:14.940

Multco_DMPTP0RGJ2D1_iOS: To to get sort of an informational update to. So at this point, I mean we really do want to move forward with it as

213

00:27:15.420 --> 00:27:23.130

Multco_DMPTP0RGJ2D1_iOS: We know that had that center Beethoven even, even with co good right there would have been a reduction and some of the services do

214

00:27:23.760 --> 00:27:34.830

Multco_DMPTP0RGJ2D1_iOS: Physical distancing and spacing issues, but at least it would have been helpful in some respects, right, helping individuals get off the street, especially those significant behavioral health challenges.

215

00:27:35.400 --> 00:27:41.490

Multco_DMPTP0RGJ2D1_iOS: Running some transitional housing, like I said, we would

have been like any other facility, kind of get setting where we would have had to make some

216

00:27:41.820 --> 00:27:50.190

Multco_DMPTP0RGJ2D1_iOS: Some adaptations and changes for it still would have been helpful to have as an overall resource take 32 so I just want i want to provide that update the group.

217

00:27:50.970 --> 00:28:00.600

Multco_DMPTP0RGJ2D1_iOS: Hope to have more information for you all. When we meet again hopefully when pictures a little bit rosier but there is an Uzi as and still, at least, and a desire to

218

00:28:01.380 --> 00:28:12.240

Multco_DMPTP0RGJ2D1_iOS: examine ways to move forward within our office and I know thank you conditioner moment to for all your support on a TV or they want to get all this going as as much as as much as we can so happy to answer any questions.

219

00:28:18.450 --> 00:28:28.620

waller_n: There are no questions and we will have to give a really brief done on mental health court. I know that people were very interested in our lab at our last meeting because of some of the

220

00:28:29.040 --> 00:28:38.250

waller_n: Things that people will reading and I will tell you that I think we are in good shape. At this time we have a great group of case managers.

221

00:28:39.270 --> 00:28:51.630

waller_n: On board and we have Cascadia is in the process, fingers crossed, of getting our case coordination everyone in mental health court is going to have case coordination which we are very excited about.

222

00:28:52.680 --> 00:28:58.350

waller_n: Through Cascadia as soon as they get everyone on board and hired

223

00:29:01.560 --> 00:29:02.880

waller_n: It has been, I think,

224

00:29:04.590 --> 00:29:15.570

waller_n: Difficult for people in mental health court not have the ability to come to court on a regular basis. We're doing everything by remotely and keeping in good contact and i i will say,

225

00:29:16.710 --> 00:29:23.430

waller_n: Unbelievable kudos to the case managers who've been going out on a regular basis, seeing people making sure if they

226

00:29:24.060 --> 00:29:33.600

waller_n: Have exited housing us. It's too hard. Congress cares too hard for some people, but they have tents that they have what they need, making sure that they are physically checking in.

227

00:29:34.320 --> 00:29:47.250

waller_n: In addition to remotely checking in, they have done an unbelievable job of staying in contact under very difficult circumstances, but our people would really like to come back to court, we're seeing some

228

00:29:48.870 --> 00:29:56.220

waller_n: And they'd like to not be as restricted in what they can do. And so we are seeing some of that reflected in how people are doing and whether they are

229

00:29:57.330 --> 00:30:03.540

waller_n: Slipping some in terms of their usage. But I think that we have a great crew, we have

230

00:30:05.880 --> 00:30:09.030

waller_n: I think that's been all unless there any questions at all I have to say.

231

00:30:15.000 --> 00:30:15.570

1503****895: Can you hear me okay

232

00:30:17.340 --> 00:30:17.790

waller_n: Yes.

233

00:30:18.930 --> 00:30:24.240

1503****895: I'm not related to the last gentleman as well. I'm wondering about individuals who are

234

00:30:26.040 --> 00:30:36.330

1503****895: Currently receiving housing currently receiving housing supports maybe if they've after the English charged impatient or even housing program for those who have mental health issues.

235

00:30:38.220 --> 00:30:41.280

1503****895: This, I think there was an issue or there was a concern about whether or not

236

00:30:42.570 --> 00:30:47.700

1503****895: I think rent or something like that was put on hold for a few months, something that I fortunately don't have to deal with but

237

00:30:48.420 --> 00:31:01.380

1503****895: Does that, how does that factor in or does that play into some of these programs where people may be discharged are trying to transferred out of housing and mathematics that know a few folks who are being asked to leave.

238

00:31:03.240 --> 00:31:08.460

1503****895: Their place of residence after they have been discharged from like an impatient, be able to help setting.

239

00:31:09.090 --> 00:31:16.110

1503****895: They've been housed and now they're being they're told it their time limit just happened to be up and it happens to be in this coded season. So I did a

240

00:31:16.680 --> 00:31:27.810

1503****895: Little bit of a concern for me because it seemed said it didn't make sense that they would be discharged or X to leave their supported housing during this kind of the time period. And I was wondering about whether or not

241

00:31:28.920 --> 00:31:36.210

1503****895: Whether or not there was a county. I think restriction on rent or on the cost of housing and wonder that plays a role for

242

00:31:37.590 --> 00:31:39.420

1503****895: Sure, um, good question.

243

00:31:40.290 --> 00:31:48.300

waller_n: For the people that I'm seeing in mental health court in the 18 assists docket. They're not, it's not a question of rent if they are

244

00:31:49.350 --> 00:31:51.000

waller_n: Losing their housing. It is

245

00:31:51.510 --> 00:31:52.860

waller_n: Sometimes because of

246

00:31:54.540 --> 00:31:55.650

waller_n: Concerns about

247

00:31:56.550 --> 00:31:58.890

waller_n: Losing while they're in the program or

248

00:31:59.640 --> 00:32:00.690

waller_n: With some people

249

00:32:01.500 --> 00:32:03.240

1503****895: Aggressive or

250

00:32:03.630 --> 00:32:05.340

waller_n: That in a congregate care setting.

251

00:32:06.540 --> 00:32:10.170

waller_n: Up to deal with it. The programs are all be very supportive.

252

00:32:10.380 --> 00:32:12.510

waller_n: And tolerant, but we also

253

00:32:12.570 --> 00:32:14.220

waller_n: Have I mean when people are going out.

254

00:32:14.640 --> 00:32:18.180

waller_n: And not following us a coven guidelines.

255

00:32:18.810 --> 00:32:20.130

waller_n: What's the entire program.

256

00:32:21.390 --> 00:32:22.380

waller_n: And so I think that that's

257

00:32:22.800 --> 00:32:26.250

waller_n: Where we've seen some of the housing fall apart.

258

00:32:26.610 --> 00:32:33.990

waller_n: It's not been a matter of rent, it's been more trying to provide the support so that they can maintain in the placement

259

00:32:36.540 --> 00:32:37.560

waller_n: Any other questions.

260

00:32:40.110 --> 00:32:40.500

waller_n: Okay.

261

00:32:42.690 --> 00:32:52.800

waller_n: And I think we're right about on time, which is excellent. So Abby talked about or somebody asked about how do we weave together all of these major things that are going on in our community and

262

00:32:54.600 --> 00:33:04.860

waller_n: I think that we haven't. The next topic on the agenda is one where we have been trying really hard to weave together some of the big projects that are going on in our community.

263

00:33:05.460 --> 00:33:11.790

waller_n: The Oregon judicial department was selected is to be part of a Gaines community of practice initiative.

264

00:33:12.300 --> 00:33:26.130

waller_n: And we chose is the project and Multnomah County is one of the three pilot counties in Oregon to look at building a triage assessment evaluation center because we know in the eight assists land oftentimes

265

00:33:27.210 --> 00:33:34.470

waller_n: Once if the only place that is easy for police to take people is the jail that's sometimes what happens, and that

266

00:33:35.250 --> 00:33:47.640

waller_n: Gets the criminal process started. And we know that if we can speed up evaluations and assessments and look at ways of diverting people who are appropriately diverted who are not high risk that that's a good thing. The same time

267

00:33:48.510 --> 00:33:59.790

waller_n: Unity and Cascadia and others had been talking about have a very similar concept. And so we're going to talk a little bit about this vision for building some kind of a

268

00:34:00.210 --> 00:34:18.450

waller_n: triage one stop assessment evaluation sobering center, all of those things in one effort. We've also had the opportunity to talk to the city and the county and in my estimation. The city's street response, together with the county's behavioral health

269

00:34:19.890 --> 00:34:36.780

waller_n: Resource Center, together with an assessment triage drop off center makes fills up a lot of the continuum that we currently don't really have in our community that would allow us to safely divert people do the assessment provide the support and then

270

00:34:38.070 --> 00:34:46.560

waller_n: Fingers crossed. If we have the the off ramps for housing that we get them in housing. So I'm going to turn it over to Giuliana and Laura to talk a little bit about the plan.

271

00:34:53.310 --> 00:35:05.010

laura cohen: Hi everyone, I'm Laura Cohen and I'm the Senior Director of diversion services. A Cascadia Giuliana and I are going to sort of tag team this. So Giuliana jump in. Whenever you feel like you want or need to

272

00:35:05.940 --> 00:35:12.600

laura cohen: First of all, thank you judge Waller and Abby, for inviting us here today to talk about a concept that we've been developing over the last couple of months.

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00:35:14.340 --> 00:35:21.390

laura cohen: As many of you know, Portland is very fortunate to have a very robust set of crisis services, as well as community based services.

274

00:35:22.560 --> 00:35:31.950

laura cohen: And while we are very lucky that we have so many things to choose from. They are provided by a number of different entities and agencies and systems.

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00:35:33.000 --> 00:35:42.390

laura cohen: Who have their own different set of inclusion and exclusion criteria and funding streams and assessments and evaluations and so well. That's wonderful.

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00:35:42.900 --> 00:35:50.190

laura cohen: It can make it a little bit confusing for an individual or a first responder to know exactly where to bring somebody

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00:35:51.120 --> 00:36:02.250

laura cohen: What we've seen. I think sort of across the board is that when we have so many different providers providing very similar and often overlapping services, it, it creates an opportunity for fragmentation.

278

00:36:02.700 --> 00:36:10.620

laura cohen: And for siloed which really makes it difficult to provide optimal care for somebody, and it makes it difficult, like I said before, for

279

00:36:11.490 --> 00:36:18.690

laura cohen: both individuals and crisis community and crisis and law enforcement responding to those folks to know exactly where to take them to

280

00:36:19.050 --> 00:36:25.440

laura cohen: Do they go to the PTS do they go to an emergency room, do they go to detox, do they take somebody to casita, you have to the sobering center.

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00:36:25.980 --> 00:36:36.390

laura cohen: If so many different choices. And then, of course, in December, the sobering center closed and I know many of you, I can see your faces and names were sitting around that big table.

282

00:36:37.140 --> 00:36:46.470

laura cohen: in City Hall is we all sort of sat and tried to grapple with, oh my gosh, what are we going to do now that the sobering center is closed in, and I think for a number of us, it really

283

00:36:48.030 --> 00:36:58.230

laura cohen: impressed upon us, the need to really come together and develop a single point of access a one stop shop. No Wrong Door kind of model and so

284

00:36:58.770 --> 00:37:09.210

laura cohen: Instead of asking law enforcement have to decide where should I take this person in a behavioral health crisis really creating an opportunity for them to bring them to one place and then let

285

00:37:09.720 --> 00:37:16.650

laura cohen: The medical professionals and the mental health professionals really determine kind of next steps and an appropriate level of care.

286

00:37:17.190 --> 00:37:23.100

laura cohen: And so we a cascade of behind it began having some conversations with a number of people sitting on this call today.

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00:37:23.670 --> 00:37:33.420

laura cohen: And we realized that this was really a project that was much bigger than just any one entity. And so we recognize that this was really an opportunity for us to develop

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00:37:33.780 --> 00:37:40.110

laura cohen: A collaborative and really sort of own this concept in this challenge in this process together.

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00:37:40.860 --> 00:37:51.810

laura cohen: And so we started having meetings with with Unity and DePaul and Cascadia and care, Oregon, and then we started inviting some other folks in like judge Waller and

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00:37:52.290 --> 00:38:05.670

laura cohen: The county and the mayor's office and Juliana was really enough to think about the fact that Judge Waller had been talking about this model that she was working on and we realized there was a lot of synergy to sort of bring the two together.

291

00:38:06.960 --> 00:38:17.400

laura cohen: So that's, that's kind of where we started, Julie. I'm going to pitch it to you. If you would like to jump in now and talk a little bit about kind of what the model is. And I'll step back

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00:38:18.480 --> 00:38:18.900

laura cohen: Sure.

293

00:38:19.350 --> 00:38:31.290

Juliana Wallace: I mean, I think you didn't thank you for summarizing that so well and I actually, I don't care. We're going to jail or just probably not on this group, but she's the one that actually described it from like

294

00:38:32.130 --> 00:38:45.270

Juliana Wallace: Like a hub and spoke model. Many of you know obviously I've been here since unity started and a couple things that we learned I think over the three and a half years just about the

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00:38:45.840 --> 00:38:54.450

Juliana Wallace: build off of what Laura said is that we have this cohort of folks

who are high acuity, who are acutely intoxicated.

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00:38:55.890 --> 00:39:01.290

Juliana Wallace: Usually this is a methamphetamine intoxication group of folks that

297

00:39:02.520 --> 00:39:10.500

Juliana Wallace: You know, then it's they have very long length of stay takes a little while and they have different needs that was designed in the PS

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00:39:12.060 --> 00:39:30.210

Juliana Wallace: And then we have people who come that really, you know, we work closely with the urgent lock in and developed a good way to get people to in from but that distance can be a barrier and you know we have a very high level of care and unity is for urgent walk in.

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00:39:31.560 --> 00:39:40.350

Juliana Wallace: Kind of intervention. So part of what Cascadia and DePaul Kevin from DePaul is who we invited to come chat with us and like

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00:39:41.430 --> 00:39:53.280

Juliana Wallace: Why don't we like Laura said, think about how we do this together to serve everybody and kind of a right spoke off a singular hub and people are coming to unity, but we need more

301

00:39:53.670 --> 00:40:07.680

Juliana Wallace: Hallways than just going to our peasants value, which does a great job with the psychiatric kind of emergency assessment and kind of getting people to inpatient who need to be there and doing that care coordination.

302

00:40:08.490 --> 00:40:18.750

Juliana Wallace: But the Paul bringing their expertise and access to residential treatment and detox services and Cascadia bringing their robo services and primary care and agree with behavioral health

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00:40:19.500 --> 00:40:34.530

Juliana Wallace: Their urgent walk in experience just trying to figure out how we put the pieces of the puzzle and our community together into one place so that it's easier for people to truly make that transition to the right kind of pathway and I'd actually had when I have lunch with Chuck Lavelle

304

00:40:35.640 --> 00:40:45.510

Juliana Wallace: Before he was in his, his new role. He's the one that said that to me and it really made sense. You'd like the police officers, we can't really do. It's hard for us to decide.

305

00:40:46.410 --> 00:40:48.270

Juliana Wallace: This pathway or this pathway.

306

00:40:48.900 --> 00:40:59.700

Juliana Wallace: And we just need one door to go into. And then at that large meeting that you're talking about, Laura. I think I spoke up and said, That's great. It'd be nice to have just one door. But I think what everybody

307

00:40:59.910 --> 00:41:05.910

Juliana Wallace: At least that does this work regularly knows that that behind those couple doors like let's just say three sobering.

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00:41:06.330 --> 00:41:13.230

Juliana Wallace: Emergency crisis work and urgent walk in level care. There's like 15 doors behind those three doors.

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00:41:14.070 --> 00:41:18.570

Juliana Wallace: That can be really hard for our community to navigate, frankly,

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00:41:19.050 --> 00:41:30.390

Juliana Wallace: This is why we have so many outreach teams and everybody's trying to help people get to that right door. So this was just us kind of thinking, how do we start to streamline and really help people transition to the

311

00:41:30.990 --> 00:41:36.630

Juliana Wallace: Into that rate and door right pathway without just booking them an appointment and

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00:41:37.410 --> 00:41:44.580

Juliana Wallace: Hoping they they can get there but bringing everybody together to really like engage people into their

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00:41:44.940 --> 00:41:57.540

Juliana Wallace: treatment services. So that's, that's kind of where we're at and the dialogue that we're having. And we're like, this sounds great. Now, how do we come up with the data and actualize this flush this out.

314

00:41:58.230 --> 00:42:04.320

Juliana Wallace: Think about the logistics of it and you know it's a that actually brings us to the last email I responded to.

315

00:42:05.430 --> 00:42:13.080

Juliana Wallace: What do we do from here and I think judge Waller you and I have talked about some of these. A lot of these folks and I

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00:42:13.650 --> 00:42:20.550

Juliana Wallace: You know, I, these are often people who have bounced in and out of many systems, they've had many assessments.

317

00:42:20.940 --> 00:42:27.090

Juliana Wallace: And we kind of have one go to in our system. I'm like, Okay, well

let's get you here and have another assessment. So I also have

318

00:42:27.630 --> 00:42:41.100

Juliana Wallace: A big I keep like I guess maybe drumming this beat of, like, let's find ways to that we maximize our data sharing capabilities and stop over assessing people and start building off the like.

319

00:42:41.910 --> 00:42:48.840

Juliana Wallace: Mean we have brilliant clinicians all over the city who've already done an assessment. I mean, even at unity, I'll say my staff are like, okay.

320

00:42:49.290 --> 00:42:56.280

Juliana Wallace: We have people who come, you know, they've we have a guy who's come four times this week. And we're required to do a

321

00:42:57.000 --> 00:42:59.070

Juliana Wallace: Complete assessment every time.

322

00:42:59.550 --> 00:43:12.450

Juliana Wallace: Which is fine, but I think we could figure out ways I'm all about right now. Like, how do we maximize the staff and people that we have build on what we've already done and not put people through the rigor Mirage just over and over again so

323

00:43:13.080 --> 00:43:24.030

Juliana Wallace: Hopefully we can use some like some technology to help us see what the last couple assessments more and what our other partners Racine, and what their recommendations will

324

00:43:24.480 --> 00:43:32.850

Juliana Wallace: Be consistent with people about where we send them. This also aligned. Some of you. I think I was trying to remember if this actually came up more and

325

00:43:33.240 --> 00:43:45.450

Juliana Wallace: Portland Street response work groups. I was that I was part of. And I do think, you know, Judge Waller thanks for mentioning that program because I do think they're part of this puzzle.

326

00:43:46.980 --> 00:43:54.720

Juliana Wallace: And there was a lot of phenomenal data and information gathered during that word group that I think can really inform what we're talking about here.

327

00:43:56.640 --> 00:44:05.100

Juliana Wallace: But I don't know if there's anything else. Laura, I should say. I mean, I could go on and on because I get really excited about this. And I can see Sarah Radcliffe here.

328

00:44:05.760 --> 00:44:17.250

Juliana Wallace: So fun on the zoom meeting. You know, I just emailed Sarah and I'm pretty passionate about the the unwanted or unwelcome community members that bounce from the jail and

329

00:44:17.700 --> 00:44:26.970

Juliana Wallace: You know, kind of art ever don't ever feel like you're in the right place in our city. And so I'm also really interested in this model being a place where there

330

00:44:28.290 --> 00:44:37.680

Juliana Wallace: There is a right place for somebody, and we need to figure out what that right places. It's not their job to figure out where the right places. It's our systems job to figure that out. So

331

00:44:38.070 --> 00:44:49.470

Juliana Wallace: I know we're going to talk to Sarah, a little more about that too and I just got to give a nod to Laura and everybody that's been involved because I think this really stems from wanting to meet people's needs and

332

00:44:50.280 --> 00:44:55.890

Juliana Wallace: Not have them just hit emergency rooms and jails and but try to get them in the right spot.

333

00:44:58.620 --> 00:45:02.850

Juliana Wallace: For 50 okay good judge Waller that we was time for some questions from the group.

334

00:45:09.060 --> 00:45:09.900

Juliana Wallace: I see Sharon.

335

00:45:10.830 --> 00:45:13.470

Sharon Meieran: JUDGE. JUDGE you're on, you're on mute. So

336

00:45:13.830 --> 00:45:14.820

waller_n: Very sorry. Thank you.

337

00:45:16.260 --> 00:45:24.780

waller_n: Are because we're merging. Our, our efforts with the gains initiative, which is not we don't get funding out of that. But we get technical assistance so

338

00:45:25.050 --> 00:45:31.440

waller_n: We've asked that there be people from some of the programs around the country. So bear County, Texas.

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00:45:32.010 --> 00:45:41.370

waller_n: Tucson, and I can't remember where the third person is going to come from

or to come meet with us to provide us with some of their expertise. Oh, Jennifer Johnson from Berkeley.

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00:45:41.760 --> 00:45:51.960

waller_n: Is going to provide us with some of their expertise on really, what are the next steps. What do we need to do and how can we build out this amazing in my mind.

341

00:45:52.800 --> 00:46:08.790

waller_n: One Stop where people are able to easily get to not have to try to navigate and we were, we will stop and kind of the endless assessments before we ever get anyone to where they need to be in the right kind of supportive services in place.

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00:46:09.870 --> 00:46:11.340

Juliana Wallace: So judge. Thanks for mentioning

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00:46:11.490 --> 00:46:16.860

waller_n: The other day with the mayor and the chair and Commissioner Mirren and Commissioner Hardesty

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00:46:18.000 --> 00:46:30.480

waller_n: And I can't remember who else. Oh, Mike Schmidt to talk about this, you know, how do we how do we use this moment in time to begin to look at what we're doing. So I was grateful for the invitation.

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00:46:31.290 --> 00:46:35.880

waller_n: And I'm hoping that that's going to help provide us some of the momentum that we need to move forward.

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00:46:38.220 --> 00:46:48.690

Juliana Wallace: Yeah, I was just gonna say. I mean, very early on we opened I traveled down to Arizona. And so I got to spend a day watching something similar to this happen.

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00:46:49.020 --> 00:46:56.730

Juliana Wallace: Where really the the back door was a no wrong door please. But what was so interesting that, I love that they did is that the front door.

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00:46:57.150 --> 00:47:04.020

Juliana Wallace: Was they did have the option of Pez or urgent walk in type level of care and they didn't have a sibling component

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00:47:04.920 --> 00:47:10.950

Juliana Wallace: But it was really cool to see their ability to just quickly, kind of like triage and, you know,

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00:47:11.400 --> 00:47:27.270

Juliana Wallace: They, they had a social worker triage and because it wasn't a medical triage. It was just like Cascadia is urgent walk in and it just made so much sense to me that we here trying to figure out how to keep grouping services together and working together instead of spreading them out.

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00:47:33.600 --> 00:47:46.860

Sharon Meieran: Thank you. Thanks so much, Laura and Giuliana and judge Waller this is I get very excited about this too. It's so wonderful to hear this and

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00:47:48.450 --> 00:48:00.030

Sharon Meieran: Just recognizing that I think they're. These are sort of two linchpins of what we need, as we are in re envisioning our community safety system.

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00:48:00.900 --> 00:48:20.850

Sharon Meieran: Both the Behavioral Health Resource Center. So there is a place for people to go before they fall into crisis where they can get what they need, whether it's just respite someplace to just be whether it's services, whether it's their laundry, etc.

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00:48:22.290 --> 00:48:25.650

Sharon Meieran: And this idea of a no wrong door.

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00:48:27.060 --> 00:48:34.980

Sharon Meieran: Where people can be like that where people actually are at a point that they need assessment and then can be

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00:48:38.130 --> 00:48:42.960

Sharon Meieran: They can be helped and supported in getting to where they need to be and where they

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00:48:44.100 --> 00:49:00.240

Sharon Meieran: Will be best served and and helped in our system. And I feel like now really is the time and without these two sort of linchpins without these kind of complimentary things happening.

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00:49:02.280 --> 00:49:11.340

Sharon Meieran: That all of these other efforts, they won't succeed because with for Portland Street response, for example, which I

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00:49:12.180 --> 00:49:23.040

Sharon Meieran: I'm working on that cons. I'm working on that with Joanne and with with the groups, if there's not an alternative to jail, then the best

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00:49:23.670 --> 00:49:41.130

Sharon Meieran: Portland Street response won't work. Like if there, if we don't have this alternative place that supports people built into our systems, there's not going to be the, the place for them to go. So I'm so excited about this. And I just wanted to

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00:49:42.780 --> 00:49:52.650

Sharon Meieran: Really mentioned in terms of the concept that Giuliana you mentioned about data sharing and looking at, you know, just a couple of

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00:49:53.730 --> 00:50:07.680

Sharon Meieran: Efforts where this has been one where it's been shown to be really successful and Eddie your pre manage the emergency department information exchange where you know in real time what people's

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00:50:08.370 --> 00:50:24.480

Sharon Meieran: History has been so that you don't reinvent the wheel. So you don't give them the 12th CAT scan you don't don't do all of this, you have the information to make informed decisions. And it's so much simpler and different than an electronic medical records you know your typical

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00:50:26.010 --> 00:50:33.300

Sharon Meieran: Record and so systems like that and then the fuse process which is happening right now being under investigation which is

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00:50:34.230 --> 00:50:45.000

Sharon Meieran: frequent use systems that whatever the acronym stands for, but people using multiple who who cycled through all of those systems, you know when our Venn diagram we

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00:50:45.660 --> 00:51:01.860

Sharon Meieran: We all know in the ER we know who our frequent users are in the jail's we know who frequently ends up there and our housing system. We know frequently as on, you know, cycling through that system. And there's just a course, a core of people who

367

00:51:03.390 --> 00:51:08.640

Sharon Meieran: We just so desperately need to be able to help them get what they need to

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00:51:09.810 --> 00:51:13.710

Sharon Meieran: To sustain and break the cycle and break out so

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00:51:15.390 --> 00:51:23.340

Sharon Meieran: That's, you know, I think that that those data efforts are an integral part of what you're talking about. And

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00:51:24.330 --> 00:51:41.340

Sharon Meieran: And then just emphasizing the the meth Nami or meth NATO or whatever you want to the meth disaster that this is just different from sobering centers and what is happening now. If we're not able to get a handle on it is is so destructive.

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00:51:42.720 --> 00:51:51.090

Sharon Meieran: In all of our systems. And so having that focus and ability to address it is so important. So I'm preaching the choir. So sorry.

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00:51:51.600 --> 00:51:59.220

Juliana Wallace: No, but Sharon. I'm really glad you said that. And Dr. Gross. And Dr. Eyes and you know we're representing Laura and I are representing

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00:51:59.580 --> 00:52:05.940

Juliana Wallace: I'm just so grateful for their medical leadership around this because and care Oregon understands what we know that

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00:52:06.240 --> 00:52:12.990

Juliana Wallace: Those are community members who are struggling with methamphetamine intoxication often have some very dangerous behaviors.

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00:52:13.800 --> 00:52:23.250

Juliana Wallace: But don't necessarily need to be on the track that Oregon has for like involuntary or psychiatric interventions right like

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00:52:23.970 --> 00:52:36.120

Juliana Wallace: I think Sarah Radcliffe on the chat says something about harm reduction and I really believe that that. So now we're going to engage on the long term recovery is like let's help you sober, get some get sick feel safe.

377

00:52:36.390 --> 00:52:47.250

Juliana Wallace: And then ask what you want for treatment modality or treatment path and then be able to provide that instead of, I think we just try to shove everybody kind of down this pathway. And that doesn't usually work.

378

00:52:47.640 --> 00:53:00.240

Juliana Wallace: And I'm you know I'm I've been working with people in downtown Portland using math now for almost 18 years and this is like my favorite population. And I think we can do better. So

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00:53:03.210 --> 00:53:14.400

waller_n: So any other questions from anyone. It's a lofty big plan in a budget crisis time, but we all decided that we needed to move forward. Nonetheless,

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00:53:15.120 --> 00:53:20.940

waller_n: At least in our planning because I think there is going to be some federal grant money and we never want to build a

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00:53:21.480 --> 00:53:31.530

waller_n: House completely on federal grant money. But if we can get started you know we're hoping for better times down the road, I think that the one thing that both in terms of the

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00:53:32.550 --> 00:53:36.750

waller_n: Presentation and this presentation that we all know that we need is

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00:53:38.640 --> 00:53:45.810

waller_n: Is housing in the community that is supportive and sometimes low barrier housing for know I talked about the people who

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00:53:46.860 --> 00:53:53.340

waller_n: Can't stay in the housing. Some of the housing that we have available because of their use and

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00:53:53.910 --> 00:54:02.700

waller_n: While it would be great if we could magically wave the wand and people would stop using that's not going to happen. And so we don't, we need to have a wide continuum.

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00:54:03.600 --> 00:54:11.070

waller_n: But I think there are plans, even for that a foot in terms of what we might be able to to do down the road when there's some funding.

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00:54:12.240 --> 00:54:25.770

waller_n: But the other thing I want to say is, and I think that Commissioner mirin alluded to this when she was talking about the hospital is when you look at how much money is in all of the systems that deal with people with in the criminal justice system with behavioral health issues.

388

00:54:27.840 --> 00:54:38.730

waller_n: And in the mental health system its enormous. I mean, it's a pretty big sum of money. So I think part of the trick is, is there a way that we can turn that corner and began to use the money in a more

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00:54:40.920 --> 00:54:58.050

waller_n: Effective way in terms of this vision and kind of getting people just on the path because those are the past that we have actually on set. So that leads us very nicely into Adam and the discussion of the County Public Safety budget investments, Adam.

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00:54:58.710 --> 00:55:01.500

Multco_DMPTP0RGJ2D1_iOS: Thank you for that beautiful setup. I really appreciate that.

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00:55:02.970 --> 00:55:23.130

Multco_DMPTP0RGJ2D1_iOS: Thank you everyone. So just wanted to give everybody a quick overview of some of the work that has taken place over the past month that big COUNTY BUDGET especially in light of the protest, we've seen across the country, the demonstrations locally here and the call really for

392

00:55:24.180 --> 00:55:35.280

Multco_DMPTP0RGJ2D1_iOS: disinvestment in those systems of criminal justice and reinvestment in other areas to that have been proven more effective to get

individuals into treatment and out of the system altogether.

393

00:55:36.480 --> 00:55:53.580

Multco_DMPTP0RGJ2D1_iOS: So this is background our office and in partnership with the health department and partner community justice and began to look at some of those previous reports that have been published, years ago, ones that Abby reference that had been sitting on my desk, probably gathering dust.

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00:55:54.990 --> 00:56:05.040

Multco_DMPTP0RGJ2D1_iOS: Including reports like pallets 2017 people's plan the urban League's 2015 state of Oregon who doesn't and non state of Blab Oregon.

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00:56:05.370 --> 00:56:12.450

Multco_DMPTP0RGJ2D1_iOS: And some of the recommendations in there right can some of those weren't weren't you know groundbreaking or new rights and those will call for calls for

396

00:56:13.260 --> 00:56:26.910

Multco_DMPTP0RGJ2D1_iOS: More transitional housing services employment services more behave coffee table health services. So we really took those examples, and those recommendations and use those as a platform to build upon

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00:56:27.240 --> 00:56:41.310

Multco_DMPTP0RGJ2D1_iOS: As we began to consider in mid June, how we could take some of those resources that were in their criminal legal system and then begin to move them to over to behavioral health anti other interventions to so specifically as it relates to

398

00:56:42.570 --> 00:56:52.140

Multco_DMPTP0RGJ2D1_iOS: Behavioral health world. Some of the dollars that we used from the Sheriff's Office and the district attorney's office and then reallocated are going to go to to

399

00:56:53.010 --> 00:56:57.840

Multco_DMPTP0RGJ2D1_iOS: To programs that one of which I think most of you are familiar with. And another one is going to be a pilot.

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00:56:58.410 --> 00:57:06.090

Multco_DMPTP0RGJ2D1_iOS: The first is going to be and and keep in mind you, I should have to carry on that a lot of this is still all in development to right. So, you know, we asked the departments to

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00:57:06.420 --> 00:57:13.620

Multco_DMPTP0RGJ2D1_iOS: begin work on this like two weeks ago. So we're still flushing out all the details, but the overall goal remains

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00:57:14.460 --> 00:57:30.420

Multco_DMPTP0RGJ2D1_iOS: For one of the projects is to look at some sort of culturally specific Afro centric STP program. I think most of you are familiar with

STP. It's the stabilization for treatment preparation preparedness program. There's two of them. One run by Cascadia one run by

403

00:57:31.650 --> 00:57:43.740

Multco_DMPTP0RGJ2D1_iOS: Central City over an old town right and that's that's a transitional housing program that also combines services at the houses, some medication management that is completely voluntary.

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00:57:44.370 --> 00:57:51.300

Multco_DMPTP0RGJ2D1_iOS: But we've been impressed with the county with those programs as a type of forensic diversion and the outcomes that have happened with those so

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00:57:51.870 --> 00:58:01.740

Multco_DMPTP0RGJ2D1_iOS: With some of that money we're reinvesting actually is going to go into a STP specific program for black men, either.

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00:58:02.640 --> 00:58:13.500

Multco_DMPTP0RGJ2D1_iOS: I believe right now. The goal was, those who might be would otherwise be involved in going to jail. Right. So there's a lot of conversations need to happen. I think we have a good model setup.

407

00:58:14.430 --> 00:58:23.760

Multco_DMPTP0RGJ2D1_iOS: We're glad that we have John Carp Evans now at the county, who used to be at Central City to help us guide and and work on that process to set that up to sell.

408

00:58:24.210 --> 00:58:36.300

Multco_DMPTP0RGJ2D1_iOS: More to come on that front. But that's one of the big investments are going to be making and the other one in the behavioral health division is focused on a behavior health pilot and this one is is

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00:58:36.960 --> 00:58:45.390

Multco_DMPTP0RGJ2D1_iOS: Really looking at those individuals coming out of jail and prison who need behavioral health supports but

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00:58:45.810 --> 00:58:55.230

Multco_DMPTP0RGJ2D1_iOS: Might need them in the community or at their home. Right. We know that individuals don't always, you know, we asked individuals, a lot of times to come into access services.

411

00:58:55.620 --> 00:59:01.290

Multco_DMPTP0RGJ2D1_iOS: But you know what we've heard a lot to as well, why don't we have you know some teams, I can go out and actually work with individuals.

412

00:59:01.500 --> 00:59:09.660

Multco_DMPTP0RGJ2D1_iOS: Who are at transitional housing sides who might be homeless, who are living with relatives, other people as they're making the transition back in the community.

413

00:59:09.870 --> 00:59:22.710

Multco_DMPTP0RGJ2D1_iOS: So the goal of that program and really be to have a q&a HP with appear go out there, work with individuals, hopefully before they're in crisis. So it's not like a project respond. But, you know, really assess

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00:59:23.670 --> 00:59:30.540

Multco_DMPTP0RGJ2D1_iOS: Work with them figure out, you know, treatment goals treatment plans those types of thing and provide a have ready response to that.

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00:59:31.110 --> 00:59:43.290

Multco_DMPTP0RGJ2D1_iOS: As as much as possible a lot around the job to sail through a lot more details to be fleshed out. But those are two of the bigger things we're thinking about with some of these colors. So how to answer any questions at this point.

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00:59:46.560 --> 00:59:48.090

waller_n: Thank you, Adam. Any questions.

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00:59:49.590 --> 00:59:56.820

waller_n: Any questions about any of the things we've talked about or any things that you want to talk about that. We didn't have an agenda item for

418

01:00:01.350 --> 01:00:01.950

Sharon Meieran: I

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01:00:03.540 --> 01:00:04.320

waller_n: Like Mr. Mayor.

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01:00:06.630 --> 01:00:10.260

Sharon Meieran: Sorry. Um, one last question of the day.

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01:00:12.000 --> 01:00:26.400

Sharon Meieran: So Adam I'm, I'm very excited about the programs. The pilots that the county is going to be working on in these areas, just as you were describing the second one which I love, and a fully supported

422

01:00:28.290 --> 01:00:33.900

Sharon Meieran: How is it really different from an act team for someone, for example.

423

01:00:37.980 --> 01:00:44.220

Multco_DMPTP0RGJ2D1_iOS: Yeah, good question, Commissioner, I think we're still figuring out those details right I know app tends to have a little bit more of a holistic

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01:00:45.210 --> 01:00:47.910

Multco_DMPTP0RGJ2D1_iOS: Approach to it. Right. I think there's a lot more services attached to that.

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01:00:48.780 --> 01:00:57.960

Multco_DMPTP0RGJ2D1_iOS: This is really a conversation that are the models are the conversation that grew out of conversations with ebony her shop and other people who have been just as involved or had family.

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01:00:58.290 --> 01:01:03.420

Multco_DMPTP0RGJ2D1_iOS: Members who are just as involved and may not require that same higher level of care.

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01:01:04.230 --> 01:01:16.110

Multco_DMPTP0RGJ2D1_iOS: So I'm we're waiting to hear back more about the programmatic details about what they want to achieve. But at this point, I don't have a great answer for you right now, but I hope to have more information for you, probably the next few weeks.

428

01:01:20.250 --> 01:01:20.970

waller_n: Anyone else

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01:01:30.930 --> 01:01:34.650

waller_n: You want to do you want to, um, so let's see.

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01:01:47.190 --> 01:01:48.450

Barb Rainish: I guess I do want to talk

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01:01:48.840 --> 01:01:49.200

Okay.

432

01:01:54.810 --> 01:01:56.520

Barb Rainish: I don't type very fast, that's for sure.

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01:01:57.180 --> 01:01:57.510

waller_n: Know,

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01:01:57.600 --> 01:02:04.410

Barb Rainish: How does what you're talking about Adam to dovetail in with the whole supported housing model.

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01:02:05.910 --> 01:02:11.700

Barb Rainish: And that money that metros supposed to be sprinkling through our community.

436

01:02:13.260 --> 01:02:21.990

Multco_DMPTP0RGJ2D1_iOS: That's a great question. I don't know yet. Right. I think, you know, we're still waiting to get those processes set up right

437

01:02:22.380 --> 01:02:31.230

Multco_DMPTP0RGJ2D1_iOS: I know metro just met yesterday that advisory council to start talking about metrics for measuring success for the here together dollars.

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01:02:32.160 --> 01:02:46.740

Multco_DMPTP0RGJ2D1_iOS: I think the discussions, then transition to the counties, starting in late summer so either late August or early September. And the, the initial thought is that a home for everyone would be part of serving that coordinating

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01:02:48.030 --> 01:02:52.440

Multco_DMPTP0RGJ2D1_iOS: Role. So there's still a lot of details we work on on that bar.

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01:02:53.040 --> 01:03:00.210

Multco_DMPTP0RGJ2D1_iOS: I think that no matter what it's going to be good to have all those dollars coming into the community, right, because then we can actually

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01:03:00.630 --> 01:03:06.030

Multco_DMPTP0RGJ2D1_iOS: You know, use services like STP, like the like this behavioral health pilot

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01:03:06.270 --> 01:03:15.480

Multco_DMPTP0RGJ2D1_iOS: Like all the programs are talking about right, they're all going to be more successful. Once we actually have those here together dollars in the community with supportive housing, because then they'll have

443

01:03:15.840 --> 01:03:25.740

Multco_DMPTP0RGJ2D1_iOS: Individuals who are, you know, getting stuck in the system will have a more permanent place to go. So, um, I think they dovetail conversation is is starting to ramp up and will continue to ramp up

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01:03:31.710 --> 01:03:33.930

waller_n: Their questions, comments.

445

01:03:39.600 --> 01:03:39.870

waller_n: Okay.

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01:03:41.280 --> 01:03:48.630

waller_n: And I know that everybody always likes found time. So this could be your found time for the day that you're refinished 20 minutes early.

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01:03:49.440 --> 01:04:00.390

waller_n: Our next meeting is in September I anticipate that the world will continue to change again between now and then hopefully in a more positive direction in terms of

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01:04:01.980 --> 01:04:13.320

waller_n: coven and that we will also ride the momentum of the call right now for transformation of the criminal justice system to use the momentum to really get in place some changes.

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01:04:14.280 --> 01:04:23.820

waller_n: And for this committee changes for those who have significant behavioral health issues. I think that we all know that we've been lacking in what our community has in terms of

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01:04:24.180 --> 01:04:32.280

waller_n: Housing supports and acceptance and there are a couple of things that I'll get out to Christina that when they're when I can.

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01:04:33.360 --> 01:04:39.900

waller_n: And they're no longer drafts that I think that you would all be interested in seeing some papers that are I think going to help guide us but

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01:04:40.350 --> 01:04:51.420

waller_n: Between now and the next meeting, we will have gotten some technical assistance from games consultants and we will be able to start really fleshing out the proposal that we have and

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01:04:52.680 --> 01:05:02.910

waller_n: Anyone has ideas about how we're going to fund this lovely proposal that we're putting together that's obviously the one of the bigger challenges that we have. Thank you all. Have a good afternoon.