

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
PUBLIC COMMENT SIGN-UP SHEET**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 11/7/16

AGENDA # _____ OR NON-AGENDA SUBJECT: T. PO. HOMEFOREWARD

FOR: _____ AGAINST: _____

NAME: PAUL, A POLINA, PHILLIPS

CONTACT INFORMATION (optional):

ADDRESS: 1212 SW CLAY apt #217

CITY/STATE/ZIP: Portland, OR, 97201

PHONE: 503-224-9954

EMAIL: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Fill out this form and submit to the Board Clerk.
2. Non-Agenda items will be called immediately after the vote on the Consent Agenda.
3. Agenda items will be called during that item's presentation, before the vote is taken.
4. Presenters are called to testify in the order forms are received. The Presiding Officer may rearrange the order testimony is given or ask Invited Guests or Elected Officials to speak first.
5. Public testimony is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
6. If submitting handouts to be given to the Board, 7 copies are required. If one copy is provided, it will be received for the file and electronically shared with the Board after the meeting.
7. All meetings are audio and video recorded and can be viewed at: multco.us. Click on Government/Board Meetings, and select meeting of your choice.
8. When your name is called, come forward and be seated at the presenter's table; state your name for the record and speak clearly into the microphone.
9. A buzzer will signify the end of your allotted time.
10. The Chair has authority to keep order and may impose reasonable restrictions necessary for the efficient and orderly conduct of a meeting. Any person who fails to comply with reasonable rules of conduct or who creates a disturbance may be asked or required to leave and upon failure to do so, becomes a trespasser and will be treated accordingly.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD IN LIEU OF GIVING ORAL COMMENTS:

1. Complete this form and submit it along with your written testimony to the Board Clerk at the meeting, or by e-mail at: lynda.grow@multco.us
2. Written testimony will be entered into and remain a part of the official record.

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MEETING DATE: 01-07-16

AGENDA ITEM # X OR NON-AGENDA SUBJECT: X

FOR: X AGAINST: X

NAME: Lightning Watchdog PDX

CONTACT INFORMATION (optional):

ADDRESS: X

CITY/STATE/ZIP: X

PHONE: X E-MAIL: X

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MEETING DATE: JAN. 7th 2016

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Homeless / Homeless Sweeps
in PORTLAND

FOR: _____ AGAINST: X

NAME: DAVID KIF DAVIS / FIGHT THE SWEEPS

CONTACT INFORMATION (optional):

ADDRESS: 6816 N. TRUMBULL - ~~PORT~~ Apt #8-97203

CITY/STATE/ZIP: PORTLAND 97203

PHONE: _____

E-MAIL: MultnomahCountyCopWatch@gmail.com

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Kevin Fitts

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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Some facts about Oregon right now

1. 22% - Percentage of Multnomah County residents in 2015 with an active Oregon Trail card, "food stamps."
2. 1.1 Million Oregonians on Medicaid. 600k on Medicare. (Oregon total population 4 million)
3. 180 million dollars in profit in 2014 for the CCO's that manage, oversee and provide services and contracts for Oregon Health plan recipients.
4. One in five Oregonians living with some mental health challenge or disorder.
5. $\frac{1}{3}$ people who sought treatment in Multnomah County in 2014 did so for Opiate addiction.

Oregon far behind in community mental health services, federal report finds



Oregon's U.S. Attorney Amanda Marshall said the state has not met its commitment to improve community services for people suffering from serious and persistent mental illness. (Benjamin Brink/The Oregonian)

[PrintEmail](#)



By [Maxine Bernstein | The Oregonian/OregonLive](#)

[Email the author](#) | [Follow on Twitter](#)

on January 23, 2014 at 6:55

Oregon lags far behind where it needs to be in providing community treatment to people with serious mental illness, while it continues to support more costly restrictive inpatient settings, [a new federal Justice Department report says](#).

The share of dollars Oregon spent on the state hospital and residential treatment centers actually increased in 2013 -- from 69 percent to 74 percent of the state's mental health funding for adults -- while spending dropped for community-based services.

"It's the opposite of what our investigation was designed to address," Oregon's U.S. Attorney Amanda Marshall said Thursday.

The state has made only "limited progress" in helping mental health consumers, [said Marshall and Jonathan Smith, section chief of the U.S. Department of Justice's Special Litigation Section in the Civil Rights Division](#).

"The state's data raises concerns that Oregon continues to rely heavily on institutional settings for persons with mental illness and is not yet providing an adequate array or volume of services in the community," U.S. Department of Justice officials wrote in their "Interim Report to the State of Oregon."

Other findings

Costs: Care at the Oregon State Hospital runs an estimated \$945 a day or about \$344,925 a year per person. That compares to Assertive Community Treatment services that run \$15,000 a year per person.

Hospital stays: The state has made only limited progress in decreasing use of the state hospital or residential treatment centers for people suffering from mental illness, in decreasing the rate of readmission and in average confinement time.

Caseloads: Community intensive management teams in counties across the state have dramatically lower caseloads than other states.

The January report found the number of community-based crisis intervention services for people suffering from mental illness remained flat in 2013, and community housing for them decreased. Federal officials also learned that some of the community mental health services that do exist aren't meeting quality standards.

Further, the state's data is lacking and questionable, they said.

"What's become clear is they don't know what services specifically exist in our communities and have no way to evaluate the quality and whether they're really meeting the needs of people with serious mental illnesses," Marshall said. "There's basically a lack of management and oversight."

Federal investigators met with state health officials earlier this month to present their findings, and then separately with mental health consumers and advocates.

In 2010, the Justice Department began investigating whether Oregonians with mental illness are able to receive care in their communities rather than in a large hospital or residential treatment center far from home. That sprang from the federal investigation of the Oregon State Hospital. By November 2012, Justice officials reached a four-year agreement with the state. In the first year, the state was supposed to collect data on what services it offers. By the final year, federal officials intend to identify gaps, set standards for care and determine if the state has made improvements.

Tina Edlund, acting director of the Oregon Health Authority, said the federal report doesn't reflect the nearly \$60 million that Gov. John Kitzhaber and Oregon lawmakers last year set aside to improve the state's community mental health system. The money is to pay for crisis and peer support services, supported housing and job services and for teams of psychiatrists, nurses and social workers who provide individualized care under a model called Assertive Community Treatment. The state has awarded about \$28 million so far in contracts.

"We expect to see the numbers improve as new programs and services come online in 2014," Edlund said in a written response.

Marshall said she's hopeful the state will make changes.

Mental health advocates said they told federal officials that people leaving the state hospital or residential treatment centers can't find adequate support in their cities and towns.

"The conclusions in this report haven't come as any surprise. I don't think the state is taking this agreement with the DOJ seriously," said Chris Bouneff, executive director of the National Alliance on Mental Illness of Oregon. "By and large, as a state, we don't know what we're buying, and we don't know if what we're buying is doing any good. Clearly, a year into this, there's a huge struggle to put more funding into community mental health."

Bob Joondeph of Disability Rights Oregon said about 40 to 50 people at the state hospital have received the green light from their treatment teams to move to less restrictive settings, but state officials can't find community placements for them.

Multnomah County, for example, has one or two Assertive Community Treatment teams to help people with serious and persistent mental illness that are less expensive than state hospitalization. Those serve only 25 of the 13,173 adults in that category in the county. Federal officials called that "woefully inadequate."

Portland police made 1,200 trips to the emergency room with people suffering a mental health crisis between July 2012 and July 2013, Marshall said.

"So is it any wonder police keep coming into contact with people in crisis on the street?"

Marshall asked.

She also pointed out that neither Multnomah County, the state nor the two coordinated care organizations in the county -- Health Share of Oregon or FamilyCare Inc. -- has moved to open a mental health crisis drop-off center in Portland, as federal investigators sought in their separate agreement with the city on police reforms.

--Maxine Bernstein

**Substance Abuse and Mental Health Services Administration's (SAMHSA)
National Consensus Statement on Mental Health. 2005**

These 10 Fundamental Components of Recovery set the tone for discussion, forged the vision to be achieved, and will provide the basis for measuring future success of a transformed mental health system that is consumer and family driven.

The 10 fundamental components of a recovery-focused mental health system are:

1. Self-Direction - Consumers lead, control, exercise choice over, and determine their own path of recovery.
2. Individualized and Person-Centered - There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background. 1
3. Empowerment - Consumers have the authority to choose from a range of options and to participate in all decisions including the allocation of resources that will affect their lives, and are educated and supported in so doing.
4. Holistic - Recovery encompasses an individual's whole life, including mind, body, spirit, and community.
5. Non-Linear - Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience.
6. Strengths-Based - Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals.
7. Peer Support - Mutual support including the sharing of experiential knowledge and skills and social learning plays an invaluable role in recovery.
8. Respect - Community, systems, and societal acceptance and appreciation of consumers including protecting their rights and eliminating discrimination and stigma are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital.
9. Responsibility - Consumers have a personal responsibility for their own self-care and journeys of recovery.
10. Hope - Recovery provides the essential and motivating message of a better future – one which recognizes that people can and do overcome the barriers and obstacles that confront them.

Making the Case for Peer Support

Report to the Mental Health Commission of Canada Mental Health Peer Support Project Committee

September 2010

A robust and growing research evidence base shows peer support is associated with:

- Reductions in hospitalizations for mental health problems,
- Reductions in 'symptom' distress,
- Improvements in social support, and
- Improvements in people's quality of life.

A review of the literature on peer support in mental health services

JULIE REPPER & TIM CARTER

School of Nursing, University of Nottingham

Why peer support?

Empathy and acceptance. An important aspect of peer support is the sense of acceptance and real empathy that the peer gains through a sharing relationship (Davidson et al., 1999). In a qualitative study exploring the PSR within mental health, Coatsworth-Puspokey, Forchuk, and Ward Griffin (2006) found that consumers believed that the experiential knowledge provided by PSWs created a 'comradery' and a 'bond', which made them feel that their challenges were better understood. Similarly, Paulson et al. (1999) demonstrated through qualitative data that there were significant differences in the focus of consumer and non-consumer providers of assertive community treatment (ACT). Specifically, the consumer providers emphasised 'being' with the client, whereas the non-consumer providers emphasised the importance of 'doing' tasks. Moreover, both sets of providers asserted that it was the consumer providers better understanding of what the patient was going through, which was their greatest strength. Finally, in an RCT comparing the outcomes of people receiving peer support with traditional care, Sells et al. (2006) demonstrated that individuals receiving services from PSWs reported having greater feelings of being accepted, understood and liked compared with individuals receiving traditional care by mental health providers after 6 months.

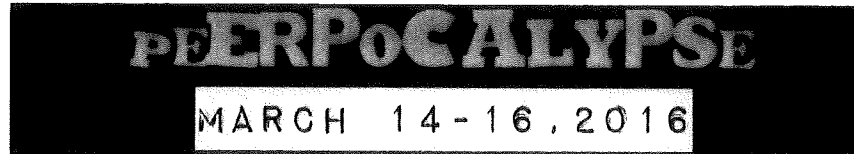
Reducing stigma. Ochocka et al. (2006) found that participants involved in peer support were less likely to identify stigma as an obstacle for getting work and were more likely to have employment. This makes sense as peers embody the possibility of acceptance and success, so that they can challenge the barriers created by self-stigmatisation: anticipation of discrimination. Indeed, Mowbray, Moxley, and Collins (1998) reported that PSWs recognised that through engaging in peer support they were altering attitudes to mental illness and as such breaking down the stigma and fostering hope in the peers they were working with.

Hope. One of the essential benefits gained from peer support is the sense of hope – a belief in a better future – created through meeting people who are recovering, people who have found ways through their difficulties and challenges (Davidson et al., 2006). The inspiration provided by successful role models is hard to overstate. So many people who have been supported by peers describe their surprise when meeting others who describe similar experiences (cf. Ratzliff et al., 2006).

broadly. The tenant of the disability rights movement, "nothing about us without us," needs to be strengthened and kept central as individuals and groups with and without disabilities continue to work on decreasing mental health discrimination and increasing opportunities for people living with a serious mental illness.



"NOTHING
ABOUT US
WITHOUT US."



About Peerpocalypse:

Peerpocalypse is a conference of leaders, emerging leaders, innovators, and peers who want to become more involved in the peer community.

Adopting the philosophy that peers bring with them a great deal of knowledge and expertise, the event is about bringing the community together to share information, skills, and experience.

Peerpocalypse

March 14-16, 2016

Seaside Civic & Convention Center

Seaside, Oregon

www.peerpocalypse.com

Why do we need a conference like Peerpocalypse?

- **BECAUSE:** Decisions about us continue to be made without us.
- **BECAUSE:** Too many members of our community are unemployed or underemployed.
- **BECAUSE:** A quarter of the inmates in our jails and prisons are people with mental health challenges.
- **BECAUSE:** Too many members of our community live in poverty.
- **BECAUSE:** Members of our community die 25 years earlier than the general population.
- **BECAUSE:** We need to be reminded there is hope.
- **BECAUSE:** Coming together awakens our energy so we can all keep doing the vital work we are doing.
- **BECAUSE:** NOTHING reminds us more that we are a strong community than being in one place together and reconnecting as friends and allies.
- **BECAUSE:** We know what works and we need to share what we know with each other.
- **BECAUSE;** When we come together, we can turn the way things are **now** into the way they **should** be.

Hosted by:



Questions? Call us!

(503) 922-2377

or E mail:

peerpocalypse@mhaoforegon.org

