

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: 1/21/16

AGENDA # _____ OR NON-AGENDA SUBJECT: JAN 7th MINUTES

FOR: _____ AGAINST: _____

NAME: PAUL, ADOLPH, PHILLIPS

CONTACT INFORMATION (optional):

ADDRESS: 1212 S.W. CLAY apt #217

CITY/STATE/ZIP: PORTLAND, OREGON 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: Jan 21, 2016

AGENDA ITEM # OR NON-AGENDA SUBJECT:

FOR: AGAINST:

NAME: Lightning Watching PDX

CONTACT INFORMATION (optional):

ADDRESS:

CITY/STATE/ZIP:

PHONE: E-MAIL:

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Please complete this form and return to the Board Clerk
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MEETING DATE: 1/19/16

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Communication

FOR: _____ AGAINST: _____

NAME: Joseph WARD

CONTACT INFORMATION (optional):

ADDRESS: 7485 Duwamish Ave

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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Please complete this form and return to the Board Clerk
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MEETING DATE: 11/21/16

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: West Coast Infrastructure Exchange

FOR: _____ AGAINST: _____

NAME: Nancy Newell

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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MEETING DATE: 1-21-2016

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: To create a PEER services coordinator within Mult Co MH and AD dept
FOR: _____ AGAINST: _____

NAME: Kevin Fitts - Oregon Mental Health Consumers Association

CONTACT INFORMATION (optional):

ADDRESS: 1969 NW Johnson St. #230

CITY/STATE/ZIP: Portland, Oregon 97209-1365

PHONE: 503-752-9713 E-MAIL: lonefir@mail.com

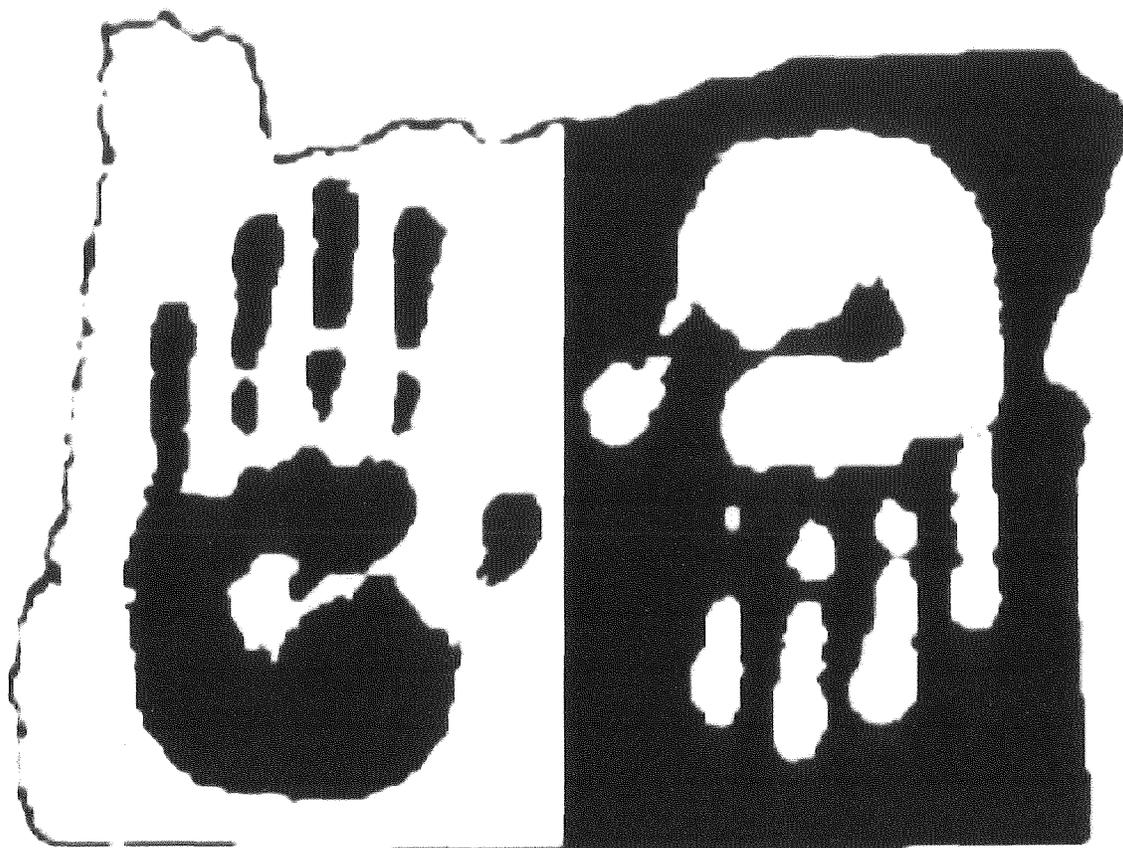
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The Oregon Mental Health Consumers Association



"Nothing About Us, Without Us"

“Participants who were assigned a peer support mentor had significantly fewer hospitalizations.”

Effectiveness of Peer Support in Reducing Readmissions of Persons With Multiple Psychiatric Hospitalizations

William H. Sledge, M.D. Martha Lawless, B.A. David Sells, Ph.D. Melissa Wieland, Ph.D. Maria J. O'Connell, Ph.D. Larry Davidson, Ph.D.

Psychiatric Services, Journal

Volume 62 Issue 5, May 2011, pp. 541-544

Kevin Fitts

1-22-2016

Multnomah County Commissioners

Public Comment.

Good morning my name is Kevin Fitts with the Oregon Mental Health Consumers Association.

In my 3 minutes I have one goal, and that is to persuade you to create a peer services coordinator as program manager 1.0 FTE in your Behavioral Health division in your FY 2017 budget.

Why should this be done and why is this important.

1. Clackamas county has had a similar position in their county structure for 4+ years

(It is changing their entire system from psychiatric crisis, homeless outreach, and mentoring others involved within the criminal justice system.) They served over 5k people last year with a planned yearly budget of almost 2 million dollars. (See the attached sheet on how that is saving them money and producing better outcomes.)

2. Creative market disruption is happening all over the place in the for profit system, good ideas make money and good ideas save money, IE, A. New business models and ways of serving the customer, Companies like Uber, Amazon, AirBnb, Netflix, Apple, and Spotify are reshaping the businesses landscape. Companies like Walmart, Taxi's, Kodak, Macys, and Comcast are struggling to adapt and remain profitable.

Creative disruption can and does occur in charity and service organizations but sometimes they need a little push, by forward thinking leadership, who aren't afraid to take risks. and potentially shake up service providers contractual expectations, For example, here in Multnomah Cty, four major

service providers control 85% of the subcontracted adult behavioral health services in Multnomah cty. Creative disruption here in portland, means threatening their empires.

3. In places like Philadelphia, Long Beach, Washington DC, and NYC peers are a central part of the majority of most of their behavioral services systems. In some of these cities are spending 20/30 million dollars a year on peer directed and peers as service providers. In which peers as service providers are up to 35%/40% of the workforce in these systems.

4. I appreciate Behavioral Health director David Hildago's support of NAMI training programs, and its financial support of Northstar clubhouse. As mentioned in the briefing on Tuesday.

But we want a larger commitment to peers as service providers. This needs support though without concerted focus, stewardship and planning PEERS will continue to occupy only a 3% of Multnomah County's behavioral health service providers workforce. Why?

1. Because in order to create PEER jobs the cty. has to write contracts and set mandates for their sub-contractors to actual hire and create these positions. That's why it's essential to create a peer services coordinator with in Mult Cty Behavioral Health

2. This may mean upsetting the pyramid of the Psychiatrist as unquestionable expert, people with lived experience and in recovery from mental health and addictions, intuitively can discover what works .

3. What behavioral health director wants to upset the status quo at their agency, this wont make them very popular with some of their current staff, who dont want to change,

4. Peers are becoming educated through self help and mutual support on Facebook and the internet that outdated, disproved models of brain disease, and chemical imbalances theory fallacies, need to be replaced with current research and best practices, this is turning conventional service delivery on its head in cities and counties, across the USA.

2. As recent 2015 behavioral Health surveys have suggested, When people who are receiving services have an opportunity to choose peer as service providers over traditional service providers the vast majority of people choose to work with PEERS as a case managers, support services, outreach staff, etc, etc

3. Finally there's the ever present stigma about those who live with mental health challenges even from those who work in the MH system. In my experience of working as service provider in Mult Co, since 1988, During staff retreats, special events, board meetings, treatment consults I have been called or referred to by my mental health co-workers as a Schiz, Manic freak, Whack job, Nutcase, This is an unconscious part of the system that exists but rarely given voice to... This stigma helps naturally block the greater inclusion of those with lived experience as co-workers in THESE settings.

TO END IN 3 weeks from now around Feb 11th when Health Director Joanne Fuller and Behavioral Health Director come to you with their 2017 budget agenda for your review and approval of a budget estimate of 175 million dollars or more. I ask, I plead, I beg of you, to insist they chunk out 100k to create such a position within their organization. The inclusion of peers as a central part of your system provides better overall health outcomes, less recidivism of expensive psychiatric crisis beds and services, and does one thing far better than conventional employees as group are able to do, and that is promote emancipation and independence

from high frequency long term costly services by promoting a quality rounded life with a support circle of unpaid friends who they can depend on and reach out to on day to day 24/7 basis. Peers are the role model for this, and they live it everyday.

Thanks for listening to me...

Pillars of Peer Support: Transforming Mental Health Systems of Care Through Peer Support Services

The Pillars of Peer Support Services Summit

The Carter Center Atlanta, GA

November 17-18, 2009

“The use of Peer Support Specialist as part of the treatment team has been shown to have a range of favorable results (Davidson et al., 2003; Felton, Stanstny, Shern, Blanch, Donahue, Knight & Brown, 1995; Mead & MacNeil, 2006). Information provided by peers is often seen to be more credible than that provided by mental health professionals (Woodhouse & Vincent, 2006). When peers are part of hospital-based care, the results indicate shortened lengths of stays, decreased frequency of admissions, and a subsequent reduction in overall treatment costs (Chinman, Weingarten, Stayner & Davidson, 2001). Other studies also suggest that the use of peer support can help reduce the overall need and use for mental health services over time (Chinman, et. al, 2001; Klein, Cnaan, & Whitecraft, 1998; Simpson & House, 2002).”

Peer support services present six advantages over traditional mental health and substance abuse services:

- **First, there is a sense of gratitude that is manifested in compassion and commitment.**
- **Second, there is insight into the experience of internalized stigma.**
- **Third, peer specialists take away the “you do not know what it’s like” excuse.**
- **Fourth, they have had the experience of moving from hopelessness to hope.**
- **Fifth, they are in a unique position to develop a relationship of trust with their peers.**
- **Sixth, they have developed the gift of monitoring their illness and managing their lives holistically, including both mind and body.**

From: http://www.mentalhealthamerica.net/positions/peer-services#_edn4

4 points about “Peer Support” in Clackamas County

1. In the current fiscal year, they will spend apprx. 1.7 million dollars serving over 5k behavioral health service recipients with peer support services.
2. Most ‘recipients” request peer support services when given a choice.
3. Clackamas Cty. spends 100k dollars a year for a 1.0 FTE office of “Peer Services” coordinator, included in this is staff support of a peer services advisory council.
4. After 4+ years of developing, and contracting out for such services, everyone from the County Commissioners to the Directors managing the Behavioral Health dept., believe this is a great investment in the long term recovery of the service recipient. Also it saves money due to decreased crisis services interactions, less use of medication, and shorter psych hospital bed stays.