

WASHINGTON COUNTY
Behavioral Health Council
Wednesday
September 27, 2023

Present: Mary Monnat, Danielle Berner, Marcia Hille, Jennifer Yonker, Karen James, Stephanie Rose, Dave Mowry, Carol Greenough, Colin McCoy, Eric Schmidt, Laura Vences, Larysa Thomas

Absent: Kim Cooper, Francesca Sinapi, Steven Youngs, Sean Fields, Rebecca Jones

Staff: Nick Ocon, BH Director; Ian May, Behavioral Health Program Supervisor; Kathy Prenevost, Addictions Program Supervisor; Aika Fallstrom, Program Specialist

Guests: Sgt. David Bonn, Bonnie Hohdahl, Naomi Hunsaker, Cynara Blackwood

Call to Order: The meeting was called to order at 9:01 a.m.

Public/Visitor Comment: There were no public comments.

Member Updates/Sharing

- **Karen** spoke about housing and evictions. Please see the full statement at the end.
- **Marcia** noted that there was disconnect between property management rules and how the behavioral health system operates.
- **Dave** mentioned that NAMI is working with Wraparound (youth) clients to provide additional support.

Program Updates:

CMHP (Community Mental Health Program)

- We are currently in conversation with the State for updated contracts, but it has been stated that liability protection will not be a part of these conversations. There is also conversations about removing language pertaining to available funding.
 - The current contract (with old language) has been extended for another 6 months until the end of 2023.
- The state is looking at long-term funding options for Aid & Assist clients and the language around liability and risk.
 - At this time, some counties will be receiving one-time funding to help with the cost of additional liability insurance.
 - It is projected that Community Restoration (CR) clients will increase four-fold as the Oregon State Hospital will not be admitting CR clients.
 - If council members want to advocate, please remember to advocate as a private citizen with no affiliation to the Behavioral Health Council.
- Currently, our care coordination teams are almost full.

- Noble House will be operating as temporary supportive housing for Aid & Assist clients in partnership with Transcending Hope as the provider.
- There will be a short legislative session coming up and it is looking like Measure 110 will be a focus of that session.

CCO (Coordinated Care Organizations)

- We are working with our CCO partners on rates
 - Global budget and specialized funding
- 1115 Waiver
 - They are looking at Health Related Social Needs and will be focusing on Climate, Housing, and Nutrition over the course of the next three years.
- The Healthier Oregon legislation opened Oregon Health Plan eligibility for many community members. This program began on July 1, 2023.

Addictions

- **CATT Update:**
 - There were two Open Houses held recently.
 - There was one on 9/13 which was open to the public. There were 52 people that showed up and everyone felt that it was a successful event.
 - There was also one on 9/21 for the CATT Steering Committee.
- The Request for Proposal (RFP) for the Peer Drop In Center at the Elam Young Building will be opening soon. We will be reaching out to the BHC to see if anyone would like to participate in the scoring panel.
 - We will get funding assistance for the Peer Drop-In Center from CareOregon.
- The funding gap has closed due to funds from supportive housing, \$5.1 from the Oregon Legislation (available in 2025), and we have received a commitment from the federal government of a \$2.5M earmark.
 - The total capitol cost came out to be \$61 million.
- We are currently working with our government relations team to get tours in place of the Evergreen Building for local, state, and federal leadership.
- Here are the updated timelines for the opening of the programs:
 - Elam Young Building will be opening in early 2025
 - Evergreen Building will be opening at the end of 2025
- **BH Division Budget Process**
 - We will be beginning the internal budgeting process in November.

CareOregon Update

- Bonnie Hohdahl joined our meeting to provide an overview of CareOregon and how they work to partner with Washington County.
 - CareOregon manages the behavioral health benefit for Health Share of Oregon OHP members in the tri-county (Multnomah, Washington, Clackamas) area.

- Last year, they focused their energy on bolstering the workforce. Another area they focused on was access for members. The last area they really focused on was increasing rates for providers.
- This year, they have shifted the focus to tracking the data to make sure that the efforts from the past couple of years were making a difference. They are also looking at increasing funding for Substance Use Disorder (SUD) services and increasing access for Nalaxone.

Youth, Schools, and Behavioral Health

- An overview was provided to the group about the various partnerships and collaboration efforts to make sure that the youth in our community was supported.
- Some partnerships are with the state, within Washington County (intra-county), with other counties (inter-county), and with community partners.
 - There are parent cafes put on as a resource for parents.
 - Partnering with culturally specific agencies (such as Adelante Mujeres) to create a pipeline for youth to explore behavioral health careers.
- There was also a brief overview on how substance use affects the youth of Washington County, but that number was very low.
- Please see attached slideshow for more information.
- For additional questions, please reach out to Cynara Blackwood (Cynara_blackwood@washingtoncountyor.gov) or Naomi Hunsaker (naomi_hunsaker@washingtoncountyor.gov)

New/Old Business

- Vice Chair nominations will happen in October
- Our guest speaker for the next meeting will be Rep. Lisa Reynolds. If there are any questions, please submit them to Aika Fallstrom before the meeting.

The meeting was adjourned at 10:57 a.m.

The meeting minutes for May have been approved.

Minutes respectfully submitted by Aika Fallstrom, Program Specialist

Statement from Karen James- (Member Sharing continued)

Karen James

Washington County BHC

9/27/2023

I am hearing reports about people with mental health challenges who are placed in supportive living situations, etc. but due to their mental illness they are unable to follow house rules which lead to housing violations and eviction.

I have some thoughts about this...

We're learning to stop incarcerating people with mental health challenges for behaviors due to their illness—like loitering, not buying a MAX ticket or urinating in public.

It's the same with housing. They are placed in supported-living arrangements because they need support due to their mental health challenges. Yet, because of their behaviors--over which they have no control—they are being met with verbal threats of eviction, violation notices are constantly posted on their doors, they're being penalized and shamed. Imagine any of us experiencing this...

When a person with mental illness is evicted, this disruption is traumatizing and fear of homelessness may exacerbate mental illness and encourage anxiety, depression, sleeplessness and substance use. The person may decompensate which is a worsening of symptoms or deterioration of their mental state. It is very difficult to recover from decompensation.

Right now we are placing people experiencing homelessness in homes purchased by the County and its providers. These are people with different mental illness diagnoses and who may be symptomatic with multiple problematic behaviors.

How will this ever work?

When a person is at risk of eviction from one of these homes, the County and its providers must proactively work with property management companies in the best interest of the clients. This is when intensive wraparound services could make a difference. It could help problem-solve behaviors and avoid eviction.

Obviously if a person is dangerous or destructive, common sense applies, but even in this instance, we must examine what occurred that led to these behaviors.

If all fails and a client must be evicted, the County, providers, property management, housing staff, etc. must work together with clients, family members, and/or other supportive individuals to insure that the person being evicted from one home finds permanent, adequate housing in another location.

We cannot continue to throw these individuals out on the streets.

And if we continue to do so, why are we even bothering about homelessness?