Multnomah County
Behavioral Health Division
Behavioral Health Advisory Council Meeting
November 1st, 2023

Community Representatives	Public Service Representatives	Staff	Guests
☒Barb. Rainish ☒Eric Bray ☒Etta Assuman ☐John Williams ☒Joni Scheib ☒June Howard Johnson ☒Katrina Malachowski ☒Kevin Fitts ☒Laura Bueford ☒Mamie Gathard ☒Mary Avalon ☒Patty Hamit Arvizu ☐Robert Fentress ☒Ruthie Benjamin ☒Ryan Hamit ☐Sandi Delarosa ☐ Vacant	☒**CareOregon** Cassi Sturtz ☐**Cascadia Behavioral Healthcare** Dave Kohler ☐**Holistic Healing Behavioral Health** Jamaica Imani Nelson ☐**Lifeworks NW** N Torello ☐**Lutheran Community Services** Larry Johnson ☒**Multnomah County Sheriff's Office** Nora Mains (NWIAS) ☐**NAMI Multnomah** Kerri Melda ☐**NARA NW** Albie Lemos ☒**New Narrative** Haven Taylor ☒**Portland Police Bureau** ~~Chris Burley~~, Billy Kemmer for Chris Burley ☒**Quest Center** Danielle Deer/Scott Moore ☐ Vacant	☐Heather Mirasol ☐Anirudh Padmala ☒Deandre Kenyanjui ☒Roger Garth ☒Jenny Tsai ☒Jill Jessee ☒Sadie Campbell	☒Abigail Wells, ☒Adam Peterson, **Health Share of Oregon, Behavioral Health Program Manager** ☒Seth Dugan-Knight, **(Representative Bowman)** (Arrived 11:37)

Agenda Item	Discussion Notes (Due to a recording issue, some discussion details were not captured.)
Welcome and Introductions **Group Agreements** **Announcements**	**Announcements:** ● **Attendance: Bylaw X** Members who miss regularly scheduled Council meetings or Steering Committee meetings without prior notice will be contacted by BHD staff. A pattern of absences, (3 consecutive meetings or 4 meetings within one year,) may result in removal from the Council pending review by the Steering Committee with the member. A member can request up to a 120 day leave of absence. ● **Stipends:** Members may choose to receive a stipend for serving on the Council, the Steering Committee and ad hoc groups, to include the Community Workgroup, if they are attending as people with lived experience, family members, or advocates and are not being compensated through their employment. Otherwise, members shall receive no stipend.Members must attend 75% of the meeting to be eligible for the stipend payment. ● **November Recognition Events** ○ **Native American Heritage Month** Native American Heritage Month is observed in November to call attention to the culture, traditions, and achievements of the nation's original inhabitants and of their descendants. The official designation of November as National Native American Heritage Month was signed into law in 1990. In the past few years, Indigenous communities have seen major strides in representation including the appointment of Secretary Deb Haaland as the first Native American cabinet secretary, the first Native woman to serve as National Poet Laureate Joy Harjo, the First Native American to win a Caldecott Medal Michaela Goade, and the First Native American to serve as a law clerk for the Supreme Court of the United States Tobi Merrit Edwards Young. Though much progress has been made, there's still a long way to go. The U.S. Department of the Interior plays a key role in strengthening Tribal sovereignty, living up to trust and treaty responsibilities, and ensuring robust Tribal consultation. Much of the Department's work also centers on acknowledging the impact that relocation, forced assimilation, and lack of critical funding has on Indigenous communities across the country and working to elevate those issues and empower Tribal governments and Indigenous peoples. American Indian and Alaska Native women are missing and murdered at a rate of more

	than 10 times the national average. Red Shawl Day is an annual national effort to bring attention to acts of violence committed against Indigenous people. Throughout the week surrounding November 19, people are encouraged to wear red as a symbol of the loss of sacred lifeblood through violence. ○ **Transgender Awareness Week and Day of Remembrance** Transgender Awareness Week, observed November 13 to November 19, is a one-week celebration leading up to the Transgender Day of Remembrance (TDoR), which memorializes victims of transphobic violence.TDoR occurs annually on November 20, when transgender advocates raise awareness of the transgender community through education and advocacy activities. ○ **International Survivors of Suicide Loss Day - Nov. 18th** International Survivors of Suicide Loss Day is an event in which survivors of suicide loss come together to find connection, understanding, and hope through their shared experience. This year, International Survivors of Suicide Loss Day is Saturday, November 18, 2023. The American Foundation for Suicide Prevention will be hosting the event here: West Portland United Methodist Church 4729 SW Taylors Ferry Rd, Portland, OR 97219 November 18, 2023 9am-1pm ○ **Movember** Movember is an annual event involving the growing of moustaches during the month of November to raise awareness of men's health issues, such as prostate cancer, testicular cancer, and men's suicide. It is a portmanteau of the Australian-English diminutive word for moustache, "mo", and "November". The Movember Foundation runs the Movember charity event, housed at Movember.com. The goal of Movember is to "change the face of men's health."
Oregon Revised Statutes Pertaining to BHAC	**Oregon Health Authority** **430.630 Services to be provided by community mental health programs; local mental health authorities; local mental health services plan.** (1) In addition to any other requirements that may be established by rule by the Oregon Health Authority, each community mental health program, subject to the availability of funds, shall provide the following basic services to persons with alcoholism or drug dependence, and persons who are alcohol or drug abusers:

	(a) Outpatient services; (b) Aftercare for persons released from hospitals; (c) Training, case and program consultation and education for community agencies, related professions and the public; (d) Guidance and assistance to other human service agencies for joint development of prevention programs and activities to reduce factors causing alcohol abuse, alcoholism, drug abuse and drug dependence; and (e) Age-appropriate treatment options for older adults. (2) As alternatives to state hospitalization, it is the responsibility of the community mental health program to ensure that, subject to the availability of funds, the following services for persons with alcoholism or drug dependence, and persons who are alcohol or drug abusers, are available when needed and approved by the Oregon Health Authority: (a) Emergency services on a 24-hour basis, such as telephone consultation, crisis intervention and prehospital screening examination; (b) Care and treatment for a portion of the day or night, which may include day treatment centers, work activity centers and after-school programs; (c) Residential care and treatment in facilities such as halfway houses, detoxification centers and other community living facilities; (d) Continuity of care, such as that provided by service coordinators, community case development specialists and core staff of federally assisted community mental health centers; (e) Inpatient treatment in community hospitals; and (f) Other alternative services to state hospitalization as defined by the Oregon Health Authority. (3) In addition to any other requirements that may be established by rule of the Oregon Health Authority, each community mental health program, subject to the availability of funds, shall provide or ensure the provision of the following services to persons with mental or emotional disturbances: (a) Screening and evaluation to determine the client's service needs; (b) Crisis stabilization to meet the needs of persons with acute mental or emotional disturbances, including the costs of investigations and prehearing detention in community hospitals or other facilities approved by the authority for persons involved in involuntary commitment procedures;

	(c) Vocational and social services that are appropriate for the client's age, designed to improve the client's vocational, social, educational and recreational functioning; (d) Continuity of care to link the client to housing and appropriate and available health and social service needs; (e) Psychiatric care in state and community hospitals, subject to the provisions of subsection (4) of this section; (f) Residential services; (g) Medication monitoring; (h) Individual, family and group counseling and therapy; (i) Public education and information; (j) Prevention of mental or emotional disturbances and promotion of mental health; (k) Consultation with other community agencies; (l) Preventive mental health services for children and adolescents, including primary prevention efforts, early identification and early intervention services. Preventive services should be patterned after service models that have demonstrated effectiveness in reducing the incidence of emotional, behavioral and cognitive disorders in children. As used in this paragraph: (A) "Early identification" means detecting emotional disturbance in its initial developmental stage; (B) "Early intervention services" for children at risk of later development of emotional disturbances means programs and activities for children and their families that promote conditions, opportunities and experiences that encourage and develop emotional stability, self-sufficiency and increased personal competence; and (C) "Primary prevention efforts" means efforts that prevent emotional problems from occurring by addressing issues early so that disturbances do not have an opportunity to develop; and (m) Preventive mental health services for older adults, including primary prevention efforts, early identification and early intervention services. Preventive services should be patterned after service models that have demonstrated effectiveness in reducing the incidence of emotional and behavioral disorders and suicide attempts in older adults. As used in this paragraph:

	(A) “Early identification” means detecting emotional disturbance in its initial developmental stage; (B) “Early intervention services” for older adults at risk of development of emotional disturbances means programs and activities for older adults and their families that promote conditions, opportunities and experiences that encourage and maintain emotional stability, self-sufficiency and increased personal competence and that deter suicide; and (C) “Primary prevention efforts” means efforts that prevent emotional problems from occurring by addressing issues early so that disturbances do not have an opportunity to develop. (4) A community mental health program shall assume responsibility for psychiatric care in state and community hospitals, as provided in subsection (3)(e) of this section, in the following circumstances: (a) The person receiving care is a resident of the county served by the program. For purposes of this paragraph, “resident” means the resident of a county in which the person maintains a current mailing address or, if the person does not maintain a current mailing address within the state, the county in which the person is found, or the county in which a court-committed person with a mental illness has been conditionally released. (b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon State Hospital, or has been hospitalized as the result of a revocation of conditional release. (c) Payment is made for the first 60 consecutive days of hospitalization. (d) The hospital has collected all available patient payments and third-party reimbursements. (e) In the case of a community hospital, the authority has approved the hospital for the care of persons with mental or emotional disturbances, the community mental health program has a contract with the hospital for the psychiatric care of residents and a representative of the program approves voluntary or involuntary admissions to the hospital prior to admission. (5) Subject to the review and approval of the Oregon Health Authority, a community mental health program may initiate additional services after the services defined in this section are provided. (6) Each community mental health program and the state hospital serving the program’s geographic area shall enter into a written agreement concerning the policies and procedures to be followed by

	the program and the hospital when a patient is admitted to, and discharged from, the hospital and during the period of hospitalization. (7) Each community mental health program shall have a mental health advisory committee, appointed by the board of county commissioners or the county court or, if two or more counties have combined to provide mental health services, the boards or courts of the participating counties or, in the case of a Native American reservation, the tribal council. (8) A community mental health program may request and the authority may grant a waiver regarding provision of one or more of the services described in subsection (3) of this section upon a showing by the county and a determination by the authority that persons with mental or emotional disturbances in that county would be better served and unnecessary institutionalization avoided. (9) (a) As used in this subsection, "local mental health authority" means one of the following c entities: (A) The board of county commissioners of one or more counties that establishes or operates a community mental health program; (B) The tribal council, in the case of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services; or (C) A regional local mental health authority comprising two or more boards of county commissioners. (b) Each local mental health authority that provides mental health services shall determine the need for local mental health services and adopt a comprehensive local plan for the delivery of mental health services for children, families, adults and older adults that describes the methods by which the local mental health authority shall provide those services. The purpose of the local plan is to create a blueprint to provide mental health services that are directed by and responsive to the mental health needs of individuals in the community served by the local plan. A local mental health authority shall coordinate its local planning with the development of the community health improvement plan under ORS 414.575 by the coordinated care organization serving the area. The Oregon Health Authority may require a local mental health authority to review and revise the local plan periodically. (c) The local plan shall identify ways to: (A) Coordinate and ensure accountability for all levels of care described in paragraph of this subsection;

	(B) Maximize resources for consumers and minimize administrative expenses; (C) Provide supported employment and other vocational opportunities for consumers; (D) Determine the most appropriate service provider among a range of qualified providers; (E) Ensure that appropriate mental health referrals are made; (F) Address local housing needs for persons with mental health disorders; (G) Develop a process for discharge from state and local psychiatric hospitals and transition planning between levels of care or components of the system of care; (H) Provide peer support services, including but not limited to drop-in centers and paid peer support; (I) Provide transportation supports; and (J) Coordinate services among the criminal and juvenile justice systems, adult and juvenile corrections systems and local mental health programs to ensure that persons with mental illness who come into contact with the justice and corrections systems receive needed care and to ensure continuity of services for adults and juveniles leaving the corrections system. (d) When developing a local plan, a local mental health authority shall: (A) Coordinate with the budgetary cycles of state and local governments that provide the local mental health authority with funding for mental health services; (B) Involve consumers, advocates, families, service providers, schools and other interested parties in the planning process; (C) Coordinate with the local public safety coordinating council to address the services described in paragraph (c)(J) of this subsection; (D) Conduct a population based needs assessment to determine the types of services needed locally; (E) Determine the ethnic, age-specific, cultural and diversity needs of the population served by the local plan; (F) Describe the anticipated outcomes of services and the actions to be achieved in the local plan; (G) Ensure that the local plan coordinates planning, funding and services with: (i) The educational needs of children, adults and older adults;

(ii) Providers of social supports, including but not limited to housing, employment, transportation and education; and

(iii) Providers of physical health and medical services;

(H) Describe how funds, other than state resources, may be used to support and implement the local plan;

(I) Demonstrate ways to integrate local services and administrative functions in order to support integrated service delivery in the local plan; and

(J) Involve the local mental health advisory committees described in subsection (7) of this section.

(e) The local plan must describe how the local mental health authority will ensure the delivery of and be accountable for clinically appropriate services in a continuum of care based on consumer needs. The local plan shall include, but not be limited to, services providing the following levels of care:

(A) Twenty-four-hour crisis services;

(B) Secure and nonsecure extended psychiatric care;

(C) Secure and nonsecure acute psychiatric care;

(D) Twenty-four-hour supervised structured treatment;

(E) Psychiatric day treatment;

(F) Treatments that maximize client independence;

(G) Family and peer support and self-help services;

(H) Support services;

(I) Prevention and early intervention services;

(J) Transition assistance between levels of care;

(K) Dual diagnosis services;

(L) Access to placement in state-funded psychiatric hospital beds;

(M) Precommitment and civil commitment in accordance with ORS chapter 426; and

(N) Outreach to older adults at locations appropriate for making contact with older adults, including senior centers, long term care facilities and personal residences.

(f) In developing the part of the local plan referred to in paragraph (c)(J) of this subsection, the local mental health authority shall collaborate with the local public safety coordinating council to address the following:

	(A) Training for all law enforcement officers on ways to recognize and interact with persons with mental illness, for the purpose of diverting them from the criminal and juvenile justice systems; (B) Developing voluntary locked facilities for crisis treatment and follow-up as an alternative to custodial arrests; (C) Developing a plan for sharing a daily jail and juvenile detention center custody roster and the identity of persons of concern and offering mental health services to those in custody; (D) Developing a voluntary diversion program to provide an alternative for persons with mental illness in the criminal and juvenile justice systems; and (E) Developing mental health services, including housing, for persons with mental illness prior to and upon release from custody. (g) Services described in the local plan shall: (A) Address the vision, values and guiding principles described in the Report to the Governor from the Mental Health Alignment Workgroup, January 2001; (B) Be provided to children, older adults and families as close to their homes as possible; (C) Be culturally appropriate and competent; (D) Be, for children, older adults and adults with mental health needs, from providers appropriate to deliver those services; (E) Be delivered in an integrated service delivery system with integrated service sites or processes, and with the use of integrated service teams; (F) Ensure consumer choice among a range of qualified providers in the community; (G) Be distributed geographically; (H) Involve consumers, families, clinicians, children and schools in treatment as appropriate; (I) Maximize early identification and early intervention; (J) Ensure appropriate transition planning between providers and service delivery systems, with an emphasis on transition between children and adult mental health services; (K) Be based on the ability of a client to pay;

(L) Be delivered collaboratively;
(M) Use age-appropriate, research-based quality indicators;
(N) Use best-practice innovations; and
(O) Be delivered using a community-based, multisystem approach.

(h) A local mental health authority shall submit to the Oregon Health Authority a copy of the local plan and revisions adopted under paragraph (b) of this subsection at time intervals established by the Oregon Health Authority. [1961 c.706 §40; 1973 c.639 §3; 1981 c.750 §3; 1985 c.740 §17; 1987 c.903 §37; 1991 c.777 §2; 1995 c.79 §219; 2001 c.899 §1; 2003 c.553 §5; 2003 c.782 §1; 2005 c.22 §297; 2005 c.691 §2; 2007 c.70 §230; 2009 c.595 §508; 2009 c.856 §§14,23; 2011 c.720 §§171,172; 2012 c.37 §101; 2013 c.640 §§3,4]

Alcohol and Drug Prevention Council

430.342 Local planning committees; duties; members.

(1) The governing body of each county or combination of counties in a mental health administrative area, as designated by the Alcohol and Drug Policy Commission, shall:

(a) Appoint a local planning committee for alcohol and drug prevention and treatment services; or

(b) Designate an already existing body to act as the local planning committee for alcohol and drug prevention and treatment services.

(2) The committee shall identify needs and establish priorities for alcohol and drug prevention and treatment services that best suit the needs and values of the community and shall report its findings to the Oregon Health Authority, the governing bodies of the counties served by the committee and the budget advisory committee of the commission.

(3) Members of the local planning committee shall be representative of the geographic area and shall be persons with interest or experience in developing alcohol and drug prevention and treatment services. The membership of the committee shall include a number of minority members which reasonably reflects the proportion of the need for prevention, treatment and rehabilitation services of minorities in the community. [1977 c.856 §3; 2001 c.899 §3; 2009 c.595 §483; 2011 c.673 §21]

Miscellaneous ORS

	430.631 Local advisory committees. (1) If any local mental health program has an advisory committee, persons with disabilities, as defined in ORS 430.050 (6), and older adults shall be appointed to serve on the advisory committee. (2) The persons with disabilities described in subsection (1) of this section shall meet separately as a disability issues advisory committee. [Formerly 430.625] **Note:** 430.631 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 430 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.
November Membership Vote	The council currently has one vacancy for a provider representative and one opening for an individual with lived experience, family member or advocate position. We have two applicants: 1. Abigail Wells (Lived Experience Applicant) 2. Seth Dugan-Knight (Advocate applicant) The meeting did not have a quorum of provider representatives and the vote will be held via an email form. ***After meeting notation:*** Abigail Wells recently departed employment with Northwest Family Services and changed her application status to an individual with lived experience; however, she is not a resident of Multnomah County, which is a requirement per BHAC bylaws. She does not currently meet the membership criteria for a council member with lived experience. Abigail is encouraged to continue attendance at the meetings and to resubmit her application as a provider representative once she has secured employment in the county with a local mental health community provider. ***Voting results:*** 16 council members participated in the vote via email form. 15 supported Seth Dugan-Knight's membership as an advocate member and one vote abstained.
OCE & Director's Office Updates	See slides.
Adjournment	**Next meeting: November 1, 2023**

BEHAVIORAL HEALTH ADVISORY COUNCIL

November 1st, 2023
General Council

BHAC MEETING REMINDERS

Self-care:

- We support one another by taking care of ourselves
- Pause before speaking when feeling stressed - respond rather than react
- Take the conversation off-line with staff

Meeting Reminders:

- Try not to talk over each other - raise hand; use chat;
- Accommodate people on the phone and with tech issues
- Limit comments to two minutes
- Limit acronyms and jargon
- Interrupt conversations that cause harm

Virtual meeting reminders:

- Silence microphones when not speaking
- Go off camera when necessary

Consequences for disruptive behavior during the meeting:

- Facilitator calls attention to harmful behavior;
- If behavior continues, participant will have their microphone turned off and warned of potential meeting separation via private chat or via verbal warning if on phone;
- Separation from meeting with continued disruption

BHAC GROUP AGREEMENTS

- Hold space, make space; Remember WAIT (Why Am I Talking?) and “Principles before Personalities”
- Stay engaged to the best of your ability
- Share your experience & hear the experience of others - Use “I statements”
- Acknowledge intent and center impact
- Expect and accept non-closure
- Experience discomfort - (creating a safer space for challenging conversations can be uncomfortable at times)
- Name and account for power dynamics in the the work
- We are here to work collaboratively, and share responsibility for the success of our work together

Announcements:

Attendance: Bylaw X

Members who miss regularly scheduled Council meetings or Steering Committee meetings without prior notice will be contacted by BHD staff. A pattern of absences, (3 consecutive meetings or 4 meetings within one year,) may result in removal from the Council pending review by the Steering Committee with the member. A member can request up to a 120 day leave of absence.

Announcements:

Stipends:

Members may choose to receive a stipend for serving on the Council, the Steering Committee and ad hoc groups, to include the Community Workgroup, if they are attending as people with lived experience, family members, or advocates and are not being compensated through their employment. Otherwise, members shall receive no stipend.

Members must attend 75% of the meeting to be eligible for the stipend payment.

Announcements:

BHAC Applicable ORS

ORS 430.630 Services to be provided by community mental health programs; local mental health authorities; local mental health services plan.

(7) Each community mental health program shall have a mental health advisory committee, appointed by the board of county commissioners or the county court or, if two or more counties have combined to provide mental health services, the boards or courts of the participating counties or, in the case of a Native American reservation, the tribal council.

ORS 430.432 Local planning committees; duties; members.

(1) The governing body of each county or combination of counties in a mental health administrative area, as designated by the Alcohol and Drug Policy Commission, shall:

(a) Appoint a local planning committee for alcohol and drug prevention and treatment services; or

(b) Designate an already existing body to act as the local planning committee for alcohol and drug prevention and treatment services.

Office of Consumer Engagement Updates:

Deandre Kenyanjui - OCE Supervision

- Providing peer supervision from a trauma informed lens to three OCE members
- Provide ongoing support to the OCE Team
- Provide professional development and mentorship
- Approve timesheets and trainings
- Delegate tasks and responsibilities
- Working with the Senior Management Team to strategize, align support the BHD as a whole
- Review Division budget

Deandre Kenyanjui - Meetings

BHRC Meetings

- BHRC law enforcement round table meeting on Monday's (1x monthly)
- BHRC communications meeting Monday's (1x weekly)
- BHRC team meeting Tuesday's (1x weekly)
- BHRC debrief on Friday's (1x weekly)
- BHRC Advisory Council (1x monthly)
- BHRC Manager check-in (2x monthly)
- On boarding DO Good to the 3 and 4th floors, working on their policies, procedures and safety practices

County Internal Meetings

- Multco A&D Provider Meeting (1x monthly)
- Multnomah County Youth Suicide Prevention Coalition Meeting (1x monthly)
- Employees of Color (2x Monthly)
- Black/African American Community Healing Summit (1x Monthly unless of an event)
- BHRN Collaboration - Monthly Meeting
- Manager/Supervisor Monthly meeting
- Advisory Council Leadership Training
- Fuse Project (2x Monthly)
- Opioid/Illicit Substances Planning (Weekly)
- CBO TA Pilot Program Task Force Meeting
- BHECN Executive Committee Meeting(2x a monthly)

External Meetings/Boards and Committees

- LPSCC Transforming Justice Project Weekly Meeting
- African American Providers Meeting(2x monthly)
- Behavioral Health Unit Advisory Committee Meetings(1x monthly)
- New Narrative Peer Advisory Council
- African Communities Behavioral Health Collaborative(1x monthly)
- Community Peace Collaborative(2x monthly)
- MAAPPS(1x monthly)
- Lifeworks NW African American Advisory Board (quartley)
- BH Gun Violence
- African American Peer Workgroup (Quartley)
- Gresham Diversion Pilot Working Group

Deandre Kenyanjui - Office of Consumer Engagement Qualitative Work and Direct Services

- Working with people impacted by addictions and mental illness, using my lived experience connecting them to services like, Hooper Detox, Inpatient Treatment, Unity or a direct connection to Peer Support.
- Working with Peer Professionals across the state and locally to share information around training, new programs, educate on new legislation, connecting our underserved communities to Culturally Specific Trainings and or Peer Support that reflect their community
- Support Multnomah County contracted providers to ensure sustainability, equity, and trauma informed practices are being integrated from policy to practice.
- Bridging the gap in our siloed systems by information sharing with providers from the nonprofit sector, OHA and other services providers in the Behavioral Health Continuum
- Sharing success stories with Multco Communication Team, Chairs Office, Media and other outlets to break the stigma of addictions and mental illness.

Deandre Kenyanjui - Qualitative Work and Direct Services

Technical Assistance

- Providing peer trainings to our internal teams to assist them with peer language/engagement
- Sharing data and resources with community partners to help increase access to services for folks utilizing or seeking services within behavioral health.
- Working with underfunded organizations to assist them with the procurement and contracting process.

Sadie Campbell - Regular Meetings

- Opioid/Illicit Substance Mtg (1x/week)
- BHAC Facilitation (3x/month)
- MAAPPS (1x/month)
- NAMI (1-2x/month)
- BHRC Advisory Council (1x/month)
- FUSE (4x/month)
- BHECN (2x/month)
- CBO TA Pilot Program Task Force (1x/month)

Sadie Campbell - Qualitative Work

- BHAC meeting prep
- Technical Assistance for Peer Expansion Pilot
- Strategic planning - fentanyl response
- Contract Analysis and Invoicing - NAMI
- Impact Analysis - camping ordinance
- RFI & RFPQ Processes
- Program Development
- Policy Analysis
- Systems Advising
- Equitable Contract Processes and Procurement
- BHRC AC Workgroup - Scoring Rubrik
- BHRC Neighborhood Inclusion and Accountability Workgroup

Director’s Office Updates:

Staffing Updates

- Welcome Bill Osborne - Senior Manager of Civil Commitment and Forensic Diversion
- Congratulations Amy Solt - Program Manager for Coordinated Diversion and Commitment Services

Program Updates

- Our EASA Program will have a new home on SE Belmont

Director’s Office Updates:

Funding Support from Care Oregon

- PATH Team Expansion to include a Community Outreach Team
- ASAM Team for our Care Coordination Program
- Finance Specialist for ASAM billing
- EASA Expansion for Step Down Services


All
are
welcome
here.