

Jason Renaud
Mental Health Association of Portland
info@mentalhealthportland.org
September 4, 2019

I'd like to talk about mobile crisis services.

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You will soon be looking at a proposal to create a new mobile crisis service as an alternative to police, to make contact with people who are estranged from healthcare, a service to make contact with those who are hurt or alone or confused or distraught, people who cannot turn easily to protection of the law or from a credit card.

This is not easy work. We've tried to create services like this before, with some success and some failures along the way. There is a long history in Oregon of trying to help people who are in crisis with limited budgets and without clinical resources.

What do we do for people with mental illnesses who refuse medical treatment and behave in a way which is distressing to their friends, family, and neighbors?

We try to help. But who should give the help, and when, and how? And toward what end? These are practical, clinical, and even ethical questions which have baffled your predecessors. And baffled, they followed personalities toward creating those failures and not principles.

Our idealization of civil liberties is quite confounded by mental illness. There is no quarter allowed for people who just can't think straight. They and their symptoms confuse the law. And without a sufficient safety net of social services, medical services, specialized housing and employment supports, friends, family, and neighbors of people with mental illness sometimes need to call for help. But because of decisions carefully made by elected officials, there is often no one to send but police.

Police don't want to go. They know it's an abuse of their powers and responsibilities. They know arrest and jail is not appropriate for someone who needs medical help and social supports. I am sure you have heard officers say, "we're not social workers." That's their shorthand for "state legislators, county commissioners, and city councilors have, for decades, screwed these people out of a decent life and they make us do the dirty work."

There is a better way.

First, you must remove police from the process whenever possible. We've found with excruciating experience there is no amount of training or policy which reliably reduces the routine harm police do to people with mental illness. It's not their fault; it's how you make them.

Second, you must fund a single robust independent medical mobile service - a humanistic gateway to psychiatry and addiction treatment. We have an extraordinary and well tested model in at the White Bird Clinic in Eugene which you can learn from. If you follow their lead, and build a service scaled to match theirs - which would be about six units running 30 - 40 hours a day - you'll get their same extraordinary results.

We can talk at length outside of this room about other mobile service models, how other cities are grappling with this same question, about integration with public safety, how to create a sufficient service scan, how to recruit and sustain team members, etc. but the CAHOOTS program is available to provide both experience and technical assistance in these areas. We don't need to reinvent the wheel.

But I want to stress one important point. And give one solution.

A most valuable and easily overlooked quality of the Eugene model is the service is managed by an independent third-party vendor. Not a city bureau or department. Not the police. And not the fire department. That won't work. That will fail. Not might fail - will fail.

There is a compromise. Which is about to be tested in another nearby city also implementing the Eugene model.

The Eugene model uses EMTs and social workers, working together. Why not contract with a suitable independent third-party agency to provide the administration, oversight and social workers, and ask the fire department for an indeterminate loan of six or more EMTs to the project? Borrow the EMTs from the fire department. That's the solution.

I would be glad to talk about mobile crisis services further with any of you.

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Mobile Medical Street Outreach in Portland

September 2019

Mobile Medical Street Outreach is a well-modeled and low-cost alternative to police for non-criminal requests such as interdicting with active mental illness, addiction and alcoholism, and risk-reduction with people who are homeless or in crisis, or routine non-criminal requests for police such as welfare checks, unwanted person, or threat of self-harm.

The best documented mobile medical street outreach program in the Northwest is the CAHOOTS program of White Bird Clinic in Eugene.

- Operated for over 30 years
- Handles approximately 17% of all police calls in Eugene
- Fully integrated with Eugene and Springfield police, area first responders
- Medical & mobile, operates most hours all days
- Engages service resistant and elusive persons
- Provides medical and secure transport to shelters and services

CAHOOTS is also fully integrated in Eugene and Springfield's social service and healthcare system, and recognized area-wide as a humane and effective harm reduction response to homelessness. White Bird is now available for technical assistance and consultation to municipalities also interested in alternatives to police and incarceration. Denver and Olympia are two active clients.

Portland should launch a CAHOOTS-like mobile outreach service as soon as possible.

To match CAHOOTS results, an optimum service package would provide availability 48 hours per day, 365 days per year, and operating several vans and teams of two or three persons in peak hours. Service would be dispatched directly through BOEC 911 and through other service partners, such as the Multnomah County Crisis Line. Teams could also self-dispatch, and provide support to public events, parades and demonstrations.

The CAHOOTS model may be attractive to local philanthropy to offset capital start-up costs.

Recommendations

- Plan for lengthy integration process - reaction paradigm shift
 - Consider integration facilitator / communications person for Y1&2
 - Nurture relationships with hospitals, AMR, fire & law enforcement
 - Collect evidence of engagement and acceptance
 - Not a substitute - an additional service to niche population
- Contract with CAHOOTS to provide consultation toward development of Request for Proposals (contract #1)
- Contract with CAHOOTS to provide training and stewardship for selected service provider (contract #2)
- It's not enough to do a pilot program. We're in a crisis.
 - Scale for effectiveness
 - Populations: Eugene @ 170,000 & Portland @ 700,000
 - CAHOOTS PDX should be scaled to match CAHOOTS Eugene = 4x
- Match CAHOOTS administrative and clinical methods
 - Seek a state-certified third-party provider - not a city department
 - Prospective responders include Cascadia Behavioral Healthcare, Central City Concern, Outside In, and others
- Service area should focus on downtown Portland and transit corridors
 - Service could be provided to unincorporated Multnomah County on request through an intergovernmental agreement
- Seek funding from Oregon Health Authority
 - Oregon Performance Plan calls for funding mobile crisis services
- Understand Medicaid waiver and new billing codes for field supportive services
- Seek partnership with Multnomah County
 - MultCo has contract management experience
 - Integration with existing programs and services, such as CHIERS and Project Respond, Adult Community Justice, and others.
 - Potential funding source
- Seek funding from Care Oregon / Health Share
 - Mobile outreach reduces emergency health service costs - ERs, urgent care, ambulance, psychiatric care
- Seek funding from the Joint Office of Homeless Services
 - Replace / absorb their outreach effort
- Loan EMTs from Portland Fire & Rescue to vendor.
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- Resist customization for the first year
 - CAHOOTS is a proven model
 - Third-party providers bring social and clinical expertise at low cost
 - Teams should be allies (in cahoots) with government services, but not directed by police, fire or 911
 - This is essential in gaining non-authoritative non-judgemental credibility with service resistant people
 - Uncoupling medical crisis from unnecessary police contact decriminalizes mental illness, alcoholism and addiction

Example Budgets

YEAR ONE / first year budget for Portland - CAHOOTS-like service.

- Operating **48** hours a day / 365 days a year / teams of two
- \$137 per service hour
- Single police officer (salary & supervision only) = \$72 per service hour

Five customized vans + fuel + insurance	\$500,000
EMTs - 12 FTE	\$420,000
Social workers - 12 FTE	\$780,000
Admin - 3 FTE	\$165,000
Benefits	\$400,000
Centrally located secure office with parking	\$50,000
Communications & equipment	\$35,000
Insurance + fees + Misc	<u>\$55,000</u>
	\$2,405,000

YEAR TWO / second year budget for Portland - CAHOOTS-like service.

- Operating **48** hours a day / 365 days a year / teams of two
- \$108 per service hour

Van maintenance + fuel + insurance	\$20,000
Staff + benefits (27 FTE)	\$1,765,000
Centrally located secure office with parking	\$50,000
Communications & equipment	\$10,000
Insurance + fees + Misc	<u>\$55,000</u>
	\$1,900,000

Potential Revenue Sources

Oregon Health Authority
Medicaid, Medicare & private insurance billing
City of Portland
Multnomah County
Care Oregon / Health Share
Joint Office of Homeless Services
Private philanthropy

From: [Mental Health Association](#)
To: [Moore-Love, Karla](#)
Subject: Fwd: Request to Speak to Council
Date: Thursday, August 1, 2019 9:17:40 AM

Hi Karla. I know you get a lot of email. I hope you didn't miss mine from a few days ago.

Thanks!

Jason Renaud

----- Forwarded message -----

From: **Mental Health Association** <info@mentalhealthportland.org>
Date: Tue, Jul 30, 2019 at 3:38 PM
Subject:
To: Moore-Love, Karla <Karla.Moore-Love@portlandoregon.gov>

Hi Karla.

Would you schedule me to speak at City Council in mid-August and let me know when that will be? I plan to speak about the mobile crisis services.

Thanks!

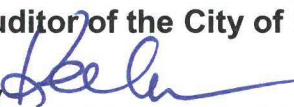
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Jason Renaud
[Mental Health Association of Portland](#)
[Northwest Law & Mental Health Conference](#)
[Oregon Housing Conference](#)
[Mental Health Alliance](#)
[Mobile Services Association](#)
[@renaud_pdx](#)

Request of Jason Renaud to address Council regarding mobile crisis services
(Communication)

SEP 04 2019

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Filed AUG 27 2019
MARY HULL CABALLERO
Auditor of the City of Portland
By 
Deputy

COMMISSIONERS VOTED AS FOLLOWS:		
	YEAS	NAYS
1. Fritz		
2. Fish		
3. Hardesty		
4. Eudaly		
Wheeler		