Mental Health Alliance

POB 3641, Portland, Oregon 97208
www.mentalhealthalliance.org

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To The Honorable Ted Wheeler,

In a May 21 meeting of parties to US DOJ v City of Portland, you asked a question which is important to our Alliance and it's supporters:

"I have a real concern that I think we all share and it's a little off topic but it's something that's really keeping me up at night. I think that we need to acknowledge that the mental health system in our state is fundamentally broken and I don't see a silver lining or pink clouds and I don't see better days ahead...what I actually see is a proposal to reduce further, I think by 25%, the capacity of the Oregon State Hospital. My question for everybody is this: If they reduce that capacity where do we think these individuals are going to end up and who do we think is going to be interacting with them?"

The answer is they will have encounters with the police and wind up in jail. They will be released and have encounters with police and wind up in jail. Then they will be released and wind up having encounters with police and wind up in jail. At some point, they may wind up being held longer in jail. Often in segregation/solitary confinement which is the best way to exacerbate symptoms. This is obviously not the place to treat a person with mental illness and/or addiction. (See linked below a 2018 report from Disability Rights Oregon, "Mental Illness & the Multnomah County Detention Center"). Eventually, they will be released, wind up having encounters with police, and wind up back in jail.

The Mental Health Alliance has a few suggestions to address the problem:

1. Continue to allow police to step back from discretionary arrests. The 50% reduction in jail census statewide after Governor Brown's Stay-at-Home order with no corollary spike in crime shows some amount of this reduction could be maintained. Those who are skilled at enforcing the law are often not skilled at working with those who are struggling with mental illness or addiction. When confrontations escalate, all it takes is one officer like Derek Chauvin - or Christopher Humphreys - to turn a smoldering fire into a conflagration.

2. Increase the capacity of the Service Coordination Team to support the Behavioral Health Unit. Having mental illness and addictions clinicians paired with a police officer has proven to be an effective strategy. A report from report by students at Portland State University showed a savings of $7 for every dollar spent on the program (See linked below a 2018 report from 15

authors of the Portland State University Criminal Justice Evaluation Capstone, “Study of the Service Coordination Team and its influence on chronic offenders,” 2018).

3. Actively work to quickly re-open the Sobering Station. Additional funds for this may be available from Measure 26-210. Additionally, if there is a decision to defund police and reallocate money to institutions that help prevent police confrontations, the Sobering Station would be a good beneficiary. For the homeless population, conservative estimates are that 75% struggle with mental illness and addiction in co-occurring disorders. For example, the person with schizophrenia who consumes alcohol when he can't afford medications. Or the traumatized woman living on the street who takes methamphetamine to keep from getting assaulted while she sleeps. There have been problems in the system when crisis service providers which are geared toward mental health (i.e., Unity Center for Behavioral Health) are unable to handle those with a severe addictions issue.

4.. Invest in a CAHOOTS- like service citywide. You know the Eugene program has had great success. A scaled joint city-county venture, with a third party vendor experienced in hiring peer outreach workers, would have a significant impact on arrest rates. Services like these must be designed in consultation with those who receive them. The current proposal of Portland Street Response is too small, too geographically limited, managed by uniformed city employees, or those inexperienced in providing community mental health. Funding for CAHOOTS- like service a can be drawn from money diverted from traditional police services - as is done in Eugene.

5. Encourage the Oregon Health Authority and Health Share Oregon to find a local vendor to provide both inpatient and outpatient restoration to competency services in Portland instead of waiting for the Oregon State Hospital to be reformed or responsive. Bring the new District Attorney into this conversation as soon as possible. The Crisis Assessment and Treatment Center - with a new operator - could be quickly converted. An operator for this work may also be eligible for some of the Metro 26-210 funds for this.

6. Convert sufficient City Parks & Recreation buildings and parking lots to temporary shelters / encampments and train Parks staff to help the ALL unsheltered people. Supplement existing staff with trained mental illness and addictions professionals. Again, money drawn from the Portland Police Bureau budget can help.

A tsunami of people made homeless by the economic consequences of COVID 19 is likely in the Fall of 2020. Having a range of plans, from minimal to maximal intervention, will avoid having to improvise answers in the middle of a disaster. Encampments are filled with people who are weak, sick, old, addicted, and broken. Left unmanaged now, this problem will only grow worse.

We thank you for your concern for Portland's most vulnerable citizens. Treating them humanely benefits all!

We recognize you have many pressing concerns right now and would be happy to meet with you or your designee to discuss specifics.

Respectfully,

Individual Members of the Mental Health Alliance

Sandra Chishom, MPA
Margo Craig
Beth Epps, M.ED
Jan Friedman, JD
Michael Hopcroft
Amanda J. Marshall, JD
Meredith Mathis
Patrick Nolen
Jason Renaud
Mark Schorr, LPC, CADC, NCC
Rochelle Silver, PHD
Mary-Margaret Wheeler-Weber

Organizational Members

Disability Rights Oregon
Mental Health Association of Portland
Oregon Justice Resource Center
Portland Interfaith Clergy Resistance

Attorneys

Franz Bruggenmeier
Juan Chavez

LINKS

Mental Illness & the Multnomah County Detention Center - Disability Rights Oregon, 2018

Study of the Service Coordination Team and its influence on chronic offenders - Portland State University Criminal Justice Evaluation Capstone with 15 authors, 2018

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