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Multnomah County Deflection and Sobering Project Plan

August 2024

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Acknowledgements

Thank you to the numerous contributors responsible for creating this project plan and accompanying documents.

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A. Executive Summary

In 2024, Multnomah County was presented with two complementary objectives: deflection and sobering. House Bill 4002, which became law in the State of Oregon in April 2024, repeals the Class E violation that previously applied to possession of small amounts of a controlled substance, and replaces it with a new misdemeanor crime of unlawful possession. Additionally, it creates the possibility of a pre-booking deflection program, which if completed, leads to no criminal charges being filed. Law enforcement officers can refer a person to a deflection program in lieu of arrest. To meet this need, Multnomah County will create an officer-intervention deflection system, including a facility that will open on September 1, 2024 (Phase 1), with expansion to offer sobering, Medications for Opioid Use Disorder (MOUD), and other Medication Assisted Treatment (MAT) in the facility in 2025 (Phase 2), and a full service deflection and sobering center in a permanent County-owned facility opening in 2026 (Phase 3).

Multnomah County is firmly committed to reducing overdoses and improving public safety and health outcomes. Treatment remains the most effective pathway to recovery for individuals struggling with addiction. Multnomah County intends to meet both the Oregon Legislature's definition of deflection and provide sobering and other needed services.

Multnomah County's deflection program objective is to connect individuals who would otherwise be arrested for possession of a controlled substance to a behavioral health pathway toward recovery.

B. Background

Background

In 2024, Multnomah County was presented with two different but complementary objectives: deflection and sobering.

Deflection

HB 4002 became law in the State of Oregon in April 2024. HB 4002 repeals the Class E violation that previously applied to possession of small amounts of a controlled substance, and replaces it with a new misdemeanor crime of unlawful possession of a controlled substance. The new misdemeanor goes into effect September 1, 2024. This new misdemeanor is unique within the criminal justice system because it creates the possibility of a pre-booking deflection program, which if completed leads to no criminal charges being filed. Law enforcement officers are encouraged, but not required, to refer a person to a deflection program in lieu of arrest for the new misdemeanor. The Legislature also provided funding via HB 5204 and SB 5701 to support the construction of a behavioral health center. Multnomah County is one of 28 Oregon counties

(including 1 consortium) creating deflection programs, including neighboring Washington and Clackamas Counties.

As required by HB 4002 to qualify for grant funding, the County facilitated a Leadership Team made up of representatives from the systems that play a role in a deflection program. This includes the Portland and Gresham chiefs of police, the Multnomah County Chair, Multnomah County Sheriff, the Multnomah County District Attorney (DA) and DA-Elect, Public Defenders, the Presiding Judge of Multnomah County Circuit Court, the chief criminal judge of the Circuit Court, representatives from the Mayor of Portland's Office, providers from the Behavioral Health Resource Networks, the Chair's Office and the directors of the Multnomah County Department of Community Justice, the Health Department, and the Local Public Safety Coordinating Council. The Leadership Team discussed a framework for deflection and collaboratively defined the program to create a system that could work for all partners.

An individual has successfully engaged in deflection if they have completed all of the following:

- a screening,
- received a service referral,
- and engaged with a referred service as recommended by the screening within 30 days.

If an individual fails any of the above steps, they will not be eligible for deflection for the following 30 days and would instead be arrested and charged if contacted by law enforcement during that time period.

The purpose of a deflection program is to leverage law enforcement's contact with individuals who possess drugs for personal use and create a bridge to recovery. In Multnomah County, individuals stopped by law enforcement will be eligible for deflection if they possess illegal drugs for personal use, are not committing any other crimes, and have not failed deflection within the prior 30 days.[1] An individual has successfully engaged in deflection if they have completed all of the following: a screening, received a service referral, and engaged with a referred service as recommended by the screening within 30 days. If an individual does not complete any of the above steps, they will not be eligible for deflection for the following 30 days and would instead be arrested and charged if contacted by law enforcement during that time period.

[1] https://www.multco.us/multnomah-county/news/leadership-team-agrees-key-criteria-initial-deflection-program

Deflection CJC Grant

As directed in HB 4002, the Criminal Justice Commission (CJC) released the Oregon Behavioral Health Deflection Program Grant, a one-time solicitation for counties implementing deflection to fund expenses incurred between July 1, 2024 and June 30, 2025. On August 2, 2024, Multnomah County was notified that the County's CJC Behavioral Health Deflection grant for $4,313,852 was approved. These grants were distributed based on a previously established formula. To qualify for funds, counties were required to create a plan in consultation with a community mental health program and/or a local mental health authority and engage required partners identified in the legislation: a district attorney, a law enforcement agency, a community mental health program, and a provider from a Behavioral Health Resource Network (BHRN). Proposals outlining the resulting collaborative plan and a proposed budget were due July 1, 2024.

Multnomah County's submitted proposal outlined a three phase roll-out, beginning with an officer-intervention deflection that includes a facility open in September 2024, with expansion to offer MOUD in the facility in 2025. The final phase was described as a full service deflection and sobering center in a permanent county-owned facility opening in 2026. Successful deflection in Phase 1 was outlined as a screening, referral, and an additional engagement step. The Leadership team committed to reassess criteria every 30 days during early implementation.

Sobering Center

In April 2024, a project team led by Commissioner Julia Brim-Edwards released a Draft Multnomah County 24/7 First Responder Drop-Off and Sobering Center Plan[2], which recommended the County create and operate a 24-7 Drop-off Center that will provide a "no wrong door" approach for Multnomah County's first responders to deflect individuals in a crisis from emergency departments and jails. Under the proposal, the center would include a multidisciplinary care team providing trauma-informed, culturally responsive services including rapid intake, triage, assessment, sobering, early withdrawal management, peer provider support, care coordination, and transfers to other providers in the care continuum.

This proposal is for a no wrong door, first responder drop-off facility with sobering capabilities that diverts intoxicated individuals from local jails and emergency departments and that doesn't leave individuals in crisis on the streets. This represents a critical gap in the continuum of crisis care that has existed since the closure of Central City Concern's Sobering Station in 2019.

Central City Concern's Sobering Station closed because clients were increasingly arriving under the influence of methamphetamine and exhibiting symptoms of acute psychosis and, in some cases, combative behavior. The Station's service model was not designed to support those individuals, nor did it have the capability or safety mechanisms in place to respond to the growing need. This includes modern sobering

[2] https://multnomah.granicus.com/MetaViewer.php?view_id=3&event_id=1594&meta_id=172681

practices that provide more comfort and support, such as Medications for Opioid Use Disorder (MOUD), to help individuals transition to detox, treatment, and recovery.

Alcohol and drug withdrawal can occur within hours of consumption. Individuals in active withdrawal may not be appropriate for the level of care provided at a sobering center. However, the National Sobering Collaborative's Recommendations for Sobering Care states that the availability of co-located detoxification services may expand the level of withdrawal accommodated due to the ability for rapid, onsite transition.[3] Therefore, quick access to care and withdrawal management services are vital for individuals impaired by or withdrawing from substances.

Around the time of the Sobering Station's closure, Central City Concern's Dr. Edward Lew gave the following recommendations for what sobering centers should deliver:

- Safe space for clients and their belongings
- General oversight & observation
- Time to stabilize and/or sober
- Vital signs monitoring
- Medical history taking
- Peer support and connection to case management and service navigation
- Direct connection to withdrawal management and shelter or other medical or behavioral health services

The project team reviewed and refined recommendations that were developed from Commissioner Brim-Edwards' tours of operational sobering facilities around the country, nationally recognized best practices, and local community input, and the County continues to receive feedback on the plan.

C. Values and Goals

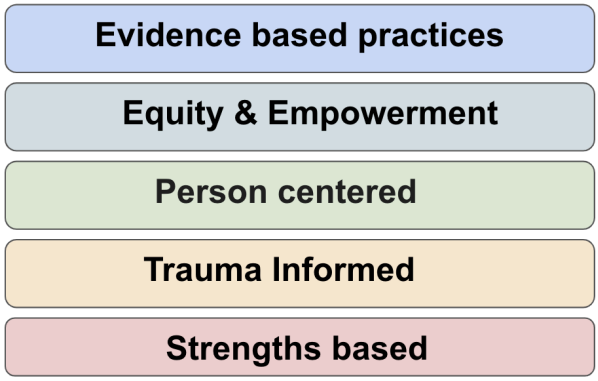
Multnomah County is firmly committed to reducing overdoses and improving public safety and health outcomes.

Expanding Oregon's behavioral health system is essential and critical to addressing the addiction crisis that is impacting the entire region. Treatment remains the most effective pathway to recovery for individuals struggling with addiction.

Multnomah County intends to meet both the Oregon Legislature's definition of deflection and provide sobering center services. Multnomah County's deflection program objective is to connect clients who would otherwise be arrested for possession of a controlled substance to a behavioral health pathway toward recovery. Through a scaled approach and the addition of a permanent sobering facility, Multnomah County anticipates serving additional community members beyond the deflection-eligible population.

[3] https://nationalsobering.org/wp-content/uploads/2023/10/StandardsofCare_Sobering_PUBLIC_2023-10.pdf

***Recovery** is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential - SAMHSA*



Multnomah County's approach to working with clients is from a strength-based, trauma-informed, person-centered lens. We use appropriate evaluation by trained professionals and evidence-based treatment practices tailored to the person's stage of readiness. Our focus on outcomes and evidence-based practices allows us to create impactful programming that is tailored to the individual. The County is committed to providing services in a manner that keeps clients and the community safe.

An effective path to recovery acknowledges that recovery takes time. Best practice literature does not provide for a "golden" number of attempts along the recovery path; for most people, it takes numerous attempts to change any behavior (even for things less excruciating than stopping use of an addictive substance).

National deflection guidance includes training participants that one of the key elements of a successful deflection program is understanding that addiction is a chronic disease and that it can take an individual multiple attempts. Furthermore, having providers, partners and services who can provide culturally specific services and potentially better connect with clients is crucial.

Research shows:

- The availability of peer support can improve connection to recovery resources and overall outcomes. This is because peers can facilitate building rapport and trust, reduce stigma and shame, provide hope and inspiration, navigate the recovery system, and enhance motivation and engagement.[4]

[4] Bassuk EL, Hanson J, Greene RN, Richard M, Laudet A. Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review. J Subst Abuse Treat. 2016 Apr;63:1-9. doi: 10.1016/j.jsat.2016.01.003. Epub 2016 Jan 13. PMID: 26882891.

- Peer support improved outcomes, such as increased treatment retention, reduced substance use, and increased quality of life (according to a systematic review of 9 studies of peer recovery support services).[5]
- Peer-led crisis intervention and stabilization services were also associated with reduced hospitalization and emergency department visits.[6]

Research has also identified key predictors of treatment engagement and success. Those predictors are: internal motivation, a strong support network, integrated care of co-occurring mental health disorders, the type of treatment setting, the quality of the therapeutic relationships with a treatment team, low practical barriers (such as transportation, child care, and financial constraints), and non-judgmental, stigma-free care.

It is through building relationships and trust (often over time) that we see clients become more engaged in services and move along their journey to readiness and recovery.

[5] Bassuk EL, Hanson J, Greene RN, Richard M, Laudet A. Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review. J Subst Abuse Treat. 2016 Apr;63:1-9. doi: 10.1016/j.jsat.2016.01.003. Epub 2016 Jan 13. PMID: 26882891.

[6] Chinman M, George P, Dougherty RH, Daniels AS, Ghose SS, Swift A, Delphin-Rittmon ME. Peer support services for individuals with serious mental illnesses: assessing the evidence. Psychiatr Serv. 2014 Apr 1;65(4):429-41. doi: 10.1176/appi.ps.201300244. PMID: 24549400.

D. Phased Approach Overview

To balance the need to deliver components of the project expediently with the complexity of developing a sobering center, Multnomah County is taking a three-phased project approach:

Multnomah County

Deflection/Sobering Phasing Plan

Program Development	Facility Bed Capacity	Referral Sources to 24/7 First Responder / Sobering / Deflection
PHASE 1		
• 24/7 basic needs services and a place to recuperate (less than 24 hours) • Short term leased facility • Assessment, screening, connection to treatment and recovery services • Transportation	N/A Not offering services that require beds	• Law enforcement • Limited peer organizations
PHASE 2		
• All services provided in Phase 1 • Sobering services and medications for opioid use disorder (MOUD)	13 - 16 beds	• Law enforcement - bed priority for deflection • Excess capacity to support law enforcement, Portland Street Response, and Fire • Project Respond • Emergency Departments possible if pathway developed
PHASE 3		
• County-owned 24/7 facility (stays can be longer than 24 hours) • All of the above services • Involuntary holds • Withdrawal management	50 beds	• All of the above AND • Peer Provider Orgs • UWIC, CATC • Recovery Housing Orgs • Jails • Community Corrections • Courts • BHRC • Other shelter providers funneled through a housing retention team • Walk-ins

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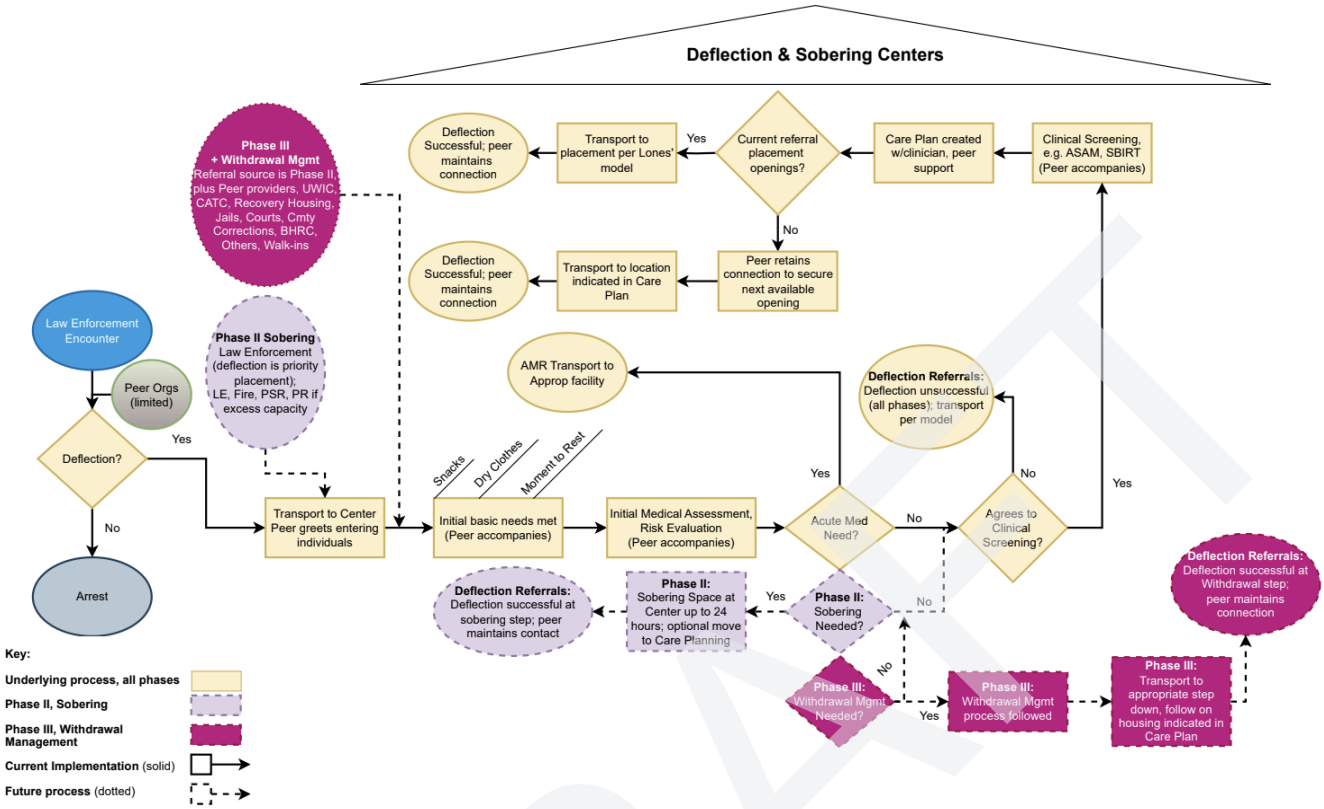
Deflection & Sobering Centers Flow Chart:



- **Phase 1** (colored in yellow)**:** Will open a temporary deflection center at 980 SE Pine Street for clients deemed eligible for deflection by law enforcement.
- **Phase 2** (colored in lavender)**:** Will expand services at the temporary deflection center facility and add system capacity by including sobering and incorporating the evidenced-based practice of Medications for Opioid Use Disorder (MOUD) and other Medication Assisted Treatment (MAT) medication. Incoming referral sources will also be expanded to include first responders, mobile crisis interventions, and emergency departments (if pathways are developed). Clients deflected from law enforcement will receive bed priority. This phase supports a sequenced approach to expanding sobering capacity in Multnomah County as identified in the Multnomah County 24/7 First Responder Drop-Off Sobering Center Plan.
- **Phase 3** (colored in dark pink): Will transition services to a new sobering center at a larger permanent facility. The sobering center will offer co-located and expanded services including sobering with MOUD, other MAT services, and withdrawal management. It will also be a referral source for law enforcement, first-responders, voluntary walk-ins, deflection programs, and other pathways.

Multnomah County has engaged a number of BHRN and health system partners, people with lived experience, the Behavioral Health Advisory Council (BHAC), and other key stakeholders in the Phase 1 and 2 process. These partners provided input on the deflection center and the overall system (including Phase 3), They also provided commitments to support programming and referral pathways during Phase 1 and 2. We will continue to engage behavioral health system partners during Phase 1 and Phase 2 implementation and planning for Phase 3.

Phase 1 & 2: Deflection Center Program: Approach and Model

Phase 1 Services

Phase 1 services will be provided at the temporary deflection center facility located at 980 SE Pine Street. Multnomah County's Office of Consumer Engagement and Behavioral Health Advisory Council (BHAC) collaborated to determine a person-centered, trauma-informed name that accurately reflects services being provided at the Phase 1 and 2 deflection center. The BHAC is a council made up of people with lived experience, advocates, behavioral health service providers, public partners, and family members. On August 14, 2024, "Coordinated Care Pathway Center" was selected as the deflection center's name.

In July 2024, Multnomah County signed a contract with Tuerk House, a Baltimore-based drug and alcohol treatment provider, to operate the Deflection Center beginning September 2024. Tuerk House is a nationally recognized expert in drug and alcohol treatment and has an extensive history of experience running deflection services as well as the full range of services facilitating recovery from substance use disorders. Multnomah County and Tuerk House staff will work together at the facility to provide an array of needed services and support.

A certified peer will welcome and receive clients brought to the center by law enforcement from the moment they arrive. Peer support from the start of the intake process is crucial for developing rapport and maintaining connection and support, while reducing future overdose risk. Peers will ensure that deflection clients are connected "person to person" with the next step in their recovery. This "warm hand off" is much more likely to help clients follow through with referrals than a process of paper referrals, phone calls and/or bus tickets to services.

Services available at the Deflection Center will include assessments, screenings, connection to treatment and recovery services, basic needs resources, peer support, support with applications for Medicaid, and a place to recuperate. Basic needs resources include a safe space for respite, shelter, food, hydration, bathrooms, showers, and human/peer connection. Additionally, there will be available storage space for clients at the facility including 16 2x2 cubbies in Phases 1 and 2.

The facility will not be able to accommodate pets, but will use existing protocols for when a member of our community has a pet and is about to go into a healthcare setting or law enforcement custody for a short period of time. This allows the pet to go into the care of Multnomah County Animal Services for up to 144 hours and then be retrieved by its owner.

Operator planning and operations will include:

- Providing intake services to the center for those referred by law enforcement;
- Providing screenings and assessment;
- Providing timely connection to appropriate levels of care;
- Ensuring peer services are available during the center's hours of operation. This may include collaboration with other peer services organizations' staff;
- Coordinating transportation during hours of operation;
- Ensuring appropriate staffing levels, and cultivating a safe, supportive environment that promotes wellness and recovery;
- Developing policies/procedures for the center, ensuring they meet regulatory requirements for clinical services,
- Providing food, showers and laundry, as well as other appropriate basic needs post-intake;
- Securing licensing to initiate sobering services in a future phase;
- Maintaining medical records documenting services provided following HIPAA and other applicable laws/regulations;
- Establishing protocols that provide for admission and services for limited English proficiency, and/or hearing, speech, physical and cognitive disabilities.
- Establishing protocols for communicating with the County Department of Community Justice about deflection for individuals under pretrial supervision and probation/parole supervision.

Tuerk House will also work in partnership with appropriate County representatives and other partners to assess initial and longer-term hours of operation, establish intake eligibility protocols, determine standardized, evidence-based tools for assessing readiness to change at admission, and coordinate janitorial services. Tuerk House is also expected to review intake data for repeat clients and use a continuous assessment model to modify approaches to meet clients' needs and goals.

Phase 1 will allow the County to assess who and how many clients are coming to the center, peak hours, and primary needs. The County and Tuerk House will take an iterative, evidence-based approach throughout the phases and refine programming to better meet needs. Program administrators will also assess staffing requirements, protocols, and safety needs to continue building programming that promotes safety for the clients coming to the center, staff and partners, law enforcement, and the neighborhood.

At all phases of the project, the County will be working closely to identify emerging issues and address those issues with Deflection Center staff, law enforcement, County staff, the surrounding community, and others from the treatment and recovery

community. A Good Neighbor agreement will help define the partnership between the community and the deflection center.

Who qualifies for Phase 1 Deflection Center admission?
Individuals will be appropriate for the center in Phase 1 if they meet the criteria for deflection, are able to make a decision to go, and are not in need of urgent or immediate medical or behavioral healthcare. When a person is at high risk of medical complications, violence, or psychological concerns, they will be referred to and transported to an appropriate facility including an emergency department or hospital. Most individuals who are not eligible for deflection will be screened out by law enforcement in the field before they arrive at the facility.

The deflection center staffing model includes:
- Intake administrator
- Nurse
- Care Coordinators
- Peer Specialists

The deflection program and center will also be supported by the following Multnomah County staffing:
- Deflection Coordinator
- Project Manager
- Program Specialist Senior
- Data Analyst Senior

The Deflection Coordinator is responsible for the strategic direction, oversight, and continuous improvement of the nuanced deflection services as defined in HB 4002. This includes managing the Deflection Center for the County; collaborating with internal and external partners and stakeholders, including law enforcement; tracking and reporting data required by the Oregon Criminal Justice Commission and other stakeholders; and reporting program outcomes, challenges, and successes to stakeholders, including successful and unsuccessful deflections to law enforcement.

Phase 2 Services

Phase 2 will include and expand on all of the Phase 1 services to provide:
- The creation of sobering protocols to determine the appropriateness of sobering services;
- Sobering services with Medication for Opioid Use Disorder (MOUD) and other Medication Assisted Treatment (MAT) services;
- Approximately 13-16 sobering beds;
- American Society of Addiction Medicine (ASAM) assessments and mental health assessments as needed, for purposes of referral.

The center will offer the evidence-based practice of providing MOUD services in coordination with a Multnomah County contracted Opioid Treatment Program (OTP)

provider. This was made possible through Oregon Administrative Rules changes that went into effect April 2024. The rules allow the OTP the ability to provide telehealth services in a satellite location.

In addition, Phase 2 will expand referral sources (depending on law enforcement's usage) with bed priority given to law enforcement deflection efforts. The plan for expanded referrals includes law enforcement broadly, Portland Street Response, Project Respond, Fire, and possibly emergency departments (if pathways are developed).

The Phase 1 staffing model will remain in place and expand to meet anticipated needs for Phase 2. Again, Phase 1 will allow the County to assess who and how many clients are coming to the center, peak hours, and primary needs. The County and Tuerk House will take an iterative, evidence-based approach to refine programming and staffing to better meet needs and ensure appropriate staffing is provided for expanded services and referral sources.

Phase 2 supports a sequenced approach to expanding sobering capacity in Multnomah County as identified in the Multnomah County 24/7 First Responder Drop-Off Sobering Center Plan.

Who qualifies for Phase 2 Deflection Center admission?
Phase 2 will follow the same criteria as Phase 1 for physical and mental health, and will expand referral sources to include other first responder referrals. Clients will be appropriate for the center in Phase 2 if they meet the criteria for deflection or are brought by first responders and the other stakeholders identified above, are able to make a decision to go, and are not in need of urgent or immediate medical or behavioral healthcare. When a person poses a risk of harm to themselves or others, has high risk medical complications, or there are psychological concerns, they will be referred and transported to an appropriate facility including an emergency department or hospital.

Phase 1 & 2: Deflection Center Facility: Key Requirements and Approach

Multnomah County Facilities sought to lease a facility that met the September timeline and the minimum requirements. The County leased a facility at 980 SE Pine Street to house the Phase 1 and 2 programs. Phase 1 will include creating the law enforcement delivery space, triage rooms, exam room, intake/interview rooms, as well as restroom/shower facilities and waiting areas for referral to a partner agency. Staff and security offices, law enforcement work space, and a break room are also part of the Phase 1 build-out. Phase 2 will include the build-out of a 16-bed ambulatory sobering location for participant stays up to 24 hours.

Deflection *System* Program: Approach and Model

Recognizing that not all clients eligible for deflection will flow through the Deflection Center, Multnomah County is working to design a deflection system that has multiple access points for clients with substance use disorder and law enforcement partners seeking to deflect individuals with substance use disorder. All of the different access points will not be developed or operationalized by September 1st. The County will iteratively add pathways over time in partnership with law enforcement and other jurisdictional partners.

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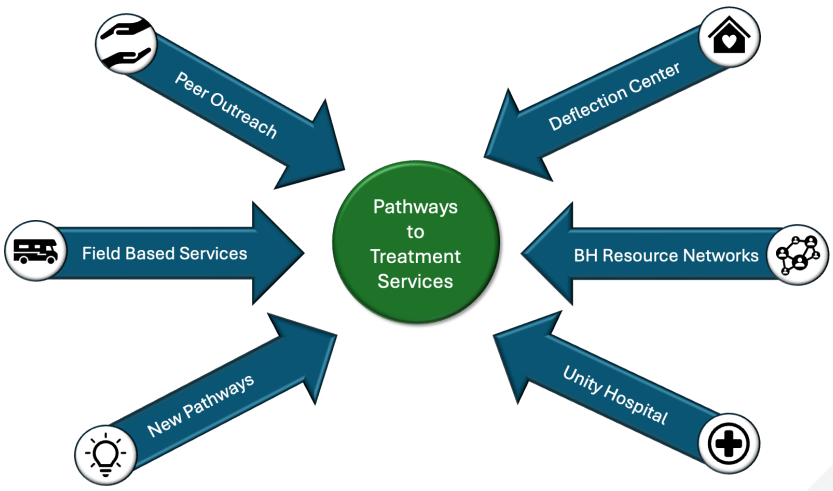


The visual above illustrates various options the County is exploring in coordination with Behavioral Health Resource Network partners (also known as BHRNs) and other key collaborators.

Our goal is to design a comprehensive system that is person-centered and both meets the needs of program clients and law enforcement.

We have reviewed current deflection and pre-arrest diversion programs to develop a framework that builds on evidence-based and best practices to address public health and safety challenges faced by communities.

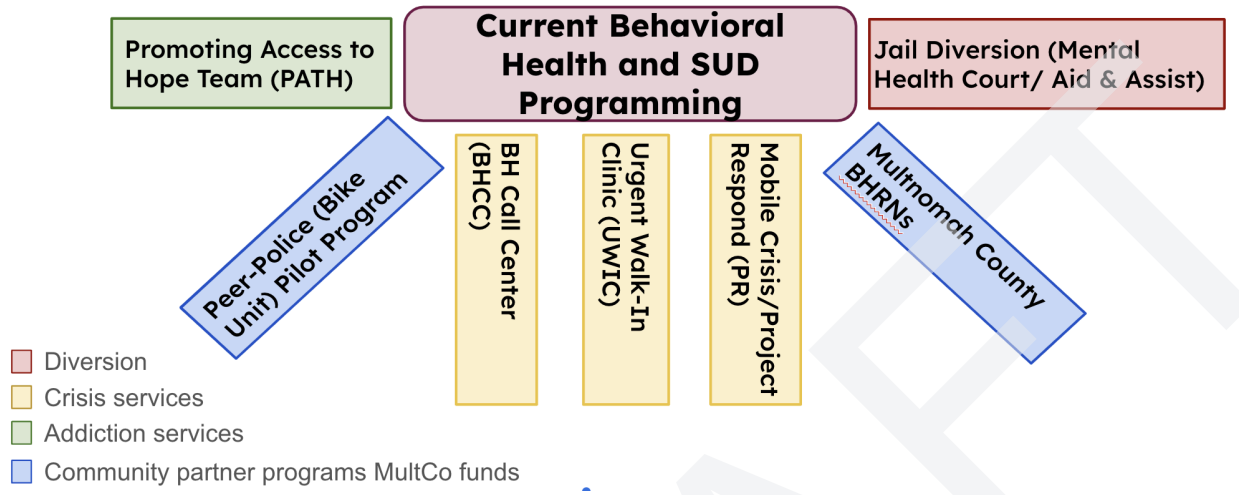
- Deflection for clients experiencing substance use disorder must include a set of defined recovery pathways for those who would otherwise become justice involved as a result of their drug use.
- These pathways include options for sobering, withdrawal management, treatment, peer support, and connections to medical and behavioral health care. In Multnomah County, this also means increasing current capacity in the Substance Use Disorder (SUD) system and leveraging resources that already exist.
- Stop, Triage, Engage, Educate and Rehabilitate (STEER) is one example of an evidence-based model for deflection. This tested model provides a roadmap for connecting clients to the treatment and recovery interventions and services that best meet their needs as individuals. Early results out of Maryland, where STEER is used, "show that half (51%) of clients who initiated treatment through the deflection method remained actively engaged after 30 days (Addiction Policy Forum, 2017).

The Deflection Center is one key component of the program. However, Multnomah County knows that a whole system of pathways where law enforcement can connect individuals with treatment and peer support services must be built. Especially to ensure

we have a deflection program that works across the entire county.

The County is taking a comprehensive approach by working to determine what roles current related services could play as part of the overall program, identifying optimal connection points and expanding existing programs that meet the needs of deflection.

Related Services:



Depicted above is our:

- Mental Health Court and Aid and Assist program in red.
    - Mental Health Court is a post-adjudication program, in which the County currently funds 1 Qualified Mental Health Professional (QMHP) and 3 Qualified Mental Health Associates (QMHA's) to assist clients in accessing mental health and SUD treatment in lieu of jail time.

- Crisis services in yellow. This includes Multnomah County's Behavioral Health Call Center, Urgent Walk-in Clinic, and mobile crisis unit contracted with Cascadia Health's Project Respond.
    - The call center receives direct transfers from 911, also known as the Bureau of Emergency Communications or BOEC, to avoid dispatch of Law Enforcement or other first responders when their need is not indicated. There is also a direct line for Portland Police to contact the call center for information and support.
    - A pilot project is currently in operation that places a Behavioral Health Call Center clinician at the Bureau of Emergency Communications (BOEC) to provide direct support, consultation, and referral.
    - Project Respond provides on site mobile crisis support to First Responders through a direct paging system.

    - First Responders are able to bring individuals to our Urgent Walk-In Clinic from 7am-10pm (including weekends and holidays).
- Promoting Access to Hope team (PATH) in green.
    - The PATH team provides Care Coordination and connection to services for clients in need at the intersection of homelessness and Behavioral Health.
- Community partner programs that the County provides funding for in blue.
    - Community partner programs includes the the pilot launched earlier this year in partnership with the Mental Health and Addiction Association of Oregon (MHAAO), Portland Police Bureau, Behavioral Health Resource Center, City of Portland, and various Behavioral Health Resource Network partners (also known as BHRNs). This is in addition to other coordination work the County is performing with our BHRN partners, including with the Deflection Center.

- Training will be developed and provided for law enforcement and first responder partners and SUD continuum partners to maximize the appropriate use of the deflection system.

Phase 3: Sobering Center Programming: Approach, Model, and Objectives

Approach

The Phase 3 Sobering Center will be a new County-owned facility that operates 24/7. It is based on the Multnomah County 24/7 First Responder Drop-Off Sobering Center Plan. The Center will be operated by a contracted provider selected through a competitive procurement process. It will include all of the resources previously provided at the Phases 1 and 2 temporary Deflection Center and expand to provide withdrawal management.

The Sobering Center will add a mix of 50 sobering sleeper recliners and withdrawal management beds to our substance use disorder continuum. It will allow for law enforcement and first responder drop offs, referrals from community providers, and voluntary walk-ins while still serving as a deflection pathway. The Center will also be available for law enforcement and other first responders to bring clients with behavioral health challenges that require involuntary services.

The program will take a sequenced approach to walk-ins and accepting referrals from law enforcement and first responders, housing and shelter programs, criminal system, health care system, and the behavioral health system. The County anticipates incorporating law enforcement and first responders at launch. Referrals are expected to

come from the following entities, with priority given to law enforcement and first responders:

- Law Enforcement
- Portland Street Response, Project Respond, and Mobile Crisis Intervention Teams
- Portland Fire & Rescue
- Emergency Medical Services
- Emergency Departments and Psychiatric Emergency Services
- Peer Provider Organizations
- Cascadia Mental Health - Urgent Walk-in Clinic (UWIC)
- Crisis Assessment and Triage Center (CATC)
- Recovery Housing Organizations
- Jails
- Community Corrections
- Courts
- Behavioral Health Resource Center
- Shelter providers funneled through a housing retention team
- Federally Qualified Health Centers and Certified Community Behavioral Health Clinics
- SUD and MH treatment providers

The County will utilize data, quality improvement, evaluation, and other learnings from Phases 1 and 2 to inform sequencing. Critical to the continuous quality improvement model, the program will establish an advisory group to inform design, staffing model, referral sequencing, and overall quality (see I. Community Engagement for additional details).

To support the safety and security of clients and staff, there will be a first responder field evaluation protocol for drop off at the Center and process for triaging high mental and physical health acuity. Phases 1 and 2 will offer the opportunity to test and improve these protocols. We will develop and implement training modules for transportation staff, staff operating the Center, dispatchers, community providers and law enforcement and first responders to learn the inclusion/exclusion criteria for drop-off at the facility. Draft protocols are included in the Multnomah County 24/7 First Responder Drop-Off Sobering Center Plan.

In and Out of Scope Transportation and Facility Holds

Type of Hold	Applies To	In Scope	Out of Scope
Police Officer's Civil Custody/ Sobering Hold (HB 4002, page 62)	Facility	Accept holds for up to 72 hours for intoxication holds when the person appears to be in immediate danger, or the police officer or team member has reasonable cause to believe the person is dangerous to self or to any other person	
Police Officer's Civil Custody/ Sobering Hold (HB 4002, page 62)	Transport	The ability for law enforcement to place a civil hold to transport someone to a sobering or treatment facility who is intoxicated or under the influence of controlled substances in a public place. The person is not charged with a crime that would lead to an arrest.	
Police Officer Civil Custody (ORS 426.228 Custody)	Transport		The ability for law enforcement to take into custody a person who the officer has probable cause to believe is dangerous to self or to any other person and is in need of immediate care, custody or treatment for mental illness.

Type of Hold	Applies To	In Scope	Out of Scope
Mental Health Director's Hold (ORS 426.233)	Transport/ Facility		The ability for a Community Mental Health Program Directors Designee I to have someone determined to be dangerous to self or others transported to a facility for further evaluation; out of scope for the 24/7 Drop-off Sobering Center.
Civil Commitment (Mental Health)	Facility		Specific to mental health evaluation and ongoing custody; out of scope for the 24/7 Drop-off Sobering Center.
Deflection	Transport	The ability for law enforcement to transport someone who agrees to deflection in lieu of jail.	

Operating Model

The Sobering Center will have a mix of 50 sobering sleeper recliners and withdrawal management beds and separation rooms. The facility will be capable of taking voluntary patients and involuntary holds for intoxication. Holds may last for up to 72 hours depending on the level of altered mental status. Holds may be removed as clients sober and are able to make informed decisions about their care journey.

Services will include:

- Triage, intake, assessment, care coordination, and peer supports
- Sobering, which generally lasts 3-14 hours per visit
- Medications for Opioid Use Disorder (MOUD) and other MAT medications

- Withdrawal management, which generally lasts between 3-5 days depending on withdrawal risk and medical necessity

The facility will be operationalized to maintain a patient centered approach to care; the safety of clients and staff; pathways for clients to transition to the services they need; and an appropriate level of access for law enforcement and first responders to bring clients for services.

The essential operating model components include:

- Trauma informed, person-centered approach through a care team with medical, behavioral health, and peer staff.
- Mitigate public safety issues around the facility to ensure good neighbor agreements.
- No wrong door, low barrier to walk-ins, law enforcement, first responders, and the other entities listed above, including the ability to provide transportation to and from the facility as needed.
- Designed and staffed to safely care for clients who are agitated, combative, or experiencing psychosis.
- Reliable model capable of rapid triage, intake, assessment, care coordination, and initiation of care.
- Multidisciplinary care team that includes peers, care coordinators, medical, and intake staff.
- Measurable capacity to safely and rapidly triage, assess, and transfer care to the most appropriate setting.
- Stabilize clients who are experiencing acute intoxication from fentanyl and other opioids, alcohol, methamphetamine, or poly-substance use.
- Maintain ratio of voluntary vs. involuntary clients relative to appropriate staffing ratios.
- Voluntary and involuntary clients will be assigned to different milieus or separation rooms depending on need.
- Dedicated space for law enforcement and first responder drop off.
- In-house security capability integrated with the provider care team.
- Diverse transportation capabilities, including in-house options to support rapid transfers in and out of the facility.

Objectives

- “No wrong door” approach for Multnomah County’s law enforcement and first responders to bring clients in a crisis, keeping them from emergency departments and jails and providing a critical option other than being left on the streets in crisis.
- Coordinate with the substance use disorder continuum to serve as both an entry into the service continuum and a conduit to supporting clients in accessing their next, most appropriate step to recovery.
- Services developed and tailored based on the needs of the population and input from the advisory group and community partners.

- Triage and assess clients experiencing substance use disorder crises for physical, substance use disorder, and mental health needs to identify the appropriate level of care and support to help them stabilize.
- Data-informed and governed processes and continuous quality improvement of services to best support individuals with substance use disorder.
- Continuous quality improvement will be supported by feedback from clients, clients with lived experience, BIPOC advisors, community providers, and law enforcement and first responders.
- Effective communication, learning and improvement between Sobering Center, transportation staff, first responder agencies, providers, the criminal justice system, and other key stakeholders.
- Sustainable operational funding model based on length of stay and level of care.

Phase 3: Sobering Facility: Key Requirements

Multnomah County Facilities is searching to acquire a long-term, Phase 3 facility that can support the following:

- Ability to take involuntary holds for substance use
- Combination of 50 sobering sleeper recliners and withdrawal management beds
- Ability to provide services for greater than 24 hours.

Based on these criteria, the County is working with local and state licensure and permitting agencies to determine building occupancy requirements and are still determining the distribution of sobering sleeper recliners and withdrawal management beds.

Multnomah County Facilities is working with a real estate brokerage firm to identify a Phase 3 facility. Some of the search criteria include:

- Purchase for Ownership is the primary goal but would consider lease with a purchase option.
- Prioritize a location that all first responder jurisdictions can efficiently access–search boundary (North - Killingsworth, South - Hwy 26, West - Waterfront, East - 162nd).
- More than 1,000 feet “as the crow flies” from a daycare, school, or career school which primarily caters to minors.
- Recently built or renovated in the last 25-30 years would be preferred.

The goal is to acquire this property, design, permit, and renovate for operations to begin in 2026. This work is proceeding concurrently with the temporary deflection center work to ensure no time is lost to quickly open a permanent facility.

All Phases: Transportation Approach and Model

Transportation is a significant logistical challenge that often complicates connecting clients with the next appropriate level of care. Whenever possible, peer providers should connect deflection clients directly to programs and services. This strength-based approach ensures that advocacy and support are built into the transportation model.

The deflection center's central location provides support where it is most needed, Portland's central core and east side. However, Multnomah County's extensive geographic area complicates countywide deflection transportation. One-way travel distance from the county's outer boundaries to the Deflection Center can take upwards of an hour and adverse traffic conditions can extend travel times significantly.

The Phase 3 facility will be in a different location than the Phase 1-2 deflection center. The Phase 3 facility will accept clients from the deflection program and other referral sources. Given that the Phase 3 program model provides more comprehensive services and will have higher capacity, there is a need for the in-house transportation capability identified below.

Given the distribution population density in Multnomah County and the prevalence of Possession of a Controlled Substance (PCS) encounters in the city core and parts of East Portland, we estimate that 80% of initial deflection transportation will happen within a 7-mile radius of the 980 S.E. Pine St. location and the majority of the remaining deflection transportation will occur between Gresham (approximately 15 miles) and St. Johns (approximately 10 miles). Within this area, travel times by car ranged from 12-26 minutes (to travel seven miles) and travel times by transit ranged from 38-49 minutes, depending on traffic conditions and direction of travel.

We anticipate that deflection center utilization will increase over time. The transportation capabilities identified below will be implemented iteratively to meet utilization requirements.

Phase 1 & 2 Transportation

Transportation to the deflection center

- Primarily law enforcement and/or AMR at the request of law enforcement
- Peer referrals
- Other city transportation - to be determined

Transportation out of the deflection center

- If a client is experiencing a medical or mental health emergency, Tuerk House will call 911 for EMS transport to an Emergency Room and/or Unity Center
- For clients who choose to connect to treatment or services and those services are ready to receive them:
    - City/County partnership program
    - Vans operated by peer providers

    - Cab or rideshare with peer support
    - Cab or rideshare*
    - Tailored transit with peer support

- For clients who are not connecting to treatment or services
    - Vans operated by peer providers
    - Cab or rideshare with peer support
    - Cab or rideshare*

*Only if the individual is comfortable with being transported alone and their level of acuity is appropriate for independent transport.

<u>Phase 3 Transportation</u>

Transportation to the deflection center

- In-house transportation
- Law enforcement or AMR at the request of law enforcement
- Peer referrals
- Other city transportation - to be developed

Transportation out of the deflection center

- If a client is experiencing a medical or mental health emergency EMS transport to Emergency Department and/or Unity Center
- For clients who choose to connect to treatment or services and those services are ready to receive them:
    - In-house transportation
    - City/County partnership program
    - Vans operated by peer providers
    - Cab or rideshare with peer support
    - Cab or rideshare*
    - Tailored transit with peer support

- For clients who are not connecting to treatment or services
    - In-house transportation
    - Vans operated by peer providers
    - Cab or rideshare with peer support
    - Cab or rideshare*

*Only if the individual is comfortable with being transported alone and their level of acuity is appropriate for independent transport.

For additional information about the in-house transportation program see the Multnomah County 24/7 First Responder Drop-Off Sobering Center Plan (pages 9-11).

All Phases: Data/IT Approach and Model

Key Data Elements

Data is a critical part of the deflection program. In Phase 1, data will include information from the deflection center, deflection/case management systems, law enforcement, probation and parole, courts, and the Multnomah County District Attorney. In Phase 2 and beyond, data added may include data from BHRNs, CCOs, APAC and the Measures and Outcome Tracking System (MOTS). These data elements include but are not limited to:

- Date, time and location of deflection
- Participant name, date of birth and demographics
- Where the participant ultimately was taken (Jail, ER, Deflection Center, etc.)
- Date and time of arrival at the Deflection Center
- Date and time of law enforcement completion of drop-off
- Assigned peer provider
- Insurance type and ID number
- Screening and assessment answers (in process, questions to be determined)
- Recommended treatment and social services, including:
    - Dates and times for each referral activity
    - Date and time each referral activity was completed
    - Type of referral activity completed
- Whether the deflection program was completed successfully
- Satisfaction survey data (various)
- Cost of:
    - Health services, by type utilized
    - Jail services
    - Court services

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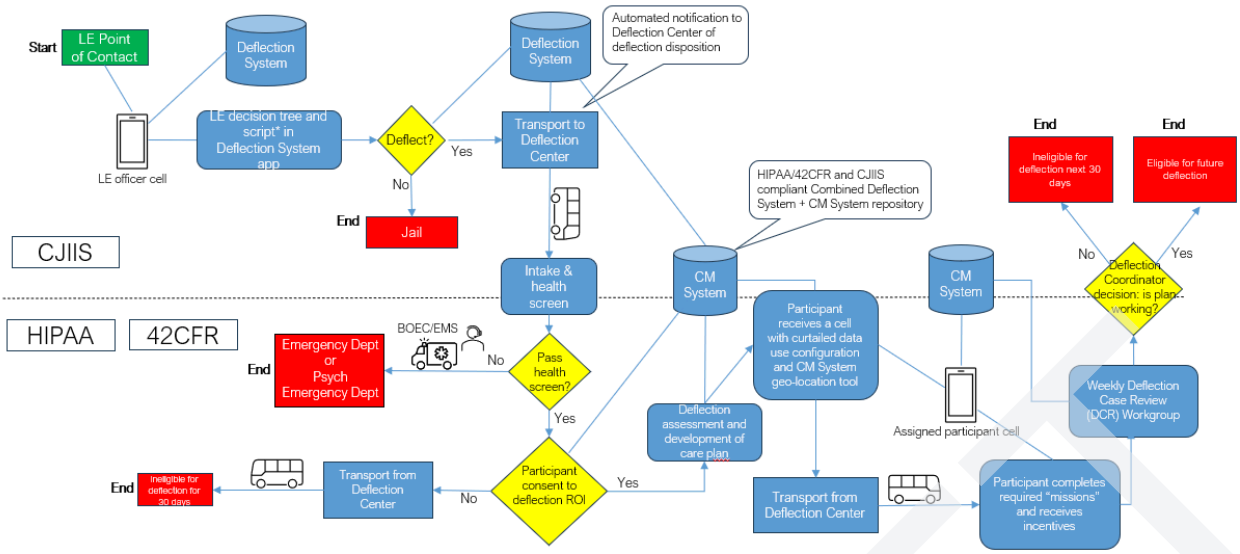
Example Draft Deflection Process/Data Flow



Data Systems and IT

Data and systems requirements for Information Technology (IT) are meant to inform ideal data tracking for continuous quality improvement (CQI) and program development, as well as efficient operational functioning that will inform whether clients successfully complete deflection, communication between agencies and partners, and case management of clients.

Requirements	Needed in Phase 1	Needed in Phase 2&3
42CFR Part 2/HIPAA-compliant and secure	X	X
Policies and procedures for HIPAA compliance, data security, personally identifiable information (PII), and uses and disclosures of client protected information	X	X
Data use agreements with other organizations, including but not limited to the State of Oregon, Multnomah County,		X

Requirements	**Needed in Phase 1**	**Needed in Phase 2&3**
the Cities of Portland and Gresham, and transportation providers		

Systems	**Needed in Phase 1**	**Needed in Phase 2 &3**
RedCAP (OHSU database for CJC grant)	X	X
EHR (Electronic Health Record)	X	X
Deflection Management Software/System	X	X
Oregon (Hospital) Capacity System (recommended use by non-clinical admin staff to show bed availability)		X

Information Technology/ Hardware	**Needed in Phase 1**	**Needed in Phase 2 &3**
Printer/copier access (with wi-fi or air card, for law enforcement to use on-site and in advance of arrival at the deflection center during drop-off)	X	X
Radio(s) (for communication with EMS, PPB, and MCSO)	X	X
Cell phone(s)/Voice Over Internet Protocol (VOIP) (for law enforcement to communicate status before arriving)	X	X

Information Technology/ Hardware	**Needed in Phase 1**	**Needed in Phase 2 &3**
Oregon (Hospital) Capacity System (recommended use by non-clinical admin staff to show bed availability)		X
Emergency Department Information Exchange (EDIE)/Collective		X
Unite Us	X	X

Implementation Plan Outline - Phase 1

- Configure Electronic Health Record to include needed data points for measuring outcomes and quality, requiring data formats and limiting free text fields for more efficient calculations
- Install and train on case management system
- Install and train on Oregon Capacity System
- Install IT/hardware (above)
- Install and train on EDIE
- Procure independent evaluator(s) to calculate key performance indicators (KPIs) and quality metrics
- Ensure HIPAA privacy and security policies and procedure and training schedule are in place
- Ensure Policies for 42CFR and training schedules are in place
- Ensure data monitoring policies and procedures and schedules are in place and training is complete
- Sign data use agreements with relevant partners

Implementation Plan Outline - Phase 2+

- Configure Electronic Health Record to include needed data points for measuring outcomes and quality, requiring data formats and limiting free text fields for more efficient calculations
- Install and train on case management system
- Install and train on Oregon Capacity System
- Install IT/hardware (above)
- Install and train on EDIE
- Install and train on Unite Us
- Procure independent evaluator(s) to calculate key performance indicators (KPIs) and quality metrics

- Ensure HIPAA privacy and security policies and procedure and training schedule are in place
- Ensure data monitoring policies and procedures and schedules are in place and training is complete
- Sign data use agreements with relevant partners

All Phases: Safety & Security Approach and Model

Approximately $740,000 has been allocated for security for the first 10 months of operations. This funding will allow us to start with two uniformed security officers onsite at the Deflection Center 24 hours a day, 7 days a week. Additional security needs will be assessed after launch and on an ongoing basis.

County security will conduct daily vehicle patrols around the perimeter of the Deflection and Sobering Center as part of their zone patrols. Those patrols are not able to interrupt criminal activity they observe beyond the perimeter of the Center, and will serve as an additional set of “eyes and ears” in the neighborhood, with the ability to contact law enforcement as needed.

Those patrols will encompass the following area: southeast Sandy Blvd. to SE Pine St., SE Pine to SE 11th, SE 11th to SE Oak St., SE Oak St. to SE 9th Ave., SE 9th Ave., to SE Sandy Blvd. (See map below).

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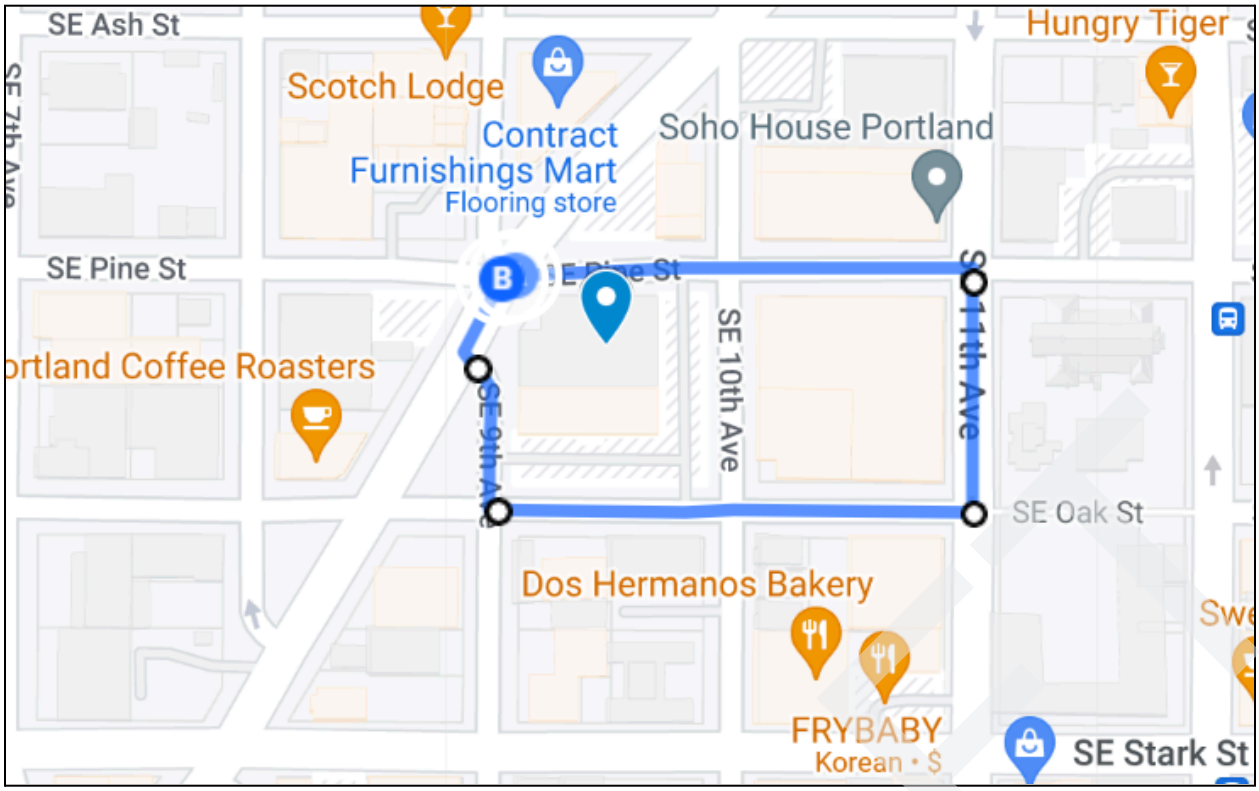

Around the perimeter of the Center, uniformed security will be able to direct people camping and/or loitering to move along and interrupt acts of vandalism and property damage.

In the event of potential safety or security concerns arising across the street from the Center, County security will be able to contact the Security Operations Center (SOC), which may then, depending on the needs and circumstances, dispatch a vehicle and/or contact law enforcement. The SOC is a multi-function security alerting, reporting, and communication hub located at the Multnomah Building supporting security and emergency service functions, via radio

In the event of the Center being contacted by members of the community about potential safety or security concerns in the vicinity of the Center, County security will be able to contact the SOC via radio, which would then dispatch a vehicle to examine the situation and, if necessary, contact law enforcement.

Phases 2 and 3 will transfer Safety and Security operations to the contracted program operator. More details will follow after the transition plan is developed.

The security plan is produced, maintained, and updated by the Workplace Security Program to support the Deflection and Sobering Center.

Primary Responsibilities

1. The Primary responsibility for Security Staff assigned to the deflection center is to assist in maintaining a stable, orderly, and secure environment for clients and staff inside the deflection center.
2. Monitor CCTV video systems in coordination with the Security Operations Center (SOC)
3. Report encounters and incidents through the Origami reporting portal and/or Daily Activity Reports (DAR).

E. Timeline, Milestones, & Deliverables

Quarters are described on the Multnomah County Budget calendar.

												Phase 1	Phase 2	Phase 3
	FY 23-24	FY 2024-2025				FY 2025-2026				FY 2026-2027				
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	Apr-Jun	Jul-Sep*	Oct-Dec	Jan-*Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul*-Sep	Oct-Dec	Jan-Mar	Apr-Jun	
Deflection+Sobering Program														
LE Field Encounter Criteria & Protocols														
Transportation														
Procurement of Operator														
Partnership Development														
Design and acquisition of Internal Capacities														
Development & Launch of Program Elements														
Deflection														
Deflection+Sobering expansion														
Sobering Center														
Development of BHRN referrals														
Staffing Model														
Provider recruitment and staffing														
Multnomah County recrutiment and staffing														
Program training														
Program policies and procedures														
Deflection+Sobering Facilities														
Procurement of Operator														
Facilities														
Procurement of TEMP facility														
Facility planning & development														
Tenant Improvements Deflection														
Tenant Improvements Deflection+Sobering														
Procurement of PERM facility														
Facility planning & development														
Construction & permitting														
Moving														
Open new facility														
Licensing & Certifications														
Safety & Security Protocols														
Planning of External & Internal Features														
Staffing & Recruitment														
Training Model														
Deflection System														
East County LE Pilot - Development?														
East County LE Pilot - Implementation?														
Community based deflection pathways														
Connecting to existing deflection pathways														
Data and Evaluation														
Identify & recommend IT systems														
Procure & Implement IT systems														
CQI planning														
Implement Data/Eval Processes & CQI Plan														
Communications														

*=Phase launch dates

While the lists below do not include all of the milestones and deliverables for Phases 1 through 3, the lists provide a high-level overview of some of the milestones and deliverables that must be achieved to open and operate the Deflection and Sobering centers.

Milestones & Deliverables for Phase 1 Deflection Center

- Project implementation teams identified
- Project Plan drafted
- Oregon Behavioral Health Deflection Program grant application drafted and submitted
- Phase 1 client journey mapping completed
- Temporary facility location identified
- Facility construction and improvements project plan drafted
- Community engagement plan developed
- Communications plan drafted
- Request for Information (RFI) released
- Operator identified
- Pilot exemption submitted
- Operator scope of work completed
- Operator staffing model identified
- Multnomah County staffing model identified
- Initial facility and operational costs determined
- Board of County Commissioners (BoCC) briefed on HB 4002 and Sobering
- BoCC Q&A document created
- FAC-1 Construction Project Plan approved
- BoCC briefed on Project Plan
- Deflection success criteria determined by Leadership Team
- Oregon Behavioral Health Deflection Program grant application approved
- Security plan created
- Referral pathways identified
- Transportation model identified
- Data and IT systems model determined
- Facility permitting completed
- 3rd party service contracts in place (janitorial, pest control, landscaping, laundry, etc.)
- Good Neighbor Agreement (GNA) framework in place
- Intake and screening procedures identified
- Provider staff hired and onboarded
- Construction/facility improvements completed
- IT systems installed
- Transportation agreements and protocols in place
- Data sharing agreements and protocols in place
- Building furnishings and lockers for clients' belongings installed
- Signage installed

- Office of Consumer Engagement and Behavioral Health Advisory Council submit facility name to Chair for approval
- Multnomah County staff hired and onboarded
- Multnomah County policies and procedures training given to facility operator
- Multnomah County, facility operator, and deflection center policies and procedures training given to 3rd party providers working within the facility
- Multnomah County, facility operator, and deflection center policies and procedures training given to 3rd party service vendors
- HB 4002 educational outreach created and shared with clients
- Emergency crisis communications plan created
- Law enforcement deflection center protocols developed by Portland Police Bureau (PPB), Gresham Police Department (GPD), and Multnomah County Sheriff's Office (MCSO)
- MCSO, GPD, and PPB officers and deputies trained on deflection center protocols
- MCSO, GPD, PPB, and provider protocol, workflow, and scenario exercises completed
- Deflection Center process 1-pager created for law enforcement
- Provider and Workplace Security scenario exercises completed
- Department of Community Justice (DCJ) communication and data tracking protocols created
- Operator and DCJ trained on communication process and data tracking protocols
- Operator site workflow exercises and training completed
- Operator and 3rd party provider workflow exercises and training completed
- Temporary 980 SE Pine Street facility opens

Milestones & Deliverables for Phase 2 Deflection Center

- Phase 2 client journey mapping completed
- MOUD/MAT protocols created
- Staff trained on MOUD/MAT protocols
- Applications for Phase 2 licensing and certifications submitted
- Applications for Phase 2 licensing and certifications approved
- 13-16 beds added to deflection center
- Secondary egress path created
- HVAC and fire suppression improvements made
- Hot water heater and laundry equipment installed
- 2 additional restrooms upgrades completed
- Capacity for new referral sources confirmed
- New referral sources identified
- Protocols for new referral sources created

- New referral sources trained on deflection center protocols
- Site workflow and scenario exercise completed with new referral sources
- Communications plan drafted for Phase 2
- Sobering and MOUD/MAT services offered to clients

Milestones & Deliverables for Phase 3 Sobering Center

- Sobering Center location identified
- Facility construction and improvements project plan drafted
- Community engagement plan developed
- Good Neighbor Agreement framework in place
- Communications plan drafted
- Sobering Center FAC-1 Construction Project Plan approved
- Applications for Phase 3 licensing and certifications submitted
- Applications for Phase 3 licensing and certification approved
- Sobering Center permitting process begins
- Request for Pre-Qualification (RFPQ) drafted
- RFPQ released
- Operator selected
- Operator Scope of Work (SoW) completed
- Operator staffing model identified
- Projected facility and operational costs updated
- Phase 3 client journey mapping completed
- Security plan created
- MOUD/MAT protocols created
- Withdrawal Management protocols created
- Staff trained on MOUD, MAT, and Withdrawal Management Protocols
- Transportation model updated for Sobering Center
- Data and IT systems model updated for Sobering Center
- Construction/facility improvements completed
- Sobering Center furnishings installed
- Sobering Center signage installed
- Sobering Center IT systems installed
- Office of Consumer Engagement and Behavioral Health Advisory Council submit facility name to Chair for approval
- New/updated transportation agreements and protocols in place
- New/updated data sharing agreements and protocols in place
- Provider recruitment and hiring completed
- Provider on-boarding and training completed
- Multnomah County policies and procedures training given to Phase 3 Sobering Center facility operator

- Multnomah County, facility operator, and Sobering Center policies and procedures training given to 3rd party providers working within the Phase 3 Sobering Center
- Multnomah County, facility operator, and Sobering Center policies and procedures training given to 3rd party service vendors servicing the Sobering Center
- Emergency crisis communications plan created
- Law enforcement Sobering Center protocols developed by Portland Police Bureau (PPB), Gresham Police Department (GPD), and Multnomah County Sheriff's Office (MCSO)
- MCSO, GPD, and PPB officers and deputies trained on Sobering Center protocols
- MCSO, GPD, PPB, and provider protocol, workflow, and scenario exercises completed
- Sobering Center process 1-pager created for law enforcement
- Sobering Center operator site workflow exercises and training completed
- Sobering Center operator and 3rd party provider workflow exercises and training completed
- Sobering Center opens

F. Continuous Quality Improvement & Evaluation

Performance Management

The 24/7 Deflection / Sobering Center project is focused on the creation and effective use of evaluative tools to improve community safety and safety for clients receiving the Center's services.

- A critical component of the contract with the facility operator will be the ability to adhere to performance standards and engage in continuous quality improvement. In addition, tracking performance and adjusting operations or programs to improve performance will help inform each subsequent phase of the project.

- While the State of Oregon Criminal Justice Council has yet to provide recommended metrics related to the justice side of HB4002, measures relating specifically to the Deflection Center include, but are not limited to:
    - Ability to track an individual across all providers and agencies
    - Acuity of clients being deflected
    - Appropriate utilization by demographic (not underutilizing)

- Budget- deflection center services provided within allocated budget
- Continuity of care and follow-up visits stratified by demographic
- Client satisfaction with care and referral
- Follow-up with clients 6 months post deflection (connected to care) measured by random sample
- Follow-up with clients 6 months post deflection (Mental Health and Substance Use Disorder diagnosis) measured by random sample
- How often are clients referred out from the Deflection Center and to where?
- Number of minutes it takes a first responder to complete drop-off at the Deflection Center
- Rate of release planning success
- Referrals out by triage status
- Referrals to service providers
- Safety and security incidence rates
- Satisfaction and engagement of Deflection Center Providers/Partners/First Responders both clinical and criminal system – satisfaction w/ Deflection Center and each other (Evaluators)
- Satisfaction of community, business owners, network providers/partners with the deflection center and deflection process
- Satisfaction with culturally-appropriate services, trauma-informed care, transportation, peer engagement
- Success of clients getting connected and staying connected to care and if not, why not (quality of hand-off and staying connected)
- Successful data entry & exchange

G. Risks and Mitigation

The timelines for opening all of the Phases of this project are ambitious, particularly a September 1 opening of the Deflection Center Phase 1. Many elements of a successful program implementation have to come together quickly in order to open on time, keep clients and the community safe, and meet Law Enforcement needs for effective deflection.

Some of risks and mitigation of risks that must be considered for the center to open on time:

Facility:

- **Risk:** The program requires a fully functional facility including complete construction and inspections, furniture, equipment, signage for drop off and other signage. Phase 1 facility construction is on track to be completed near September 1st. Tuerk House, Multnomah County staff, and 3rd party providers must be able to access the facility at least one week before opening services in order to familiarize themselves with the space, practice workflows, and test protocols.

- **Mitigation**: The Facilities team is already prioritizing this work. Therefore, there is no mitigation to complete construction significantly sooner. However, project teams are pursuing options to offer field-based deflection services in the event that the Phase 1 facility is unable to open on September 1st.

Staffing:

- **Risk**: Starting the program requires adequate staff to operate safely and effectively. Tuerk House is currently hiring staff. Tuerk House is also working with a temp agency to find staff to cover roles that they can not hire in time. Nursing coverage for all hours of operation is required for the program. Multnomah County is also in process of hiring deflection program staff and will have capacity gaps related to the critical role of the Deflection Coordinator. These factors put critical programmatic elements at risk of not being completed in time for the facility to safely operate on September 1st.
- **Mitigation**: The program could open with hours of operation limited to hours with acceptable staffing levels. Tuerk House and Multnomah County are working together to find staff to fill in until the facility is fully staffed with permanent employees. BHRN partners may be able to temporarily locate peers at the center. The County continues to pull in additional project management support from the Health Department and Chief Operating Officer's Office.

Onboarding, Training, and Safety:

- **Risk**: Onboarding and orientation plans must be in place for all Tuerk House, other providers (BHRNs), Multnomah County staff, security, janitorial, and other facility service providers. This is critical to staff and client safety. All center staff must be trained in CPR, Narcan administration, de-escalation skills, and other emergency protocols. Multnomah County, Tuerk House, and Deflection Center specific training and information needs to be provided to security, janitorial, and other contracted facility service providers.
- **Mitigation**: The Project Core Team has identified additional Human Resources support to develop training and onboarding plans tailored to specific service providers working within the deflection center.

Law Enforcement Referral Protocols:

- **Risk**: Protocols for law enforcement referral to the center must be in place before the center opens. Each Law enforcement entity must develop their own orders to officers based upon common protocols. Protocols for interacting with individuals on probation/parole/post prison supervision also must be developed with the Department of Community Justice. Law Enforcement, Tuerk House, and Multnomah County staff are currently working on these protocols including identifying potential deflection clients in the community, transporting them to the facility, dealing with client's pets and storage of extra belongings. The September 1 deadline is a challenge to having these protocols fully in place for implementation.

- **Mitigation:** Multnomah County, Law Enforcement,and Tuerk House are actively working to finalize protocols for implementation, including holding operational meetings.

System Familiarization:

- **Risk**: Law Enforcement and BHRN partners must be familiar with the facility, procedures, and expectations to refer and support individuals who are being deflected. Site tours are the ideal way to bring these partners on board. Law Enforcement and center staff need to practice scenarios on site to finalize workflows and identify areas where more training is needed. Site tours are the ideal way to bring these partners on board. The facility must be ready for occupancy before these activities can proceed, which poses a challenge.
- **Mitigation:** The County is actively planning to set aside time for tours based on when facility occupancy requirements will be obtained.

Data Collection:

- **Risk**: Data regarding who was deflected, what happened and were they successful plus demographic data must be collected starting with the Law Enforcement encounter right through the deflection. Ultimately, automated systems will capture this data. These systems are not yet in place. Initially data will be captured on paper. Those forms must be created, ideally vetted with evaluation partners to ensure all necessary data is being collected. Protocols and agreements for information exchange between Tuerk House and the Department of Community Justice must be created.
- **Mitigation**: The County is working with Tuerk House to create these forms and processes.

Data System:

- **Risk** Required CJC grant data must be collected and entered into a system for tracking. The CJC data collection system will not be operational until October 1, 2024. This is the date grantees will need to start using the database.
- **Mitigation**: Multnomah County and Lones Consulting will use an alternate data collection system until the CJC's data collection system is operational.

H. Communications

Background

To help reduce overdoses and increase treatment options, Oregon passed a new law, HB 4002, which would make possessing small amounts of illegal substances a crime effective September 1, 2024.

Key Audiences

- Criminal legal professionals including:
    - Law enforcement
    - Multnomah County Department of Community Justice
    - DA, Public Defenders and Circuit Court
- People personally using drugs or experiencing substance use disorders
    - Health providers
    - Advocates
- Neighbors, including local businesses and neighborhood constituents
- Wraparound service providers including hospitals, physical and behavioral health care, housing, etc.
- Elected and appointed officials
    - Jurisdictional partners
- Business associations
- Media

I. Community Engagement

System Partners

A deflection program requires collaboration from the systems involved in order to be an effective bridge between the criminal justice system and the recovery system.

- Our Law Enforcement partners are responsible for determining eligibility and connecting individuals to deflection. This includes data tracking about their encounters and deflection rates.
- The CMHP (Health Department) and community providers are responsible for the services provided once someone has been deflected. Per the legislation, this is defined as creating community-based pathways to treatment, recovery support services, housing, case management, or other services. This includes the role of the coordinator to report back to the criminal justice system when someone has successfully deflected.
- The criminal justice system is responsible for what happens if there is a failed deflection and an individual is arrested.

The Health Department routinely meets with behavioral health providers and other partners, and has convened them to discuss the deflection program.

The Health Department has engaged a number of BHRN and health system partners, people with lived experience, the Behavioral Health Advisory Council (BHAC), and other key stakeholders in the Phase 1 and Phase 2 process, as well as the framework for

Phase 3. We will continue to engage behavioral health system partners during Phase 1 and 2 implementation and planning for Phase 3. An advisory group will be formed to support Phase 1 and 2 implementation and inform design, staffing model, referral sequencing, and overall quality for Phase 3. The advisory group will include individuals with lived experience, Black, Indigenous, and People of Color (BIPOC) advisors, BHRN providers, and law enforcement and other first responders. We will also iteratively integrate feedback from clients. In our engagement with partners to date, we have heard support for the phased approach.

Additionally, Multnomah County's deflection program is a part of a statewide effort towards deflection implementation. The CJC has partnered with OHSU and the TASC Center for Health and Justice to provide technical assistance to deflection programs.

Neighborhood Engagement

The Multnomah County Chair's Office has convened a Good Neighbor Advisory Committee (GNAC) to develop a Good Neighbor Agreement for the Deflection Center. That committee includes:

- Two representatives of the Buckman Community Association (BCA) - representing neighbors and residents
- Two residents living near the center, identified by the Buckman Community Association
- Two representatives of the Central Eastside Industrial Council (CEIC) - representing the business district
- Two representative of the Central Eastside Enhanced Service District Board (ESD) - representing the enhanced service district and ratepayers
- Escuela Viva - representing the preschool and parents
- Multnomah County Commissioner District 1 - Sharon Meieran
- Tuerk House - the program operator and representing social service providers
- Multnomah County Chair's Office

After consultation with the Buckman Community Association and Central Eastside Industrial Council, we have determined the most feasible path to ensure we have clear expectations and lines of communication in-place on September 1, 2024 will be by working in two stages:

1. Developing a Good Neighbor Agreement (GNA) framework by September 1, 2024;

2. Developing a full GNA after the center opens.

The timeline for developing the GNA will be set in collaboration with the GNAC. The specific components of the GNA Framework will be developed in collaboration with the GNAC, but will include:

- Articulation of the County's commitments to maintaining a peaceful and orderly environment, preventing excessive loitering, and outside cleanliness;

- Establishing clear lines of communication between neighbors and the center;
- Establishing expectations for responsiveness to issues raised and an escalation process; and
- Identifying points of contact for public safety concerns related to the center.

In order to develop the Good Neighbor Agreement framework by September 1, staff sent out an online survey to members of the GNAC the week of August 5 soliciting feedback from the GNAC on what topics and considerations they would like to see in the framework and in the full GNA. A hybrid (virtual and in-person) meeting of the GNAC will be held the week on August 19th to review a draft GNA framework that will be developed by staff and informed by the results of the online survey. Following that meeting, staff will update the framework based on the GNAC's feedback and send it back out to the committee, which will determine if they feel another meeting is needed or if additional work to finalize the framework can be completed via email. When a final draft of the GNA framework has been developed, the GNAC will vote to endorse the framework prior to September 1.

Meetings of the GNAC will be held in a hybrid format with virtual and in-person options for attendance. Meetings will be open to the public but discussion on agenda items will be limited to members of the GNAC. Each meeting of the GNAC will include a public comment period and meeting minutes will be posted online on the County's website. A dedicated email newsletter list will be created to keep members of the GNAC informed of progress, and members of the public will be able to sign up for that newsletter list on the County's website.

J. Budget

Phase 1-3 Funding Sources

Multnomah County currently has the below funding secured to support Phases 1-3.

State, City, and County Funds			
Funding Source	**Description**	**Amount**	**Phase**
Criminal Justice Commission (CJC)	$4,313,852 million grant approved on August 2, 2024 to support deflection program operations. The final amount increased from our application due to an increase in the formula from CJC.	$4,313,852	Phase 1
City of Portland	Funding to support sobering	$1,900,000	Phase 2-3

	services.		
Multnomah County	County General Fund to support the deflection program.	$2,000,000	Phases 1-3
TOTAL		**$8,213,852**	

State One-Time-Only Funds			
Funding Source	**Description**	**Amount**	**Phase**
House Bill (HB) 5204	One-time-only funding to support construction of a behavioral health drop-off center and possibly operations once Phase 3 capital costs have been determined.	$10,000,000	Phase 1-2
HB 5701	Funding to support construction of a behavioral health drop-off center.	$15,000,000	Phase 2-3
TOTAL		**$25,000,000**	

Phase 1 and 2: 22 Month Operating Budget (September 1, 2024 - June 30, 2026)

The below budget is an estimate for facility operations for the temporary site and support for the overall deflection program. We will continue to understand actual costs as implementation of the deflection center moves forward and we work towards operating all services at 24/7 capacity. We are leveraging BHRN provider capacity for community based (non-center) deflection pathways as well as referral pathways for the deflection center.

Phase 1 and 2 Line Items	**Estimated Cost**
Multnomah County Staffing	
6.00 FTE: Deflection Coordinator, Data Analyst Sr., Project Manager, Program Specialist Sr., Mental Health Consultant, PATH Care Coordinator.	$1,917,780
Tuerk House (Facility Operator)	
Staffing, administrative costs, food, medical and basic needs supplies,	$3,922,545

Phase 1 and 2 Line Items	Estimated Cost
janitorial services, laundry services, and professional services. *The contract length for FY 2025 is 8/1/2024-6/30/2025. The estimate for FY 2026 (07/01/2025-6/30/2026) is based on the FY 2025 contract.	
Training	
Training for Multnomah County staff, Tuerk House, Law Enforcement, BHRN partners, and other key stakeholders	$100,000
Security	
Total cost for three security officers providing 24/7 coverage. The Deflection Center will start with two security officers in September.	$1,628,000
Supplies	
Basic needs supplies for the deflection program.	$75,000
Transportation	
Transportation services to and from the deflection center.	$2,000,000
Facility Lease	
24 month lease for the Deflection Center (began in July 2024).	$440,640
Utilities	
Deflection Center utilities for 22 months.	$341,000
Internal Services	
IT and other internal service costs for County staff.	$84,000
Professional Services	
Contracts for consultants, communications, MOUD services, and other professional services.	$1,250,000
TOTAL	**$11,758,965**

Phase 1 and Phase 2 Capital Expenditures

Phase 1 will include the creation of a triage and interview areas, as well as hygiene services with waiting areas. Phase 2 will include a build-out for 13-16 sobering sleeper recliners.

Costs for these phases include renovating and upgrading the existing site with restroom/shower facilities, laundry areas, storage, a kitchenette, interview rooms, community spaces, and beds for sobering. Within these program requirements,

electrical, plumbing, mechanical, and fire life safety systems will need some modifications and improvements. Capital expenditures are estimated at $2,000,000.

FY 2025 Funding Allocations

The County has allocated all CJC grant funds to support operations. In addition, we estimate using $3,000,000 - $4,000,000 in HB 5204 and HB 5701 funds to cover Phase 1 and 2 capital expenditures and additional operating costs after determining Phase 3 capital expenses. We are working to determine how operating costs will be funded in FY 2026 and anticipate receiving additional CJC funds to offset these costs.

Phase 3

Facility: The County is in the process of identifying a facility for Phase 3. Once a facility is identified, we will have a better understanding of capital costs needed for purchase and renovations/upgrades. HB 5204 and HB 5701 funds will be used to purchase and renovate/upgrade the facility.

Operations: The County has yet to determine the staffing model or number of sobering sleeper recliners vs. withdrawal management beds. Learnings from Phase 1 and 2 and input from the advisory group and other key stakeholders will inform these decisions. One key component for Phase 3 will be the ability to offer ample reimbursable services to support the operating model in reaching sustainability.

K. Definitions

Acronym/ Term	Definition	Notes
ASAM Criteria The American Society of Addiction Medicine	The criteria in the Third Edition of The American Society of Addiction Medicine (ASAM) for the assessment, level of care placement and treatment of addictive, substance-related, and co-occurring conditions. The ASAM Criteria is a clinical guide to developing patient-centered service plans and making objective decisions about admission, continuing care, and transfer or discharge for individuals.	
Assessment	Assessment means the process of obtaining sufficient information through an interview to determine a diagnosis and to plan individualized services and supports. For outpatient substance use disorders services, the assessment is multidimensional and consistent with the ASAM Criteria.	
BHRN Behavioral Health Resource Network	Behavioral Health Resource Networks are a group of community-based organizations who together immediately screen the acute needs of people who use drugs and/or alcohol and who assess and address any ongoing needs through ongoing case management, harm reduction, treatment, housing and linkage to other care and services.	This term originated with Measure 110
BH/ Behavioral Health Treatment	Behavioral Health Treatment means treatment for mental health, substance use disorders, and problem gambling.	OAR 305-018-0105
Care Coordination	A process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs. Care coordination includes facilitating communication between the person or family served, the family, natural supports, community resources, and involved providers and agencies; organizing, facilitating, and participating in team meetings; and providing for continuity of care by creating linkages to and managing transitions between levels of care and transitions for young adults in transition to adult services.	
Case Management	OAR 309-019-0105 (18) Case Management or Targeted Case Management means the services provided to assist individuals who reside in a community setting or are transitioning to a community setting in gaining access to needed medical, social, educational, entitlement, and other applicable services.	OAR 309-019-0105 (18)
Crisis	Crisis means either an actual or perceived urgent or	309-018-0105

Acronym/ Term	Definition	Notes
	emergent situation that occurs when an individual's stability or functioning is disrupted and there is an immediate need to resolve the situation to prevent a serious deterioration in the individual's mental or physical health or to prevent referral to a significantly higher level of care.	
CSC Crisis Stabilization Center	Crisis Stabilization Center means center designed to prevent or ameliorate a behavioral health crisis or reduce acute symptoms of mental illness or substance use disorder; and certified by the state to provide less than 24 consecutive hours of observation and Crisis Stabilization Services for individuals who do not require inpatient treatment.	New Draft OAR
Crisis Stabilization Center OHA Requirements	The Oregon Health Authority shall adopt by rule requirements for crisis stabilization centers that, at a minimum, require a center to: (a) Be designed to prevent or ameliorate a behavioral health crisis or reduce acute symptoms of mental illness or substance use disorder, for individuals who do not require inpatient treatment, by providing continuous 24-hour observation and supervision; (b) Be staffed 24 hours per day, seven days per week, 365 days per year by a multidisciplinary team capable of meeting the needs of individuals in the community experiencing all levels of crisis, that may include, but is not limited to: (A) Psychiatrists or psychiatric nurse practitioners; (B) Nurses; (C) Licensed or credentialed clinicians in the region where the crisis stabilization center is located who are capable of completing assessments; and (D) Peers with lived experiences similar to the experiences of the individuals served by the center; (c) Have a policy prohibiting rejecting patients brought in or referred by first responders, and have the capacity, at least 90 percent of the time, to accept all referrals; (d) Have services to address substance use crisis issues; (e) Have the capacity to assess physical health needs and provide needed care and a procedure for transferring an individual, if necessary, to a setting that can meet the individual's physical health needs if the facility is unable to provide the level of care required; (f) Offer walk-in and first responder drop-off options; (g) Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated; (h) Screen for violence risk and complete more	ORS 430.627(2)

Acronym/ Term	Definition	Notes
	comprehensive violence risk assessments and planning when clinically indicated; and (i) Meet other requirements prescribed by the authority.	
CSS Crisis Stabilization Services	Crisis Stabilization Services means providing evaluation and treatment to individuals experiencing a crisis. Crisis Services may be provided prior to completion of an intake.These services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.	OAR 309-018-0150
Culturally Responsive Care Development/ Culturally Responsive Services	Culturally Responsive Care Development means meaningfully including culturally responsive organizations to develop care services that are effective, equitable, understandable, and responsive to a diversity of cultural health beliefs, practices, and needs. Culturally Responsive services means services that are respectful of and relevant to the beliefs, practices, culture, linguistic needs of diverse people.	Oregon Health Authority
Diversity	Multnomah County's Office of Diversity and Equity (ODE) defines diversity as the range of differences and similarities that make each person unique, both visible and non-visible.	
Equity	Multnomah County defines equity as ensuring that all people have equal access to opportunities and resources to succeed and reach their full potential, especially those who have been historically disadvantaged or underrepresented.	
Harm Reduction	Harm reduction interventions including, but not limited to, overdose prevention education, access to naloxone hydrochloride and sterile syringes, sobering and stimulant-specific drug education and outreach.	
Inclusion	Integrating and prioritizing the voices, perspectives, and wisdom of people from communities that have been historically marginalized, colonized, or enslaved into power structures, and into the decision-making process from beginning to end. Inclusion means that people from these communities are empowered and invested in so that they are able to thrive.	Hybrid SW Washington Accountable Communities of Health and Oregon Library Association

Acronym/ Term	Definition	Notes
Law Enforcement SUD Hold	If the person is incapacitated, the person shall be taken by the police officer or team member to an appropriate [treatment] facility or sobering facility. If the health of the person appears to be in immediate danger, or the police officer or team member has reasonable cause to believe the person is dangerous to self or to any other person, the person shall be taken by the police officer or team member to an appropriate facility or sobering facility. A person shall be deemed incapacitated when in the opinion of the police officer or team member the person is unable to make a rational decision as to acceptance of assistance. If the person is incapacitated or the health of the person appears to be in immediate danger, or if the director has reasonable cause to believe the person is dangerous to self or to any other person, the person must be admitted. The person shall be discharged within 72 hours unless the person has applied for voluntary admission to the facility.	ORS 430.399
LMHA Local Mental Health Authority	Local Mental Health Authority (LMHA) means one of the following entities: (a) The board of county commissioners of one or more counties that establishes or operates a CMHP; (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 composed of two or more boards of county commissioners. In Multnomah County, the Board of County Commissioners serve as the Local Mental Health Authority	ORS 430.630
MOUD/MAT Medicated Assisted Treatment	Medication for Opioid Use Disorder is the commonly used term for Medication Assisted Treatment. MAT is still used in the OARs. Medication Assisted Treatment (MAT) means the use of medication in combination with counseling and behavioral therapies for the treatment of substance use disorders.	OAR 309-018-0105
Possession of a Controlled Substance	A charge for illegal drug possession or a charge for possession of a small amount of illicit drugs	
PSS Peer Support Specialist	“Peer support specialist” means any of the following individuals who meet qualification criteria adopted by the authority under ORS 414.665 (Traditional health workers utilized by coordinated care organizations) and who provide supportive services to a current or former consumer of mental health or addiction treatment: (a)An individual who is a current or former consumer of	OAR 309-018-0105 Often just referred to as “a peer” in a treatment

Acronym/ Term	Definition	Notes
	mental health treatment; or (b)An individual who is in recovery, as defined by the Oregon Health Authority by rule, from an addiction disorder.	setting
Recovery	“Recovery” is a process of change through which individuals improve their health and wellness, live self directed lives and strive to reach their full potential.	SAMHSA
Sobering Facility	“Sobering facility” means a facility that meets all of the following criteria: (a)The facility operates for the purpose of providing to individuals who are acutely intoxicated a safe, clean and supervised environment until the individuals are no longer acutely intoxicated. (b)The facility contracts with or is affiliated with a treatment program or a provider approved by the authority to provide addiction treatment, and the contract or affiliation agreement includes, but is not limited to, case consultation, training and advice and a plan for making referrals to addiction treatment. (c)The facility, in consultation with the addiction treatment program or provider, has adopted comprehensive written policies and procedures incorporating best practices for the safety of intoxicated individuals, employees of the facility and volunteers at the facility. (d)The facility is registered with the Oregon Health Authority under ORS 430.262 (Registration of sobering facilities).	ORS 430.306
Substance Use Disorder	Substance Use Disorder is a complex, treatable mental disorder that involves a problematic pattern of substance use which affects a person's brain and behavior leading to their inability to control their use of substances like legal or illegal drugs, alcohol or medications. It can range from mild to severe (addiction).	
Substance Use Disorder Treatment	Substance Use Disorders Treatment and Recovery Services means outpatient, intensive outpatient, and residential services and supports for individuals with substance use disorders.	OAR 309-018-0105
Trauma Informed Care	Trauma Informed Services means services that are reflective of the consideration and evaluation of the role that	OAR 309-018-0105

Acronym/ Term	Definition	Notes
	trauma plays in the lives of people seeking mental health, substance use, or problem gambling services, including recognition of the traumatic effect of misdiagnosis and coercive treatment. Services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization and facilitates individual direction of services.	
Withdrawal Management	Withdrawal management services are designed to assist patients in safely withdrawing from alcohol or other substances. American Society of Addiction Medicine (ASAM) defines multiple levels of withdrawal management: (10) “Adult ASAM Level 3.2-WM Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM)” means a setting as described in The ASAM Criteria, Third Edition in which patients experience moderate withdrawal symptoms and need 24-hour support to complete withdrawal management and increase the likelihood of continuing treatment or recovery. Clinically managed services are directed by non-physician addiction specialists rather than medical and nursing personnel. This level emphasizes peer and social support and is for patients whose intoxication is sufficient to warrant 24-hour support or whose withdrawal symptoms are sufficiently severe to require primary medical nursing care services. (11) “Adult ASAM Level 3.7-WM Medically Monitored Withdrawal Management (ASAM Level 3.7-WM)” means a medical, inpatient setting as described in The ASAM Criteria, Third Edition that provides 24-hour medically monitored intensive inpatient treatment services for patients assessed at ASAM Level 3.7-WM. Patients who meet criteria for admission to this level of care experience severe withdrawal syndrome and need 24-hour nursing care and LMP visits as needed.	ASAM Criteria

L. Project Structure

Multnomah County

Deflection/Sobering Center Phase 1 & 2 Roles

DEFLECTION CENTER IMPLEMENTATION TEAM
Coordinating and communicating across responsible parties

Executive Sponsor	**Chair Jessica Vega Pederson**	• Oversees project execution • Creates conditions & strategies for project success • Provides ongoing direction & resources to support project
Chair's Office Staff	**Alicia Temple** With Jenny Smith, Hayden Miller	• Leadership Team facilitation • State and regional compliance • Goals, values, definitions • Programmatic goals & requirements
Chief Operating Officer's Staff	**Serena Cruz** With Allison Don, Joanne Fuller	• Implementation Team support • Progress reporting
Facilities	**Greg Hockert** With Dan Zalkow, Toni Weiner, Scott Edwards Architecture	• Facilities project management • Phase 1 and 2 lease & capital improvements • Phase 3 facility purchase & improvements • Ongoing maintenance
Health Department	**Rachael Banks & Marc Harris** With Leah Drebin, Natalie Amar, Heather Mirasol, Anthony Jordan	• Center programming & staffing model development • Implementation project management • Search for 3rd party provider • Tuerk contract management
Tuerk House	**Bernard Foster** With Tuerk House team	• Programming & staffing at the Center (co-created with Health Dept.) • Intake, triage, assessment, referral
Lones Management Consulting	**Aaron Lones** With Lones Management Consulting team	• Transportation • Data/IT Model • Security protocols • Additional duties as agreed upon

Multnomah County

Deflection/Sobering Center Phase 1 & 2 Roles

DEFLECTION CENTER IMPLEMENTATION TEAM CONT.

Coordinating and communicating across responsible parties

Department of Community Justice	**John McVay**	• Implementation thought partnership
Workplace Security	**Dorothy Elmore** With Inter-Con Security Systems, Inc.	• Responsible for training and maintaining 2+ security staff at the deflection center • Establish security protocols with Lones Management Consulting and Tuerk House team
Project Core Team	**Alicia Temple & Marc Harris** With Allison Don, Leah Drebin, Aaron Lones, Joanne Fuller	• Smaller, nimble subset of the Implementation Team • Creates agendas, shares information, responds quickly to urgent requests

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Oregon Statutes:

426.150 *Transportation to Treatment Facility*

426.228 *Custody*

430.262 *Registration of Sobering Facilities*

430.397 *Voluntary Admission of person to Treatment Facility*

430.399 *When a Person Must be Taken to Treatment Facility or Sobering Facility*

430.401 *Liability of Public Officers, Providers, Treatment Facilities, and Sobering Facilities*

682.062 *County Plan for Ambulance and Emergency Medical Services*

Oregon Administrative Rules:

309-035-0100 through 309-035-0220 *Residential Treatment Facilities and Residential Treatment Homes for Adults with Mental Health Disorders*

309-072-0100 through 309-072-0160 *Mobile Crisis Intervention Services and Stabilization Services*

410-136-3120 *Medical Transportation Services*

415-012-0000 through 415-012-0090 *Licensure of Substance Use Disorders and Problem Gambling Residential Treatment and Recovery Centers*