

Behavioral Health Emergency
Coordination Network (BHECN)

Project Charter

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BACKGROUND

1.1 - History and Overview

The Behavioral Health Emergency Coordination Network (BHECN, pronounced “beacon”) originated as the result of several developments in 2019 and 2020, most notably the closure of the long-standing Sobering Center run by Central City Concern. Since December 2020, the project has brought together stakeholders from across Multnomah County to establish a roadmap for expanding behavioral health crisis services as well as an improved coordinated approach for delivering those services.

BHECN will 1) function as a structure that coordinates stakeholder resources towards new community sobering, stabilization and triage services; 2) ensure alignment of other stakeholder resources outside the scope of BHECN; 3) act as a model for the future network upon the launch of new services.

PROJECT SCOPE

2.1 - Equity

Individuals living with a mental health diagnosis and/or substance use disorder have long faced stigmatization and a lack of access to appropriate service. This is particularly true for communities of color. Any effort to expand services must be trauma informed, culturally specific, and peer and consumer informed. The BHECN project will accomplish these goals by:

- **Uplifting Community Voices/Lived Experiences** - focus on the stories and experiences of those most impacted and use those stories to drive the governance, design, and development processes;
- **Ensuring Access** - identify and eliminate the barriers to engagement and service
- **Holding Stakeholders Accountable** - be responsible to one another and to the communities of impact; and

2.2- Goals and Objectives

Goals

Individuals experiencing a behavioral health crisis will get the help they need as early as possible in the safest and most supportive setting as possible. To achieve this, the BHECN project will lead with lived-experience consultation from peers and consumers, engagement with community partners, and systems feedback to create a trauma-informed and culturally responsive multi-partner coordinated network with a 24/7 stabilization facility at its hub. The County, in its role as the Local Mental Health Authority, in partnership with the City of Portland, health care providers, and other stakeholders are committed to seeing this work through to fruition.

Core Objectives

The primary objectives for this work are to plan, design, and start-up a stabilization facility and coordinated network along the following requirements:

- Increased sobering beds throughout the County.
- Creation of follow up stabilization facilities throughout the system, including detox.
- A more aligned and effective approach to coordinating crisis continuum resources across a Coordinated Behavioral Health Network.
- Strong connection capabilities to psych, emergency, EDs, urgent walk-in, voluntary low-barrier detox, mental health services, housing/re-housing, job skills and placement options.
- Work with partners in law enforcement and first responder to ensure successful sobering and stabilization for individuals in need of behavioral health crisis services.

Anticipated Outcomes

Improved Intake Improvement Procedures

- Streamlined identification, transportation, intake, assessment, triage, and referral across the first responder, criminal justice, and behavioral health clinical continuum of care.

Improved referral system

- Efficient and more precise coordination and referral to services and minimization of systemic duplication.

Data Driven Processes

- The ability to use data to meet the vision of BHECN and effectively measure outcomes.

Consumer and Peer Driven Processes

- A consumer-centric model that reduces barriers to access to ongoing engagement and treatment, and provides comprehensive peer-provider support and engagement.

Future Considerations

While the core objectives referenced above are the foundation for this work, other more specific considerations have been discussed over the last 18 months. They should help inform, but not drive, the next phase of work. These include:

- Prioritizes the needs of individuals experiencing high acuity intoxication from: 1) methamphetamine, 2) poly-substance, 3) alcohol, 4) opioids and other street drugs, 5) co-occurring disorders - mental health and substance use.

- Serves the community as a trauma-informed alternative to jail and the ER that is safe, secure and able to care for individuals who may be a harm to self or others.
- Enables law enforcement and other first responders to efficiently drop off individuals in a behavioral health crisis, and helps divert people from the criminal justice system.
- Consider the system of “ holds”, and what that could look like.
- Provide a full spectrum of psychiatric facilities for those suffering from a variety of behavioral health issues.

Out of Scope

The Behavioral Health Crisis and Care system cannot succeed in a vacuum. It requires close coordination with high acuity psychiatric facilities, first responders, community-based services, and long term supports such as affordable supportive housing. However it is important to note that this project cannot solve for all that ails those systems. As such, we have identified the following areas that are out of scope for this work:

- Psychiatric emergency and emergency medical services beyond necessary capabilities required by medical guidelines for BHECN.
- Housing development, other than connections to and coordination with re-housing and housing programs.

PROJECT ORGANIZATION

3.1 - Structure

Executive Committee

The Executive Committee will be led by the Director of the Multnomah County Health Department, with members representing health systems, public safety partners, culturally specific behavioral health providers, insurers, and other parties. Both the County and City will co-facilitate these discussions. The Executive Committee will determine the governance structure based on various factors, including funding.

The purpose of the Executive Committee is to serve as a forum for the sharing of information relevant to the project, joint planning on efforts to expand services, and a place to problem solve for barriers that may arise. It is not intended to supplant the legal and regulatory obligations for the myriad of partners around the table. Should those obligations prove a challenge to expanding and building the network, Committee meetings will offer a safe space to air concerns and work through those challenges.

Workgroups and Subcommittees

Workgroups and subcommittees will be created and renewed as required to provide subject matter analysis and recommendations to the Executive Committee.

3.2 - Roles and Responsibilities

Specific Roles and Responsibilities – The City of Portland and Multnomah County will provide executive oversight of the BHECN project. The following definitions will apply for the term of the project –

Multnomah County

- The County Health Department Director will lead the BHECN Project (per the memorandum of understanding between the City of Portland and Multnomah County)
- Co-Lead the Executive Committee
 - Facilitation of the Executive Committee meetings
 - Oversight and final review for the development of Executive Committee agendas, coordination, and scheduling
- Co-Lead in Securing Funding
 - Work collaboratively with the City and other partners to identify and secure future funding opportunities for BHECN

City of Portland

- Partner with the County Health Department Director on leading the BHECN Project (per the memorandum of understanding between the City of Portland and Multnomah County)
- Co-Lead the Executive Committee
 - Final review and oversight for the Executive Committee agendas, coordination, scheduling, etc.
- Co-Lead in Securing Funding
 - Work collaboratively with the County and other partners to identify and secure future funding opportunities for BHECN

3.3- Contractual Obligations

This charter is not a contract intended to legally bind participating entities. It is meant to serve as a roadmap for ongoing cooperation and collaboration on improving and expanding the local network that provides behavioral health crisis interventions and follow up support. It is also meant to demonstrate the ongoing commitment of participants, while also elevating and centering the voices of those we collectively serve.