

# Portland, the DOJ and the slow moving gears of mental health

*In 2013, the city agreed to create a mental health center in its settlement with the Department of Justice over police use of force. Two years later, what that would look like is all still a matter of perspective.*

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Local hospitals are going full steam ahead with a plan to merge psychiatric care services into a single emergency treatment center – which the city is touting as the answer to a neglected requirement in Portland's agreement with the Department of Justice, even as stakeholders say it doesn't actually meet that requirement.

And police reform advocates are watching the progress of the United States vs. City of Portland agreement in light of the abrupt resignation of Paul De Muniz, the former chief justice of Oregon's Supreme Court and the only Oregon link, from the Compliance Officer/Community Liaison team tasked with overseeing the agreement.

The Unity Behavioral Health Center – announced earlier this year as a planned collaboration between Legacy Health, Kaiser Permanente, Oregon Health and Science University and Adventist Health Services – would total \$50 million in remodeling costs at Legacy Health's Holladay Park campus in the Lloyd District, according to a website Legacy has created to raise awareness and funds for the site. Legacy has committed \$10 million in real estate and raised another \$21 million in private donations.

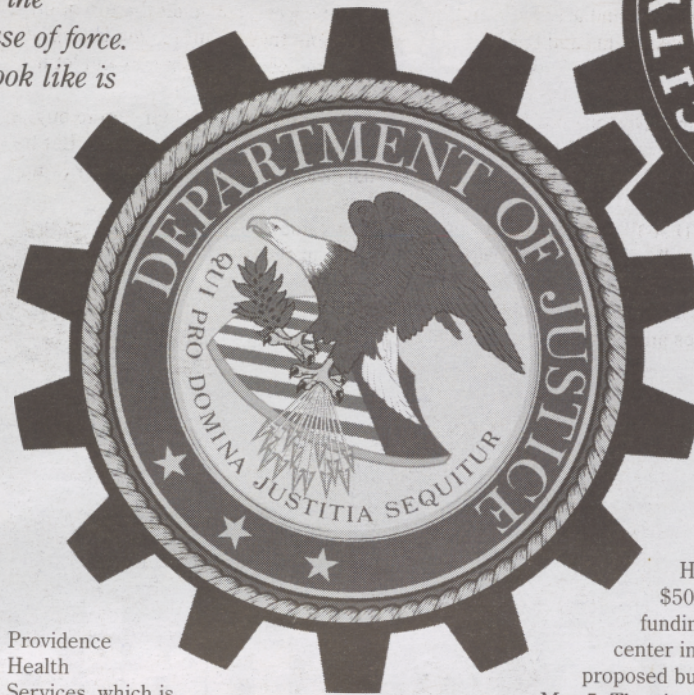
The new facility will have 101 beds total – 79 for adults and 22 for children and adolescents, according to Dr. Chris Parentinos, the behavioral health director for Legacy.

In an interview with Street Roots, Parentinos described the center as “a merger” consolidating the hospital systems' mental health care to one centralized site. Most of the participating systems – with the exception of Kaiser – will transfer their mental health services to the site.

Currently, Adventist has 43 beds for psychiatric patients, and OHSU has 20 – and spokespeople for both organizations confirmed those beds will be moved to Unity when it opens, which Legacy is hoping will happen by the end of next year. Legacy has 43 total psychiatric care beds – 17 at Good Samaritan, 10 at Legacy Emmanuel and 16 child/adolescent beds at Randall Children's Hospital.

Kaiser didn't respond to Street Roots' query about the number of mental health beds in its Portland facilities (which are only available to Kaiser patients), but Legacy spokesperson Brian Terrett noted it wouldn't be moving any of its beds to the new facility. Between the three organizations that are moving their beds, there are 106 psychiatric care beds total – just a few more than the 101 for the new proposed site.

Parentinos noted there will be a few more pediatric psych beds at Unity than are currently available, and said she believes



Providence Health

Services, which is not participating in the Unity project, will keep its mental health services intact. Providence currently has 79 beds available, but expects to have 128 by the end of the year.

The United States vs. City of Portland settlement, the result of a Department of Justice investigation that found the Portland Police Bureau had a pattern of excessive force against people with mental illness, said one of the underlying causes of the problem was the “absence of a comprehensive community mental health infrastructure (that) often shifts to law enforcement agencies throughout Oregon the burden of being first responders to individuals in mental health crisis.”

It called on the city and coordinated care organizations – just then being formed to overhaul care delivery for those on the Oregon Health Plan – to create “one or more drop-off center(s) for first responders and public walk-in centers for individuals with addictions and/or behavioral health service needs.”

Jason Renaud, co-founder of the Mental Health Association of Portland, said when the settlement agreement was first released, he was tasked to take it to people in the mental health system. Stakeholders told him they weren't consulted about most of the reforms and felt many of them were either unhelpful or redundant.

The deadline for creation of the drop-in centers was 2013. By winter 2014, city officials were describing drop-off sites as “aspirational,” but more recently have touted Unity as the answer to the neglected requirement.

But Parentinos acknowledged it's probably not what the authors of the agreement had in mind – though it's intended to be an avenue where people in mental health crisis can access treatment rather than going to jail.

“There is language that aspires to offer an



mental health, not soothing, warm and welcoming in a psychiatric emergency service.”

Patients who seek mental

health treatment in standard emergency rooms currently face long wait times – often being warehoused for several days – to access appropriate care. Parentinos said at Unity, staff will be able to perform an assessment right away with professionals who specialize in psychiatry and addiction, who will be on hand to monitor patients' progress more closely.

“A great majority, about 80 percent of psychiatric emergencies, can be treated in a few hours and get back in the community,” Parentinos said. “In many ways, a psychiatric emergency service functions as a triage and treat. As an outcome, it reduces the rate of hospitalization and gets the person back to the community faster, though there are people that will need in-patient hospitalizations.”

“Right now what we have is when people are in mental health crises, there are occasions when we handcuff them and put them in the back of a Crown Vic [patrol car] and take them to an emergency ER,” Haynes said. “That's the wrong response with the wrong vehicle to the wrong venue. But if somebody's having an emergency crisis in downtown Portland, we don't have a lot of other options beyond that. The psychiatric emergency services center would be the appropriate place to take someone who's having a mental health crisis. It would create parity for mental health the same as for physical health.”

Renaud said the Unity center may solve problems in emergency rooms, but doesn't meet the needs of people with mental illnesses.

“It does fit the needs of various hospitals. It prevents liability,” Renaud said – but he emphasized that it doesn't meet the requirements of the agreement.

There's also a question mark hanging over next steps in the agreement's implementation. Paul De Muniz, a former chief justice of Oregon's Supreme Court and the only Portland-based member of the COCL, announced his resignation from the board April 8, citing a personal health issue. (Amanda Marshall, U.S. Attorney for the Oregon district, has also announced her resignation, also citing a personal health issue, effective May 15. The US Attorney is the local representative of the Department of Justice.)

In November, when the city announced its selection of the Rosenbaum group –

alternative to jails or hospitals. In that regard, we will definitely be an alternative,” Parentinos said.

Mayor Charlie Hales has included \$500,000 in one-time funding for the new center in his 2015-16 proposed budget, unveiled May 5. The city already pays more than \$300,000 a year for the COCL/COAB.

“We're generally using the term ‘psychiatric emergency services’ rather than drop-in center because people who know about health care tell me that's a better and more efficient term,” Dana Haynes, spokesperson for Hales' office, told Street Roots in response to a question about the drop-in center requirement in the agreement. “A drop-in center could be a quonset hut with a fence. I mean, it just doesn't say enough. So we use the term psychiatric emergency services center.”

Renaud said in the 1980s, there was a handful of quadrant-based, peer-run day treatment centers in Portland that allowed people in a fragile state to come in and work through crises safely, usually without treatment – and this is probably what the term “drop-in centers” evoked for stakeholders.

“That's the idea of the walk-in center, a place where people can be safe, not get treatment and not get judged. They could have a crisis and not attract the attention of police or worried neighbors,” Renaud said.

Amy Watson, who serves on the COCL board and is a professor of social work at the Jane Addams College of Social Work at the University of Illinois at Chicago, told Street Roots the settlement “doesn't have as much teeth” in making sure the drop-in centers open, because the coordinated care organizations aren't parties in the agreement.

“I started asking people to stop talking about drop-off center and to start talking about treatment center where people can get care,” Parentinos told Street Roots. “When someone is having a mental health crisis, say they're depressed or suicidal, and they go to an emergency room, a medical emergency room, of course the staff is very caring and is going to do the best they can, but the environment is not designed for