

'What are we going to do if we really have somebody that needs to come in? We're now circling the city looking for a bed to put people.'

— BEN BRUBAKER, CAHOOTS

who do meet in-patient criteria, there's a good percent of those patients who come in on a volunteer basis," the staff member says. "You can imagine there are people who want to be admitted but don't meet the criteria for a psychiatric condition."

Either way, the loss two years ago of the Royal Avenue Shelter has left a gaping hole in help for low-income clients experiencing a mental health crisis. Brubaker says the loss of those 19 beds — along with the week of care offered to those using them — has left CAHOOTS, as well as the Eugene Police Department, with very few options for a longer term psychiatric stay in this community.

RIDING WITH CAHOOTS: THE NIGHT SHIFT

It's midnight on an August full moon in Eugene, and I'm in the backseat of a CAHOOTS crisis response van rumbling down an alley off W. 6th Avenue. All night, the two CAHOOTS crisis workers have been dropping people off to Hourglass (a short-term mental health crisis center), Buckley House (a walk-in detox center run by Willamette Family) and the Sacred Heart University District emergency room.

To my left is a shelf of plastic gloves and behind me is a 5-gallon bucket full of snacks, including several cans of tropical fruit. We are approached several times for needle exchanges, snacks and blankets. Crisis worker Matt Eads offers short, compact summaries of what he thinks of the ER and clients in a mental health crisis.

"Depends on how busy they are," Eads says. "The hospital exhausts every resource possible and if they have no option for a safety plan, then some people get let out on the street without a safety plan or reference."

Eads points out that some people are discharged from the ER with an appointment to see a counselor in place, but the psychological state of many homeless clients means they would never be able to remember or follow through on an appointment.

"It's not the fault of anybody," he says of the deluge of clients seeking mental health care. "The system is broken. There's just way too many people for the resources available."

At one point, the van drives out to a call for a person grieving the long-ago suicide of a partner. Eads and his crisis colleague chat with the individual for a few minutes, listening quietly as the person goes over each detail. Eads mentions, at the end of the conversation, that police dispatch said the person in question might be thinking of self-harm. The individual responds "no," and seems calm. We get back in the van and drive off for another call.

"If a car with a bad batch of heroin comes into town, everyone gets hit by it," Eads says of the calls he responds to. A bad batch of meth or heroin can mean a rise in overdoses over a short period of time. Calls can light up all through downtown as the same bad batch, like food poisoning at a single restaurant, is sold and resold to users throughout Eugene.

Occasionally, the psych beds in one of the city's two emergency rooms fill up, and that office can send out a "diversion" message to all incoming crisis response vehicles, meaning that traffic should now go to the other emergency room. This happened twice in July, but not in June or August.

"It means we have to take people to RiverBend, which isn't set up as firmly for mental health but then RiverBend was starting to call in and say they could no longer take mental health patients," Brubaker says. "What are we going to do if we really have somebody that needs to come in? We're now circling the city looking for a bed to put people."

FIXING THE PROBLEM? THE OREGON PERFORMANCE PLAN

Mike Morris, behavioral health administrator for the Oregon Health Authority (OHA), says the new state plan is particularly geared toward ending the cycle of "frequent flyers" to Oregon emergency rooms.

"If individuals have more than two re-admissions into the emergency department, we need to work to develop plans with those individuals to make sure they are getting services to prevent that revolving door with the emergency department," Morris says.

The Oregon Performance Plan has already distributed new funding — to the tune of several million dollars — to Lane County facilities that currently serve people with severe mental illness. Laurel Hill Center in Eugene received \$742,630 for 60 new slots to give people rental assistance, ShelterCare in Eugene received \$1,032,515 for 75 new slots to give people rental assistance and Shangri La in Eugene received \$524,742 for 30 new slots.

Tami Rust of OHA says the new housing slots come in the form of rental assistance dollars, which a client can use for any apartment in Eugene.

The new state plan, of which the Behavioral Health Unit staff at Sacred Health is aware, is using the mantra of "assertive community treatment" as it goes forward. This means wrapping patients in a holistic regime of services, such as housing, peer support and regular visits with a therapist, to try to help stabilize people with severe mental

illness so they don't get to the point of needing the ER or being sent to jail.

COPING ON THE STREETS

Nathan Anderson, who has not yet been arraigned for the July arson charge, had run the gauntlet for help with housing and his mental health issues before he was arrested. Anderson was kicked out of the Eugene Mission and the Service Station, and left a Conestoga Hut built by Community Supported Shelters because he was afraid he was being too loud (and he can't discern if he actually is, because he is deaf). He even traveled up to Washington state to look for help, but got frustrated and came back to Eugene in July.

A week later, he was arrested.

Part of the issue seems to be that Anderson's own paranoia makes him distrustful of service providers. During the interview at the jail with Anderson, one of his notes read:

"I went to the crisis center at a hospital but I left due to them giving me bad meds that are killing me. Such as rash, itches, skyrocketing anxiety, restless and so on. Doctor listens to himself there."

Not all homeless people with a mental illness get to the point of having a psychotic break; many people with depression, schizophrenia or PTSD on the street have many other options besides a visit to the ER for taking care of their mental health.

Twenty-nine year old Suzanne White lives on the streets of Eugene with her husband Erik. White says she likes to dress "gothic," is from the South, and says she has combat PTSD from being molested.

Both of White's newborn infants were taken from her by the state a day after they were born. To get her baby back, White says the Oregon State Court system requires her to find housing, find a job and go to therapy. Because she qualifies for the Oregon Health Plan, White can and does go to weekly meetings with a therapist at the Center for Family Development.

"She understands I'm applying for different jobs," White says of her therapist. "I did have a different binder with different applications. She understands it's hard to get the applications back when they have been stolen."

White says she has never had a psychotic break. She feels her therapist really understands her pain of missing her two little girls, including the difficulty of working to find housing in Eugene. While her life on the streets is far from perfect, White is an example of one person whom the mental health system in Lane County is helping. ■

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