

A new model of care

Bend stabilization center seeks solid ground to help people in crisis

By GARRETT ANDREWS
The Bulletin

BEND — Holly Harris toured 14 facilities in five states while developing Deschutes County's stabilization center for people in mental health crisis around seven years ago.

Harris, the county's manager of crisis services, was looking for a psychiatric emergency facility that accepted walks-ins and police drop-offs and was open 24-7.

"No one was quite doing what we wanted to do," she said on a recent tour of the center on the public safety campus on Poe Sholes Road in Bend. "Every place was doing it a little bit differently. So we took the best of what we saw across the country brought it back, vetted it and here we are."

Since the ribbon was cut in June 2020, the stabilization center is credited with diverting hundreds of people who would have ended up in a hospital involuntarily or in jail facing criminal charges. But now county officials facing an uncertain financial future are calling on others to help foot the bill, while others in the mental health field are urging them to do more to keep people from ever reaching the stabilization center.

Different kind of care

Communities have long operated mental health crisis facilities, as well as residential care facilities for people with serious mental illness. What sets the Deschutes County Stabilization Center apart is a room off the center's multidisciplinary hub that most days buzzes with staff activity. The 23-hour observation room, also known as a respite room, is quiet by design. Against one wall is a row of recliners that lie all the way back. On another, a burbling water feature.

The space is intended for people in a state of mind where talking through their problems is unlikely to resolve them. They need appointments for a higher level of care, and often, their basic needs met.

The recliners were inspired by a facility Harris toured in Kansas City, Missouri. That project featured recliners and 23-hour observation, but didn't accept walk-in clients, which struck Harris as a major missed opportunity.

The 23-hour requirement is important here, as facilities that allow longer stays are considered residential care



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The bullpen area in the Deschutes County Stabilization Center is active with workers helping people in crisis.

facilities and thus are subject to different regulations.

At any given time, one or two people can be found in the respite area, under a blanket or eating a cup of noodles.

Only about 22% of people who come to the center require this level of care. It may not seem like much, but money is tight in local governments and mental health crisis has not been prioritized as a need, Harris said.

"Why don't more communities have this?" Harris asked. "We can bill for some of the services we provide to generate revenue, but if someone is sleeping, there's nothing we can bill for that."

Funding obstacles

When the center opened at the height of the pandemic, it operated during business hours on weekdays.

"Back then, you needed to have your crisis Monday through Friday, 8 to 5," Harris said. "If you had it after hours, you were probably going to see law enforcement. That's a pretty big gap."

A \$2.4 million grant from the Oregon Criminal Justice Commission enabled the center to operate 24-7 starting in October 2020. But it's only a 2-year grant, not a permanent fix. Harris will go after the same money this May, but there's only \$10 million to go around the state, and nothing is guaranteed.

If Deschutes County doesn't get the grant, Harris said she needs to have answers about funding by the end of June.

With the center's uncertain financial future, Deschutes County commissioners have been pressuring St. Charles Health System and the cities of Redmond and Bend to pay in to help keep it open 24-7. The city of Bend paid \$70,000 as an initial contribution. St. Charles and Redmond did not contribute.

Supporters at the county point to the fact Sheriff Shane Nelson has paid more than



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The Deschutes County Stabilization Center in Bend.

\$700,000 from the sheriff's office to the project and has committed to pay \$570,000 in fiscal year 2022.

"When you talk about the national movement of real-locating funds from law enforcement this is a perfect example of that," Harris said.

COVID-19 protocols have limited the number of arrests accused of low-level crimes permitted in the jail, which makes the stabilization center more important to deputies as an option to bring people in crisis, said sheriff's spokesman Jayson Janes.

"It is most helpful for us on those calls where someone is experiencing a mental health crisis but not committing a crime ... and the person needs to get out of that situation," Janes wrote to The Bulletin. "We can take them to a safe environment and they can talk with mental health professionals to help them with their crisis."

Commissioner Phil Chang recently accompanied Harris and county behavioral health director Janice Garceau to St. Charles to lobby the health system to help fund stabilization center operations.

"I think the city of Bend, the city of Redmond and St. Charles hospital all benefit from the stabilization center to the point that financial contribution would be justified," Chang told The Bulletin. "In the past it was very common

for those people experiencing mental health challenges to be accompanied by police officers at the emergency department, sometimes for several hours. So having an alternative place for people experiencing mental health crises to go and an alternative place for law enforcement officers to take them frees up human resources, space and other resources to focus on other public safety and health needs."

Commissioner Patti Adair as well has been vocal about other partners funding the stabilization center, noting 63% of clients treated there reside in the city of Bend.

Iman Simmons, chief operating officer for St. Charles Health System, said the system has had to focus limited resources on other pressing needs.

"We are absolutely supportive of Deschutes County's efforts to help bridge the gap in behavioral health services with the opening of a stabilization center," Simmons said. "But we also acknowledge our region is lacking other kinds of critical services including residential and outpatient treatment programs for our pediatric population, which is where we are planning to focus our attention and resources."

A spokesperson for the city of Bend said the management and finance departments



DEAN GUERNSEY/Bend Bulletin Behavioral health technician Dominique Gray turns on a water feature in the respite area at the Deschutes County Stabilization Center in Bend in December.

CAHOOTS and the city of Eugene have been inundated with questions from local leaders around the country interested in starting similar programs, according to Chris Bouneff, director of the Oregon chapter of the National Alliance for Mental Illness.

Bouneff cautioned local leaders to not rest on their laurels.

"I always caution communities, especially in our state, don't overpromise, because if you overpromise, these things will underdeliver," he said. "They are an important feature of a full spectrum of services in a community. Don't lose sight of the full spectrum."

"It would be like building an emergency room to treat heart attacks, but not working on preventing people from developing heart disease, nor following up with their treatment after they leave."

Bouneff pointed to the example of Portland's Unity Center for Behavioral Health, a 24-hour crisis response facility that was feted widely when it opened in 2017, but which he says has become overburdened as a result of a tremendous need it cannot alone address.

"Unity is a good thing, but it's one thing. Same with the center in Deschutes County," Bouneff said. "You can't lose sight of all the other things you need, because the whole goal ought to be to keep people out of that center and make sure people recuperate to full health after a stay there. If it's the only resource available, it will lose its ability to have an impact on the community."

Lately, it's been Harris who's asked to speak to local officials from around the country wrestling with the same issues — Connecticut, Alaska, Virginia, Arizona. She presented at the Crisis Intervention Team International Conference in August, and at the time of her interview, she was preparing to address officials with the city of Berkeley, California.

"We didn't have a ton of money thrown at us, and we had a ton of obstacles thrown our way, but it can be done," Harris said. "I think what we've shown is if we can do it, I'm 100% certain other communities can do it too."

With a year of 24-7 service, Harris thinks there's now an expectation in the local mental health community. One figure in particular motivates her: 2% of the center's clients report they would have carried out plans to kill themselves were the facility not available as an option.

"It's hard to quantify, but we know we're improving people's lives."

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