

From: Cascadia Behavioral Healthcare – Derald Walker, PhD, Chief Executive Officer; Jeffrey Eisen, MD, Chief Medical Officer – on behalf of Mental Health Alliance of Portland

Date: February 14, 2019

Re: Community-Based Mental Health Services, Item 88, as outlined in *United States of America v. City of Portland*, Case No. 3:12-cv-02265-SI (2012)

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As part of the Department of Justice (DOJ) Settlement as outlined in *United States of America v. City of Portland*, Case No. 3:12-cv-02265-SI (2012), Item 88 documents the establishment of drop-off and walk-in center(s) for individuals with behavioral health or substance use disorder concerns. This reads as follows:

*ITEM 88. The United States expects that the local CCOs will establish, by mid-2013, one or more drop-off center(s) for individuals with addictions and/or behavioral health service needs. All such drop off/walk in centers should focus on plans on appropriate discharge and community based treatment options, include assertive community treatment teams, rather than unnecessary hospitalization.*

As one of the largest providers of behavioral health and substance use disorder treatment services in the state of Oregon, Cascadia Behavioral Healthcare has clinical and operational expertise with regard to such programs and treatment modalities. As such, this letter serves to provide advisement on the development of the drop off/walk in model described in Item 88.

In conducting research for this guidance, we additionally gathered data from HealthShare of Oregon and the Multnomah County Mental Health and Substance Abuse Division (MHASD).

An effective and efficient drop off / walk in services is designed to provide:

- *Client-centered, trauma-informed care* that is based upon the urgent or emergent concern identified at the time of arrival to such location;
- *Resources for follow-up care and support* in the community, including geographic proximity to a *mental health shelter* or other service that might immediately meet client needs;
- *Peer support* – individuals with mental health and/or substance use disorder lived experiences who are trained to provide engagement and assistance – as well as *access to mental health and substance use providers* for matters of greater acuity and emergency;
- *Culturally relevant and specific* support and resources reflective of those that utilize the service;
- Opportunities to address *basic living needs* at the time of visit, including such services as restrooms, showers, laundry, light meal/food, and phone chargers.
- *Diversion* from emergency departments and the criminal justice system, including jails;
- Support for *police drop-off and individual or referred walk-in* methods of arrival;
- *24 hours per day, 7 days per week* operations to meet the needs of the community at any time;
- *Access* regardless of insurance or ability to pay, with a funding source *not dependent upon Medicaid* alone.

This type of service has the potential to provide great support to individuals with behavioral health and and/or substance use disorder concerns, as well as to the broader community. We offer continued advisement to the City of Portland as plans related to Item 88 develop further.

Respectfully submitted,



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Chief Executive Officer



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Chief Medical Officer