

## **HSD Provider Conference**

**October 22, 2025**

Notes from Session: Behavioral Health: Crisis Services & Collaborative Response

Presenters: Cheryl Lemley, Lisa Stewart, Amber Rollins, Caroline Pope

Moderators: Lisa Rose

Notetaker: Freja Lyons

### **Main Points from Session Overview/Presentation:**

- Crisis continuum of care- dynamic continuum where prevention, emergency response and post crisis support
- Goal is no wrong door
- BHCC has been around 24/7 for over 2 decades- serves as county centralized hub
- Evidence based care with compassion
- Every crisis call is answered by master's level /QMHP or higher
- Clinicians use structured
- Try to meet people where they are at emotionally and culturally
- Unhoused people face significantly higher rates of suicide (9 to 10 times) Oregon is higher- is reflective of barriers and systemic issues
- Trauma, isolation, crisis is often a state of being rather than an event
- Housing stability to presenter is suicide prevention
- Providers/shelter staff can call any time
- BHCC has seen significant increase in calls from Latine community
- 911 transfer line- if someone calls 911 the operator can transfer call if they determine suicide is a risk
- One clinician is embedded in 911 emergency office
- 81% of calls are resolved over the phone with no need for higher level of intervention services
- Supports goal of reducing law enforcement wherever possible
- Leverage crisis alert-
- These efforts are compassion driven and data supported
- What to expect:

- Caller information
  - Client information
  - Assessment
  - Plan
- Suicide risk assessment helps staff determine next steps
1. Staff will make plan for next best steps- safety planning/connection to mental health provider
  2. approach all situations with cultural sensitivity and trauma informed lens
  3. crisis alerts are particularly helpful for clients who experience chronic mental health situations or psychosis-create response with the person if at all possible
  4. BHRC- 7a-8pm- low barrier day center- open 3 years now- provides welcoming atmosphere and some resources
  5. Short term and long-term shelter access thru day center
  6. Cascadia project respond:
    - Mobile crisis-24/7/365
    - Anywhere in Mult co
    - Multidisciplinary teams of 2
      - Masters level clinicians
      - Bachelors level clinicians
      - Peer providers
    - Respond within 1 hour
    - Free
    - Access to follow up teams and support
  7. How do they get referrals- Behavioral health crisis line- 911- Portland Street response
  8. Respond to all levels of acuity
  9. Try to not take people's civil rights with hold if there are any lower restriction options
  10. When might you bring police- history of violence, threats of violence, weapons, intoxication
  11. Goal is to keep people in the community- er may not be best for client
  12. Only about 10-11% of folks get put on a hold and get taken to the

- hospital
13. Emergency door diversion
  14. .5% become involved in criminal justice system
  15. Crisis workers in library
  16. Shelter behavioral health team (SBHT)
    - Peer specialists and QMHA counselors
    - Accepts referrals from shelter staff or self-referrals
    - Provide drop-in counseling and low-acuity crisis response
    - Peer support for shelter participants
    - 7 days week 11 am to 7:30p
  17. prevention is key
  18. meet with folks in shelter- cannot get people into shelter
  19. does not help with legal or housing
  20. transporting clients- cannot physically take clients but can-do bus pass
  21. do not assist with shelter exits
  22. go to about 12 shelters with walk in hours
  23. Can give phones bus passes tents and sleeping bags
  24. Can come in after traumatic incident to support shelter staff
  25. Other community services-can connect to best teams
  26. Urgent walk-in clinic- all ages- free- follow up supports (Cascadiahealth.org)
  27. Portland street response- first response program centered around mental and behavioral health
  28. Equal arm in crisis response model- in public safety bureau used to be part of fire department response
  29. Can only respond to calls that are outside or in public places
  30. Multidisciplinary team- emt, mental health crisis responder, community health workers and support
  31. Completely voluntary engagement
  32. No holds- call project respond
  33. Shuttling- can shuttle to shelter or day center for shower
  34. Calls come thru 911
  35. Do not respond to active suicide calls- with a few exceptions like if they have a previous relationship with PSR
  36. New phone: 503-823-7773 for people who are not comfortable calling 911 directly
  37. Extended hours-6am to midnight 7 days a week

### **Questions/Answers (summarization):**

- How soon after traumatic event can they come support in shelter A: usually next day
- How frequently prescribers are responding to people outside- do have prescribing psychologist A: pilot project for outreach and shelter workers combined with health care system
- Thoughts on failed commitment (aid and assist/mental health in jail) what we are hearing has not trickled down to us. The bar is so high in Oregon... if not this person then who A: unfortunately what is happening people are having many failed commitments that become criminal... then they do aid and assist and then release from state hospital to homelessness