Email to: Chair Jessica Vega Pederson
From: Sharon Meieran
Date: 7/20/24

Hi Jessica,

I've been watching the County's approach to HB 4002 and deflection with dismay. I've asked questions and commented during board briefings, but our briefings have been cut short and there hasn't been time for meaningful discussion. I believe the approach being taken is a mistake. It will cost a tremendous amount of time, energy, and money; will not achieve the outcomes we need to see in terms of people being effectively deflected into treatment and recovery; and will cause harm to individuals with substance use disorder, first responders, and the broader community. I find it difficult to understand how board members can be expected to vote on a FAC-1 when we have virtually no information about the goals of the center or how it will function. I'll share my main concerns, questions and suggestions below so that everything's in one place. It's not too late to change course or reprioritize; I hope you will consider doing so.

HB 4002 offers an opportunity to leverage the threat of negative consequences for drug possession through the criminal justice system to drive positive results in terms of treatment and recovery. Unfortunately, we are starting at a huge disadvantage because Multnomah County has few detox, treatment, recovery or shelter services to deflect people to. Instead of pretending that we will create a center that will evaluate and get people to services, we need to think about what we want to achieve with a deflection program where on-demand detox, treatment and shelter aren't available for the vast majority of people we need to serve.

Facts: I've heard statements in your team's presentations and in your responses to questions that haven't sounded accurate. For example, it often sounds as if you're saying that Multnomah County is required to have a deflection center open as of September 1 when that simply isn't true. Here's my understanding of the reality right now:

- HB 4002 recriminalizes possession of small amounts of hard drugs as of Sept. 1.
- HB 4002 **allows** counties to establish deflection programs where individuals who would otherwise be booked for possession could instead choose to be referred to treatment or other services. This is

permissive, not mandatory, and Multnomah County has chosen to establish a deflection program.

- There are many types of deflection programs, including programs that don't require facilities. HB 4002 does not require that counties implementing deflection programs include a facility as part of their program, let alone a facility that needs to open as of Sept. 1.
- Commissioner Brim-Edwards's sobering center proposal was the basis on which the legislature decided to give Multnomah County $25 million. This was allocated through two appropriations - one for $10- and one for $15-million. There was no requirement that a deflection center be opened by September 1 in order to receive the funds. Conversations may have occurred behind closed doors, but those details were not in any bill that I've seen and were not made public.
- Facility-based deflection programs are successful when they (1) offer an array of services, including triage, sobering, stabilization, detox; and (2) offer the opportunity for a warm handoff to other services and supports.
- Multnomah County has minimal shelter, detox, treatment, and recovery services available compared with need and it's not clear exactly what services will be offered at the proposed deflection center nor when they will be offered.
- Police have repeatedly expressed an urgent need for a drop-off center for intoxicated people where the individuals can be safer, the community can be safer, and that is not an ER or jail. They have not voiced a need for a center in name only, where people they bring can't really be intoxicated, may or may not go inside, may or may not get a screening, may or may not get a referral, and can walk out the back door any time.
- A deflection facility introduced into a neighborhood will have predictable negative consequences in terms of security, drug use, and potentially introduction of other disruptive behaviors that must be prevented, mitigated and thoroughly planned for in advance.

Please let me know if any of this is incorrect. I want to make sure we have a shared understanding of the facts.

The proposed deflection center: Currently, I have more questions than answers regarding your proposal around the deflection center. I've asked some of the questions in board briefings and in other meetings. I've compiled all of them here and would appreciate written responses.

1. **Goal(s):** What are the overarching goals of the deflection center as articulated by the leadership team?
    - Treat the disease of addiction and get people into recovery?
    - Remove people from harm's way while they are using drugs and protect the community?.
    - Divert people from costly and ineffective approaches to SUD to more effective and cost-effective solutions?
    - Take the pressure off our first responders by providing a convenient place where they can take people to keep them and the community safe other than jail or ERs?
    - Other?

2. **Decision-making:** How was the decision made by the leadership team to pursue a temporary deflection center rather than an alternative deflection model?
    - What other models were considered and what were the costs/benefits of these?
    - What is the value add for a physical deflection center? What specifically will it achieve that an alternative pathway would not achieve? Is any added benefit worth the additional cost an/or potential harm?
    - What are the anticipated negative impacts that will require prevention or mitigation and how will those be addressed?
    - Was there unanimous agreement by the leadership team on this approach? What were some of the main points where folks pushed back, if there were any?
    - How often is the leadership team meeting over the next 6 weeks?

3. **Eligibility:** Who will be eligible for the center and what will the criteria be? How were these decisions made? Do the members of the leadership team share the same understanding of who deflection should serve?
    - From a clinical perspective
    - From a public safety perspective
    - From a first responder perspective

4. **Engagement:** Engagement should happen throughout the process, not just after decisions have been made or as a rubber stamp.
    - Law Enforcement:

        1. What population is law enforcement seeking to divert, and will the temporary center as proposed offer a reasonable alternative to jail or ERs for this population?
        2. Does law enforcement feel this approach is a value add to the system?
        3. Has law enforcement expressed concerns that this center will not actually meet their needs or that it will have unintended consequences?
    - BHRNs
        1. How have the four local BHRNs been meaningfully engaged in establishing a deflection plan?
        2. What are their biggest concerns about the proposal?
    - Providers:
        1. How have providers been meaningfully engaged in establishing a deflection plan?
        2. What are their biggest concerns about the proposal?
    - Community:
        1. How has community been engaged?
    - Hospital systems that have EDs and sobering beds:
        1. Who are you speaking to from local hospital systems and EDs?
        2. How have you been engaging with Unity and Providence BH directors regarding their sobering beds?

5. **Timelines:**
    - What is statutorily required to happen by September 1 and what are the consequences if the deadline isn't met?
    - Identify any other specifically required deadlines and the consequences of not meeting those.
    - Describe the timelines for what will happen in order to ensure that the goals of each of the "phases" will be met.

6. **What are the predictable outcomes and unintended consequences for the proposed facility?**
    - It sounds like the only criteria considered were facility-based rather than program-based or community-based. Is this true?
    - Why was location and proximity to preschools, daycare settings, schools, other sites where vulnerable individuals congregate not considered?

7. **Legislative requirements:**

- HB 4002 does not contain specific requirements regarding deflection and leaves decisions up to the counties. It doesn't include deadlines or specific requirements regarding building of facilities.
- What specific bills included the funding for $25 million to go to Multnomah County and what was the specific language? When must the funds be used by and to achieve what purpose? What, if anything, was promised or agreed to that is not in the language of the bill?
- Is there a mechanism for Government Relations, you, or the Board to clarify what the Legislature is seeking to achieve? I hear different reports from different people and would like to all be on the same page. It doesn't make sense that the state would want to rush into something and use the funding they've generously allocated on an approach that may not be effective.

8. **Operations:**
    - Inclusion/exclusion criteria?
    - Pets?
    - Belongings?
    - Sign up for OHP?
    - How many times allowed to cycle through?
    - Will people be required to stay?
    - What will happen if people don't do the assessment or referral process?

9. **Transportation:**
    - You've said that people will not be required to be transported away from the facility. Is this accurate?
    - How have you anticipated transportation needs and what is the plan?
    - How much funding has been allocated for transportation and what is the spending plan?

10. **Security:**
    - Has a security plan been established?
    - What is the goal of the security plan?
    - What is the area covered by security? It seems that negative impacts that could be anticipated would extend beyond just the perimeter of the building.
    - How much funding has been allocated and what is the spending plan?

11. **FAC-1:**
    - Who made decisions regarding costs of renovation and how were these decisions made?

12. **Budget:**
    - What is the budget month by month to establish the deflection center? We should know exactly how much we are spending and what we will be getting for our money.
    - How is funding for the sobering center (facility and operations) factored into the planning? How much funding will be deflected from investment in the sobering center to build out the short-term leased deflection center?

13. **Data:**
    - Who is working on key performance indicators, dashboards and outcomes for deflection? Who is partnering?
    - How are you using data proactively to create the deflection program, not just reactively to respond to problems?
    - What information are you planning on tracking and what is the rationale?

I think those are most of my questions. But I also want to point out a few statements that I've heard repeatedly that sound disingenuous. I'd appreciate if you'd consider removing them from talking points and press releases, but of course that's entirely your decision.

- "We don't have answers because this all happened with such a short timeline." In reality we could have and should have been engaging in these approaches and building our system long before HB 4002. We are rushed because of our own poor planning.

- "It's the state's fault, they haven't invested in us and they failed to do stuff around Measure 110." The state didn't help, but in reality, it's our fault, not the state's. We failed to plan and we haven't used our money wisely. We could and should have more of a system, and more treatment and recovery housing, but chose not to invest in a real SUD continuum and services. We haven't effectively engaged the BHRNs.

- "A deflection center allows us to invest in treatment instead of jail." This is very misleading. There are many approaches to deflection that

can yield as good or better results than a facility, particularly when we don't have services available. Referring to having a center as if it's that or jail sets up a false dichotomy, and it's especially disingenuous when treatment won't be available either at or through the center. The question we should be able to answer is "We want to use threats of negative consequences in our criminal justice system to drive positive results in terms of treatment and recovery. What is the best approach to achieve this, given that we have minimal treatment or recovery services available? Is it a temporary deflection center that will cost a lot of money to build and staff and that will have predictable negative consequences and nowhere to deflect people to? Or should we invest differently?"

- "We are building a deflection center to provide yet another pathway for deflection because we need multiple pathways." This is an obfuscation. We don't need a facility just because it's a facility and we can check a box that it's something different. A center can represent a pathway that's more expensive, less effective, and will cause more harm than other options. We don't need that kind of pathway. We need to consider what value we actually obtain from a center vs. other pathways. And if we have other pathways already, then there's even less of a reason to lease and renovate a temporary center that doesn't provide a clear benefit.

- "We realize the location across from a preschool isn't ideal, but in a metropolitan area we will never find a spot that won't be problematic. We have shelters next to schools and have crafted good neighbor agreements - it's impossible to find a spot that people won't be upset about." That may all be true, but there are less bad locations for certain types of facilities. We should prospectively identify inclusion and exclusion criteria and do our best to meet those. Shelters have different populations with different rules from this proposed deflection center. The center will have intoxicated people coming and going 24/7, with drug use and sale. A good argument could be made (and should have been made) that this facility should not be located near a preschool or any school, and that it shouldn't have been located in the central east side.

Moving forward here is what I'd recommend:

1. Shift direction from the current plan to open a temporary deflection center. Focus the time and energy on building a permanent sobering

center by the end of this fiscal year. This is feasible and urgently necessary. Commissioner Brim-Edwards has given us a clear plan. It would achieve important safety goals on day 1, and could be expanded over time to be a triage, stabilization, detox, treatment, and referral hub that was envisioned when BHECN was first conceived. This is something that would offer tremendous benefit to our community.

2. Concurrently, have a small operations team of experts who understand the intersection of BH and public safety work with law enforcement and BH outreach and providers to design a deflection process that is not facility-based that can be launched on or around Sept. 1.

3. Finally and crucially, build out our SUD continuum quickly at a scale that would make a difference leveraging partnerships with providers and the philanthropic and business communities. I proposed a budget amendment that could build a continuum at scale in the next year and would live to discuss this proposal with you. Intentionally investigate and purchase hotels to be used for after the summer for long term transitional recovery housing, instead of sending out generic solicitation letters to a bunch of hotels to purchase them at the highest price during the worst time of year to be used for the least cost-effective purpose (shelter), which is what currently seems to be happening.

I am available to you and your team to discuss my concerns and ideas in more depth. Thanks for taking the time to read this and for your consideration.

Sharon