



City Council

500 E 4th Ave., Suite 302
Eugene, OR 97401
541-682-5010 • 541-682-5414 Fax
www.eugene-or.gov

EUGENE CITY COUNCIL AGENDA

October 14, 2024

5:30 p.m. CITY COUNCIL WORK SESSION

City Council Monday work sessions are held in hybrid format using in person and virtual meeting technology. Information about online or other options for access and participation will be available at <https://www.eugene-or.gov/3360/Webcasts-and-Meeting-Materials>

**Meeting of October 14, 2024;
Her Honor Mayor Lucy Vinis Presiding**

Councilors

Matt Keating, President
Emily Semple
Alan Zelenka
Greg Evans

Randy Groves, Vice President
Lyndsie Leech
Jennifer Yeh
Mike Clark

5:30 p.m. CITY COUNCIL WORK SESSION

1. WORK SESSION: Mental Health and Substance Abuses Services/Programs in Oregon

The Eugene City Council welcomes your interest in these agenda items. This meeting location is wheelchair-accessible. For the hearing impaired, an interpreter can be provided with 48 hours' notice prior to the meeting. Spanish-language interpretation will also be provided with 48 hours' notice. To arrange for these services, contact the receptionist at 541-682-5010. City Council meetings are telecast live on Metro Television, Comcast channel 21, and rebroadcast later in the week.

El consejo de la Ciudad de Eugene agradece su interés en estos asuntos de la agenda. El lugar de la reunión tiene acceso para sillas de ruedas. Se puede proveer a un intérprete para las personas con discapacidad auditiva si avisa con 48 horas de anticipación. También se puede proveer interpretación para español si avisa con 48 horas de anticipación. Para reservar estos servicios llame al 541-682-5010. Las reuniones del consejo de la ciudad se transmiten en vivo por Metro Television, Canal 21 de Comcast y son retransmitidas durante la semana.

For more information, contact the Council Coordinator at 541-682-5010,
or visit us online at www.eugene-or.gov.

October 14, 2024 Work Session

EUGENE CITY COUNCIL AGENDA ITEM SUMMARY



Work Session: Mental Health and Substance Abuses Services/Programs in Oregon

Meeting Date: October 14, 2024

Department: Central Services-City Manager's Office

www.eugene-or.gov

Agenda Item Number: 1

Staff Contact: Kristie Hammitt

Contact Telephone Number: 541-682-5524

ISSUE STATEMENT

This work session, initiated through a council poll from Councilors Leech and Zelenka, will provide Council with information about the state of Oregon's Mental Health (MH) and Substance Use Disorder (SUD) treatment programs, how those programs are implemented locally, and the related services which the City of Eugene provides to the community.

BACKGROUND

Mental Health and Substance Use Disorder programs and services are traditionally the role of federal, state and county government. As such, the role of cities related to the provision of MH and SUD programs and services has been limited and generally in response to emergent issues within a local community. This is also the situation within Eugene. The impetus for this work session is to gain an understanding of larger trends in the MH and SUD systems that are prevalent in our community and their impact to the City of Eugene's work, programs, and budgets.

This AIS and work session will utilize the term 'Behavioral Health', rather than Mental Health, as this is the terminology utilized by the Oregon Health Authority. Behavioral Health (BH) is defined as a care approach that prevents and treats mental illness and mental health challenges, substance use disorders and challenges, problem gambling and other addiction. It is also recognized that behavioral health needs can be experienced across the life span of a person, from birth to the end of life, and as such should be viewed in a dynamic manner across all populations rather than from a static disease perspective.

In support of this work session, staff completed interviews with agency staff at Oregon Health Authority and Oregon Housing and Community Services, with experts at Lane County Behavioral Health (LCBH), with numerous BH and SUD providers within the area, as well as with internal city program staff. A consistent theme from agencies and providers included a strong commitment to including all partners in the system, learning from folks with lived experience, and making the system more accessible.

The Behavioral Health Challenge

The personal and societal costs of behavioral health conditions are well documented. Individuals with mental health conditions and SUDs have significantly more chronic medical conditions,

October 14, 2024 Work Session – Item 1

higher hospitalization rates, and higher mortality rates than individuals without behavioral health conditions. In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services (HHS) reported **one in five adults ages 18 and over (53 million people) had a mental illness and one in fourteen people ages 12 and older had a substance use disorder (SUD).**

The percentage of young adults (ages 18 to 25) with any mental illness increased from 18.5 percent in 2008 to 29.4 percent in 2019. Among adolescents aged 12 to 17 in 2020, 17 percent had a past year major depressive episode, more than double the percentage in 2010 (8 percent). Trends in suicide attempts also have been increasing among adolescents and the rate of U.S. adolescents and young adults dying of suicide has reached its highest level in nearly two decades, with suicide now the second-leading cause of death for people aged 15 to 24.5.

Trends in Oregon have generally followed the nation and many indicators show inequities by race/ethnicity. For example, overdose death rates have been particularly high among American Indian or Alaska Native people (30.5 deaths per 100,000 individuals), non-Hispanic White people (26.2 deaths per 100,000 individuals), and Black people (24.8 deaths per 100,000 individuals).

The Coronavirus (COVID-19) pandemic may have exacerbated behavioral health conditions. Estimates from the Centers for Disease Control and Prevention's (CDC) Household Pulse Survey suggest that the prevalence of anxiety disorder or depressive disorder among adults in Oregon ranged from a low of 29.9 percent to a high of 50.2 percent between April 2020 and August 2021. During the pandemic, access to behavioral health services appears to have worsened, with up to a quarter of adults with depression and anxiety nationally reporting unmet behavioral health needs in 2020. People of color have been disproportionately affected by the COVID-19 pandemic, with the prevalence of many behavioral health conditions becoming significantly higher for people of color during the pandemic. The increasing need has significantly challenged the already stressed service system. The stressors to the system include an increased volume in the number of individuals seeking services and workforce challenges to keep up with the demand. For some individuals, a major challenge is to access is cost for treatment.

Addressing the Challenges - National Initiatives

In response to the growing gap between the need for BH care and access to care, and the far-reaching consequences of these conditions, in March 2022 President Biden announced a [strategy to address the national mental health crisis](#), which outlined numerous initiatives within the three pillars of the strategy:

1. Strengthen System Capacity: Expand the supply and diversity of the behavioral health workforce and ensure the full continuum of behavioral health care is available.
2. Connect Americans to Care: Bridge the gap between services the system offers and people's ability to get the care they need.
3. Support Americans by Creating Healthy Environments: Make "a whole-of-society effort," recognizing the importance of "culture and environment" in promotion, prevention, and recovery.

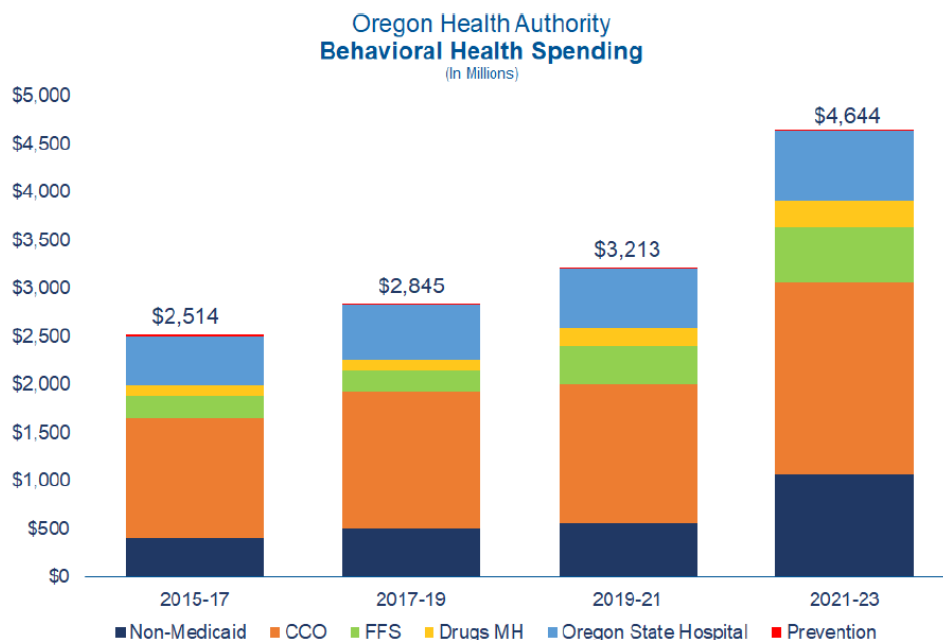
Along with other federal departments, the U.S. Department of Health and Human Services (HHS) has a significant role in implementing and advancing this strategy including “the promotion of mental health, resilience and well-being; the treatment of behavioral health; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.” Initiatives include the HHS Overdose Prevention Strategy, the U.S. Surgeon General’s Advisory on Protecting Youth Mental Health, and implementation of 9-8-8 as the new National Suicide Prevention Lifeline along with linking 9-8-8 to mobile crisis services.

Addressing the Challenges - Oregon Initiatives

Oregon routinely ranks in the lowest percentile of mental health indices nationally. For example, Oregon had the fourth highest rate of unmet needs for mental health treatment in the U.S. in 2019, and an overall ranking of 47th in the nation in 15 measures of prevalence of mental illness and access to care.

As the state’s health authority, Oregon Health Authority (OHA) is responsible for a massive and complex network of health systems. OHA’s current strategic goal is to “Eliminate health inequities in Oregon by 2030” with an emphasis on “Transforming behavioral health: Build a behavioral health system that works for every child, teen, adult and family experiencing mental illness or harmful substance use by expanding integrated, coordinated and culturally responsive behavioral health services when and where people need them, guided by people with lived experience.”

The OHA 2021-2023 biennial budget for BH systems was \$4.6 billion, roughly a 44 percent increase from the previous biennial budget of \$3.2 billion.



Included within the 21-23 budget was a strategic appropriation from the legislature of \$1.35 billion to transform Oregon’s Behavioral Health System, which OHA identified six major categories for investment:

- **Aid & Assist** – Funding to provide treatment, housing and other support for people who are not competent to face criminal proceedings due to the severity of their mental health issue
- **Behavioral Health Crisis System / 988** - Improvement to crisis care and support including development of a 24/7 hotline for people experiencing a behavioral health crisis
- **Ballot M110 Implementation** – Funds for drug treatment and recovery services in Oregon
- **Behavioral Health Housing/Social Determinants of Health**
- **Behavioral Health Workforce** – Staff compensation, workforce retention and recruitment
- **Investment and Innovation** – Funding to better coordinate access to care

Addressing the BH crisis is a [top priority](#) for Governor Kotek’s administration. In 2023, she convened a [Behavioral Health Symposium](#) of experts from across the state to identify focal areas including: Workforce Development, Care Coordination, Day Services and Drop-In Care, Civil Commitment, and Treatment and Housing. From these focal areas, the Governor’s strategic areas for 2025 are 1) Workforce Development and 2) Treatment Bed Capacity.

Workforce Development

Recent reports to the Oregon State Legislature identify that populations in need of behavioral health services have been significantly impacted by workforce shortages. In 2021, the Oregon Legislature passed HB 2086, directing OHA to study the Behavioral Health Work Force in Oregon. The resulting [report](#) was completed by Oregon Health Sciences University (OHSU) and showcased the following gaps for services:

- Gap between the need for services and capacity of the behavioral health system
- Lack of providers and workforce turnover harms those needing services
- Low reimbursement rates for those serving behavioral health clients
- Challenges for service users with co-occurring disorders (mental health and substance use disorders)
- Administrative burdens reduce contact with clients and lead to provider burnout
- Gaps in career advancement opportunities

In May 2024, the Governor’s Behavioral Health Initiative Director provided a broad overview of the Governor’s BH Workforce goals including bolstering and supporting Oregon’s behavioral health workforce; a clear path to a career in behavioral health; improving customer service for Oregon’s behavioral health workforce; ensuring a trained, qualified, and supported behavioral workforce across disciplines; and supporting and retaining existing behavioral health workforce.

Treatment Bed Capacity

In 2024, Governor Kotek directed OHA to conduct a study on behavioral health bed capacity needs in Oregon, culminating in a 5-year plan to expand capacity across the state. [The Facility Capacity Report](#) included the type and number of beds, with the associated total cost for investment across the 5-year planning window (Figure 1 and 2 below). Of note, in the next 5 years over 3,714 beds are estimated to be required to meet the need of Oregonians, with an estimated cost of \$835M of state investment, roughly \$168M per year. During September 2024 Legislative

hearings, OHA provided [updates](#) on the facilities report, signaling the recommendations that will come from the Governor’s Recommended Budget and future Legislative Hearings in 2025 related to state investments.

Facility Type	Current Capacity	Pending Capacity	Total Projected Capacity by 3rd Qtr 2025	Projected Additional Capacity Needed	Total Future Bed Capacity (Current + Pending + Needed Beds)	% Increase
Inpatient Psychiatric Facility (Includes State & Community Hospital Beds)	1,038	0	1,038	486	1,524	46.81%
Mental Health Residential Facility (RTF & RTH only)	810	219	1,029	102	1,131	9.91%
Secure Residential Treatment Facility	510	77	587	198	785	33.77%
SUD Residential Facility	1,374	44	1,418	2,357	3,775	166.22%
Withdrawal Management Facility (Clinical & Medical)	301	16	317	571	888	180.13%
Totals	4,033	356	4,389	3,714	8,103	84.63%

Figure 1: 2024 State of Oregon BH/SUD Treatment Facility Requirements

Facility Type	Projected Capacity Needed	Average Capital Cost per bed	Total Projected Capital Investment Costs
Mental Health Residential (RTF & RTH)	102	\$187,777	\$19,153,254
Secure Residential Treatment Facility	198	\$352,720	\$69,838,560
SUD Residential Facility	2,357	\$249,952	\$589,136,864
Withdrawal Management Facility (Clinical & Medical)	571	\$275,580	\$157,356,180
Total	3,228		\$835,484,858

Figure 2: Statewide Treatment Facility Capital Cost (does not include Psychiatric Hospital Beds)

2025-2027 Biennial Budget

Each biennium, agencies provide their ‘Agency Request Budget’ (ARB) to the Governor before the start of the long legislative session. The Governor’s budget writers utilize policy priorities and financial forecasts to craft a ‘Governor’s Recommended Budget’ (GRB) that is typically released in December, prior to the January long legislative session start. For the [2025-2027 OHA Agency Request Budget](#) (ARB), the OHA Director is requesting the following to ‘Transform behavioral health’ (approximately \$433 million in additional total funds), through budget requests such as:

- \$176.1 million to expand residential treatment beds across the state
- \$117.4 million to sustain, strengthen and expand the behavioral health workforce
- \$36.6 million to expand the Save Lives Oregon Harm Reduction Clearinghouse and treatment innovation pilots to combat overdose

- \$47.8 million to sustain and expand Medicaid Certified Community Behavioral Health Clinics (CCBHC), which integrate behavioral with physical health care
- \$36.9 million to expand access to behavioral health treatment for adults on Medicaid
- \$17.4 million to increase access to behavioral health services for students in schools

Lane County Initiatives

Lane County Behavioral Health is the local authority for behavioral health programs and responsibilities within our region. With the mission of: *Enhancing individual and family wellness through integrated care and community connections*, the Division encompasses a broad array of services and programs, including LCBH Clinic, Lane County Treatment Services, and LaneCare. In Fiscal Year 2023 (FY23) LCBH was supported by 189 FTE and a \$50M budget.

LCBH Clinic provides outpatient behavioral health services including therapy, case management, medication management, and peer support to adults, children, and families residing in Lane County. Lane County Treatment Center provides outpatient treatment for adults with an opioid use disorder, including Medication Assisted Treatment and Medication Assisted Recovery Services. LaneCare provides care coordination for behavioral health services in Lane County for Oregon Health Plan (OHP) members and also leads several initiatives to promote integration, address system gaps, and build cohesion across the behavioral health system.

Measure 110, Behavioral Health Resource Networks (BHRN), HB4002 and Deflection

In November 2020, Oregon voters passed referendum Measure 110, or the Drug Addiction Treatment and Recovery Act. The measure reclassified personal/non-commercial drug possession offenses. Possession of a controlled substance in Schedule I-IV, such as heroin, cocaine, and methamphetamines, was reclassified from a Class A misdemeanor to a Class E violation resulting in a \$100 fine or a completed health assessment. Individuals who manufacture or distribute illegal drugs are still subject to a criminal penalty.

The initiative established the Drug Treatment and Recovery Services Fund that would receive funds from the Oregon Marijuana Account and state savings from reductions in arrests, incarceration, and official supervision. Before transferring funds from the Oregon Marijuana Account to other recipients, the initiative required that all revenue in excess of \$11.25 million be transferred to the Drug Treatment and Recovery Services Fund every quarter. The Oversight and Accountability Council established by the Director of the Oregon Health Authority would give grants from the fund to government or community-run organizations to create addiction recovery centers. The centers must provide immediate medical or other treatment 24 hours a day, health assessments, intervention plans, case management services, and peer support and outreach

Senate Bill 755 (2021) established Behavioral Health Resource Networks (BHRNs). A BHRN is an entity or group of entities working together to provide comprehensive, community-based services and supports to people with substance use disorders or harmful substance use. There are three BHRN in Lane County, all non-profit led and they provide access to rapid assessment for drug treatment and referral to treatment resources. They provide harm reduction and peer-led recovery services, which have improved access to outpatient care. While gaps remain in access to residential and inpatient substance abuse treatment, the BHRNs continue to provide value to the treatment landscape across the community. Recently, Willamette Family Inc has announced new

facility to help reduce part of gap, funded by \$4M from the 2024 Legislature. OHA requires quarterly reporting from the BHRNs and maintains a [database](#) accessible to the public.

In 2024, a wide swath of stakeholders started a M110 reform initiative, threatening to send a referendum to the 2024 General Election if the Oregon Legislature did not address the negative impacts of M110. Prior to the 2024 Legislative Session, the Oregon Legislature formed the Joint Addiction and Community Safety Committee which worked collectively with reform and M110 advocates to craft legislation, culminating in the passage of [HB 4002](#), which implemented the following:

- Penalties: Increases penalties for unlawful possession of a controlled substance, making it a misdemeanor crime.
- Deflection programs: Creates a pre-booking deflection program that can lead to no criminal charges if completed.
- Probation: Provides a default to probation with mandatory addiction treatment, with no jail time or fines.
- Record expungement: Criminal records are automatically expunged after probation or jail time ends.
- Treatment options: Increases funding for community-based treatment and establishes additional treatment options.
- Insurers: Prohibits insurers from requiring prior authorization of medication for substance use disorder.
- Data tracking: Directs the Oregon Criminal Justice Commission to track data on arrests, prosecutions, and deflection program outcomes.
- Mobile crisis intervention teams: Authorizes members of a mobile crisis intervention team to take a person to a sobering facility.

The Lane County Deflection Program, created in response to HB 4002 and a \$1.9M investment from the State of Oregon, will launch in the late fall of 2024. The program will provide law enforcement officers with an alternative to arrest for people facing low-level charges that affect quality of life in the community. If a person is eligible for deflection and has indicated interest, the responding officer will have the option to call on a peer navigator to connect with the person and enroll them in the program, which includes case management and tracking. If the deflection program is successfully completed, the charges will not be filed. If the program is not completed, the charges may be filed, and the case will proceed through the criminal justice system. Lane County anticipates having as many as 125 available slots in the program at one time and the ability to serve 300 people each year.

In Lane County, people will be eligible for deflection on the following charges if drug use is suspected as a contributing element:

- Unlawful possession of any criminal-level controlled substance,
- Criminal Trespass 2,
- Disorderly Conduct 2,
- Criminal Mischief 3,

- Theft 3.

Those who are involved in a non-deflection-eligible investigation, have previous domestic violence or sex crime convictions, those who may be a danger to the peer navigators, or those with severe and persistent mental illness will not be eligible for deflection.

EUGENE PROGRAMS

The City of Eugene has been funding a growing number of programs and services that provide direct BH services or are responses to the BH crisis within the community. This increasing investment has provided critical support to the community and in some areas of operations represents over 50 percent of a program's budget, such as in the Unhoused Response programs, Municipal Court-Community Court and Aid/Assist Programs, and Eugene Police Department's (EPD) Housing Support Officers programs.

An example of the impact of behavioral health crisis on Eugene services is the growing number of emergency dispatch calls for service involving individuals experiencing behavioral health crises because of mental health disorders or co-occurring substance use issues. The types of calls for service vary widely and can include disorderly subject, disoriented subject, or suicidal subject. EPD's Patrol and Community Service Officers that respond to these calls are frequently faced with individuals whose actions are influenced by untreated or poorly managed mental health or substance use disorder conditions. EPD works to deliver a trauma-informed response to these vulnerable populations and a mechanism to connect them to social services. Figure 4 below illustrates the impact on BH related calls within the total annual call volume for the Central Lane Communications Center (Eugene's 9-1-1 dispatch center).

CALL TYPE	DISPATCH RESOURCE TYPE	
	EPD PATROL	CAHOOTS
Disorderly Subject	3,243	353
Disoriented Subject	161	219
Suicidal Subject	4,568	1,512
Total	7,972	2,084
Total CFS Volume	80,593	14,539

Figure 3: Emergency Calls related to BH Crisis-Sept 23 to Sept 24

The City's behavioral health-related services can be broken into three general categories:

- **Traditional Services** - historical service provision of the specific organizational unit as compared to similar units nationally (e.g. 9-1-1 call center).
- **Innovative Services** - programs the city created and funded to address unmet needs or gaps in services (e.g. Community Court).
- **Emerging Services** - new service approaches that we are currently implementing or coordinating with partner agencies (e.g. HB4002 Deflection program).

Eugene Police Department

EPD has been at the forefront of innovative approaches to crisis mediation for decades. Over the years, new approaches to policing have been piloted and are at the core of the success of the community payroll tax funded programs. Attachment A provides a more detailed description of the services outlined below.

Traditional Services	Innovative Services	Emerging Services
Responses to Calls for Service	Downtown Co-Responder Program	Co-Responder Program Expansion
911 Call-Taking and Dispatching	Housing Support Officer Program	Lane County Deflection Program
Crisis Negotiations Team	Parks Resource Officer Program	Lane County Stabilization Program
Special Investigations Unit		

Eugene Springfield Fire Department

The [September 11, 2024 Council work session presentation](#) provides an overview of ESF Innovations and Emerging programs as well as Attachment B: Summary ESF BH Services, including:

Traditional Services	Innovative Services	Emerging Services
Basic and Advanced Life Support Ambulance service	CAHOOTS + LCBH Mobile Crisis Services	Nurse Navigation
Fire response	Alternative Response Unit (ARU)	Senior Response Unit
Squad	Mobile Medical Response	Community Response Unit
		FireMed+

Central Services-Municipal Court

Eugene Municipal Court operations have expanded in recent years, supported in part by investments from the Community Safety Payroll Tax. It is estimated that over 50 percent of the cases processed by the court have a nexus with a behavioral health or substance use disorder issue, with over 70 percent of the violations and misdemeanors processed by the court having a BH/SUD component.

The Municipal Court created a Specialty Docket Unit, which is a team of staff dedicated to coordinating cases across the Specialty Dockets (programs). Each Specialty program/docket is made up of a dedicated specialty team that includes three dedicated Judges, two dedicated Prosecutors, attorneys and Law Enforcement officers. Attachment C provides more details on the specialty dockets. One of these Innovative Programs is the Community Court Program, where 100 percent of participants have BH/SUD related issues. The Community Safety Payroll Tax provides the largest contribution to this program, with the FY23 budget included below.

FY23 COMMUNITY SAFETY FUND BUDGET TO ACTUAL

Community Court Continuation

DEPT / DIVISION	ADOPTED BUDGET	BUDGET (6/30/2022)	ACTUAL EXPENDITURES	YEAR END BALANCE
Central Services / Municipal Court	\$692,216	\$912,913	\$1,176,853	\$(263,940)

The WellPath program provides diagnosis, therapy and treatment plans. Therapies include mindfulness treatment which helps those who have a serious mental illness to focus on what's going well in their lives right now rather than in the future or past. Motivational interviewing therapy is utilized to determine readiness for addiction therapies. Additional alternative approaches such as yoga, group therapy, music and art therapies are provided to people who have difficulty benefiting from books, reading, etc.

Traditional Services	Innovative Services (100% of these cases include a BH/SUD component)	Emerging Services
Jail Arraignments, Springfield and Lane County	Community Court Program, including Provider Room	Wellpath
Parking Infractions	Mental Health Court Program	DOJ Grant-Shelter, Dedicated Provider, Expanded Services
	Opportunity Docket	Increased coordination on '370' cases with LC Circuit Court and Springfield Municipal Court
	.370 Docket/Aid and Assist Program	

Planning and Development Department

The core element of the City's Unhoused Response efforts continues to be to provide safe and secure shelter. Eugene is currently limited in the number of shelter spaces available for people experiencing homelessness, with roughly 3,500 people in our city unhoused, and about 1,000 shelter spaces. To help address this critical need, the City supports a diverse set of shelter options, working in partnership with local social service providers, to increase stability and safety for individuals experiencing homelessness. These options include vehicle or safe parking sites, non-congregate village-style sites, and congregate shelters.

The various shelters and homeless service programs that the City supports see a high level of behavioral health needs among the population they serve. In addition to applying a trauma-informed, low barrier, and harm reduction approach to ensure access to services for people with behavioral health challenges, the various homeless service programs that the City supports help connect people to treatment services and healthcare providers to improve their stability and quality of life.

In Fiscal Year 2024 (FY24), 55 percent of those served in City-supported shelters in FY24 were chronically homeless, and 59 percent of people self-reported having a mental health disorder. HUD defines [chronically homeless](#) as a homeless individual with a disability who has been homeless for at least 12 months or on at least 4 separate occasions in the last 3 years that adds up to at least 12 months. Additionally, shelter occupants self-reported that 6 percent had an alcohol use disorder, 14 percent had a drug use disorder, and 20 percent have both an alcohol and drug use disorder.

While increasing shelter capacity has been an essential component of the City's strategy, supportive services are also an important part of increasing stability and access to housing for individuals. The City has worked to ensure that supportive services are offered within the City supported shelter programs and continues to build out the supportive services and resource connections offered within these shelters to help people increase their stability and relieve human suffering. The following local agencies are key partners in the City's services:

- Community Supported Shelters
- Carry It Forward
- Everyone Church (Everyone Village)
- SquareOne Villages
- St. Vincent de Paul
- Nightingale Hosted Shelters
- 15th Night
- Lane County Human Services
- Looking Glass Station 7
- Equitable Social Solutions
- ShelterCare
- Hope & Safety Alliance
- Homes for Good, etc.

Library, Recreation, and Cultural Services (LRCS)

Within LRCS, the emphasis on addressing BH issues is centered on responding to those seeking shelter and services from the Library and intervention style inclusion support programs for youth.

Every year, the City, schools, and area programs see an increase in requests for inclusion support. The Inclusion staff respond to those requests by creating individualized support plans that enable youth to participate fully in recreational activities. Through the Inclusion Services program, parents, caregivers, and youth work with the inclusion services coordinator to create environmental support plans, for children with developmental, health, and behavioral needs to help them participate in summer camps and recreational activities.

The Youth and Family Services Section of the Recreation Division provides multiple opportunities through recreation programs to support youth organizations and individual participants to engage in learning, exploring, growing and contributing to community through workforce preparation, leadership training, outdoor adventures, building social skills and art making. The programs created for the Youth Empowerment Programs intentionally serve historically marginalized groups.

Public Works

Park Safety Team: The team is made up of three work teams and was developed to engage visitors related to park rules, ensure compliance with park rules, provide resource information to people experiencing homelessness, and clean up after illicit activity in parks and natural areas.

Park Ambassadors: A team of four full time and four seasonal park ambassadors works seven days a week throughout the park system. Their role is to remind people of park rules, gain voluntary compliance, monitor parks for trends in illicit activity, and work closely with park resource officers as needed for compliance issues. Ambassadors provide social service information cards to people as well as information about cold weather shelters, etc.

Illicit Activity Clean Up Team: A team of two full time and six seasonal staff work throughout the park system cleaning up after sites of illicit activity. A large percentage of their work is spent along Eugene's waterways. Personal items are stored in accordance with state laws and can be retrieved at no cost by the owner.

Park Resource Officers: Two full-time park resource officers provide an on-scene safety presence for park ambassadors and illicit activity team members, resolve issues of noncompliance with park rules, patrol parks, and address criminal activity in parks.

This work has been funded by the 2018 and 2023 Parks and Recreation Levies. The web-based reporting tool [Park Watch](#) is used by the public to report issues to park ambassadors and illicit activity team members. In April 2024, an overnight private security presence in Eugene's hot spot parks began with a focus on reminding people of park hours.

Opioid Settlement

Since July 2021, the State of Oregon has reached agreement on national lawsuits against several companies for their role in the opioid crisis. Through these agreements, nearly \$600 million will be awarded to Oregon over the course of 18 years. These funds can be used for a wide variety of opioid prevention, treatment, and recovery strategies. Settlement funds from opioid manufacturers, distributors, and pharmacies are divided between the State of Oregon (45 percent) and local jurisdictions (55 percent) pursuant to Oregon's intrastate allocation agreements.

The City of Eugene created the Opioid Settlement Reserve Fund to receive distributions from the state. Although funds will continue to be distributed to the City via these settlements, projections show that initial distributions will be the largest and there may be some variability as to when funds are actually received in future years. Opioid settlement funds are restricted to very specific uses per the settlement agreement, and staff must report to the Department of Justice (DOJ) how funds have been spent at the end of each fiscal year. As part of the 2023-2025 biennial budget, opioid funds are planned to be used for Medication Assistance Treatment (MAT), rest stops, car camping, and the purchase of NARCAN.

State of Oregon Policy Priorities – (Intergovernmental Relations) IGR Committee

The 2023 and [2024](#) City of Eugene State Priorities included, “*Support increased state investment in mental health and behavioral health systems.*” The current Draft 2025 State Priorities include a similar statement, with the recognition that the BH/SUD Work Sessions may provide more specific

definition from the City Council related to seeking state support. During the October 2nd IGR Committee Meeting, this topic was discussed and supported by the members, with the expectation that final proposed language will be approved at their December 4th meeting, with a subsequent City Council meeting to review, comment, and adopt the 2025 Priority and Policy package before the 2025 Legislative Session in mid-January.

NEXT STEPS

- November 13 – Council Work Session on ‘Eugene Youth-Opportunities and Challenges’
- November 25 – Council Work Session on ‘Mental Health and Substance Abuse Services and Programs Part 2’ Discussion Panel
- December 9 or 11 (tentative) – Council Work Session on ‘2025 IGR State Priorities’

RELATED CITY POLICIES

[Eugene City Council Vision, Values, Goals and Outcomes](#)

Safe Community for Community Wellbeing: A community where all people are safe, valued, and welcome, and our systems and infrastructure are resilient and secure.

[City of Eugene Strategic Plan](#)

Urgent Community Needs: Mitigate the impacts of homelessness on unhoused individuals and the community

[2024 Eugene State Priorities](#)

Support increased state investment in mental health and behavioral health systems. The City of Eugene supports an increased level of investment from the state to address the systemic challenges within the mental and behavioral health systems, and an expansion of eligible entities receiving state funding for mental health and crisis support services.

PREVIOUS COUNCIL DIRECTION

None.

COUNCIL OPTIONS

Information only.

CITY MANAGER’S RECOMMENDATION

None.

SUGGESTED MOTION

None.

ATTACHMENTS

- A. Summary of Behavioral Health Related Services Provided by the Eugene Police Department
- B. Eugene Springfield Fire Behavioral Health Related Alternative Response Services
- C. Eugene Municipal Court-Specialty Court Dockets

FOR MORE INFORMATION

Staff Contact: Kristie Hammitt, Assistant City Manager
Telephone: 541-682-5524
Staff E-Mail: khammitt@eugene-or.gov



Summary of Behavioral Health-Related Services Provided by the Eugene Police Department

EXECUTIVE SUMMARY

The Eugene Police Department (EPD) acknowledges that behavioral health and safety are interconnected aspects of community well-being and works to deliver behavioral health services that are embedded in both traditional and innovative policing operations. This document provides an overview of how EPD provides these behavioral health-related services and discusses EPD's role in the emerging areas of behavioral health treatment and expansion.

- **TRADITIONAL POLICE SERVICES**

- **Responses to Calls for Service** – Officers frequently respond to calls for service involving individuals experiencing behavioral health crises. Types of behavioral health-related calls vary and can result in an involuntary hold.
- **911 Call-Taking and Dispatching** – Call takers triage behavioral health-related calls for service and dispatchers send the appropriate available resource based on information provided by the caller.
- **Crisis Negotiations Team** – Functions to manage high-risk situations involving individuals experiencing a severe behavioral health crisis and bring the incident to a safe and peaceful resolution.
- **Special Investigations Unit** – Tasked with assessing potential threats to public safety, including from individuals with mental health and/or co-occurring substance use disorders.

- **INNOVATIVE POLICE SERVICES**

- **Downtown Co-Responder Program** – Allows both behavioral health and criminogenic factors to be addressed simultaneously during calls for service.
- **Housing Support Officer Program** – Provides response to illegal camping complaints and related immediate public safety concerns.
- **Parks Resource Officer Program** – Ensures that public parks remain safe while providing pathways for individuals with behavioral health issues to receive the help they need.

- **EMERGING AREAS IN BEHAVIORAL HEALTH SERVICES**

- **Co-Responder Program Expansion** – Provides the downtown area with a second co-responder team that includes an additional Qualified Mental Health Professional and a Peer Support Specialist.
- **Lane County Deflection Program** – Provides an alternative to arrest for individuals committing low-level offenses driven by behavioral health issues.





Integrity ■ Compassion ■ Courage

- **Lane County Stabilization Program** – Provides location for officers to take individuals experiencing a behavioral health crisis where they receive care without being unnecessarily involved in the criminal justice system.

EPD plays a significant role in delivering behavioral health services across the city, going beyond traditional law enforcement responsibilities to address the growing needs of individuals experiencing mental health challenges and substance use disorders. As behavioral health issues continue to influence public safety concerns, EPD has adapted its approach to ensure an effective response to these complex calls for service. This document provides an overview of how EPD has increasingly incorporated behavioral health-related services into its operations and highlights its evolving role in the emerging areas of behavioral health treatment and care across the region.

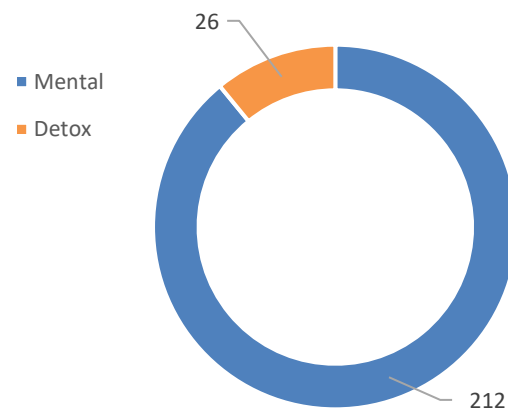
TRADITIONAL POLICE SERVICES

Traditional police services are rooted in enforcing laws and maintaining order, but an increasing number of requests for police services involve behavioral health-related components. The following EPD operations have continuously adapted to address community behavioral health needs as they intersect with traditional police services:

Response to Calls for Service

EPD officers frequently respond to calls for service involving individuals experiencing behavioral health crises as a result of mental health disorders or co-occurring substance use issues. The types of calls for service vary widely and can, but not always, include *disorderly subject*, *disoriented subject*, *suicidal subject*, *welfare check*, *criminal trespassing*, *illegal camping*, and *theft*. EPD's Patrol and Community Service Officers that respond to these calls are frequently faced with individuals whose actions are influenced by untreated or poorly managed mental health or substance use disorder conditions. EPD works to deliver a trauma-informed response to these vulnerable populations and a mechanism to connect them to social services. EPD officers also execute involuntary holds, albeit infrequently, during a call for service where a subject presents as a danger to themselves or others, or they are unable to care for themselves (see Figure 1). Administering a hold can take up to

Figure 1: EPD Police Officer Holds
September 15, 2023 - September 15, 2024



Eugene Police Department

Office of the Chief

**Integrity ■ Compassion ■ Courage**

several hours and represent one of the most time-consuming activities that officers engage in.

911 Call Taking and Dispatching

EPD's Central Lane Communications Center (CLCC) functions as the region's Public Safety Answering Point (PSAP) and is a cornerstone of public safety service in Eugene. CLCC is responsible for 911 call-taking and triaging and for dispatching units from EPD, Eugene-Springfield Fire (ESF), and CAHOOTS. CLCC call takers triage behavioral health-related calls for service (CFS) and dispatchers send the appropriate available resources (see Table 1) based on information provided by the caller.

Table 1: Three most common behavioral health-related CFS types with corresponding dispatch resource and total volume of CFS at EPD's CLCC between September 15, 2023 – September 15, 2024

CALL TYPE	DISPATCH RESOURCE TYPE	
	EPD PATROL	CAHOOTS
Disorderly Subject	3,243	353
Disoriented Subject	161	219
Suicidal Subject	4,568	1,512
Total	7,972	2,084
Total CFS Volume	80,593	14,539

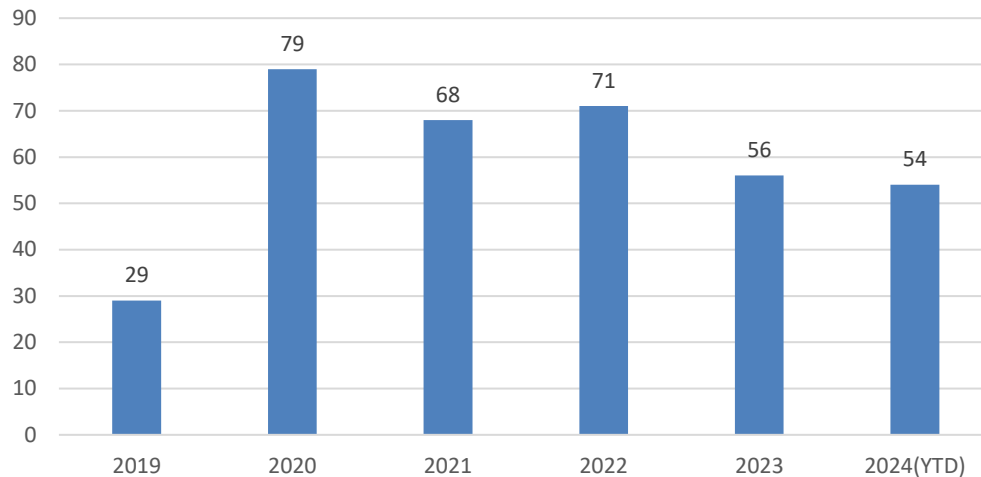
Crisis Negotiation Team

EPD's Crisis Negotiation Team (CNT) functions to manage high-risk situations involving individuals in crisis, such as when a subject is barricaded and poses a threat to themselves or others. Frequently, these situations involve individuals experiencing a severe behavioral health crisis. The role of CNT is to ensure public safety while de-escalating a situation toward peaceful resolutions that prioritize the individual's mental and emotional state. CNT officers employ specialized negotiation tactics aimed at moving the individual towards accepting help. EPD's CNT is comprised of officers and sergeants and is an ad hoc assignment where the team is deployed multiple times per year during emergent crisis related situations (see Figure 2 for summary of the last five years).



Integrity ■ Compassion ■ Courage

Figure 2: CNT Emergent Incident Callouts 2019-2024(YTD)



Special Investigations Unit

EPD's Special Investigations Unit (SIU) is tasked with assessing potential threats to public safety, including threats made against Eugene's diverse racial, ethnic, religious, and/or LGBTQ+ groups. Some of these threats are related to behavioral health where the individual(s) generating threats suffer from untreated mental health and/or co-occurring substance use disorders, or have experienced a lapse in treatment. EPD's SIU addresses these threats in ways that seek to prevent escalation and mitigate risks before they become critical incidents. This proactive approach can help ensure that individuals exhibiting threatening behavior due to underlying behavioral health issues receive attention that addresses both public safety and their personal mental health needs.

INNOVATIVE POLICE SERVICES

In recent years, EPD has incorporated behavioral health-related features into new and innovative policing services that extend beyond those traditionally provided by law enforcement. EPD has long recognized that the traditional law enforcement model alone is not always the most effective response to issues rooted in mental health and/or co-occurring substance use disorders. The following programs reflect a more informed approach to advancing policing services in a way that addresses the public's immediate safety concerns and reduces recidivism among individuals with poorly managed behavioral health issues.



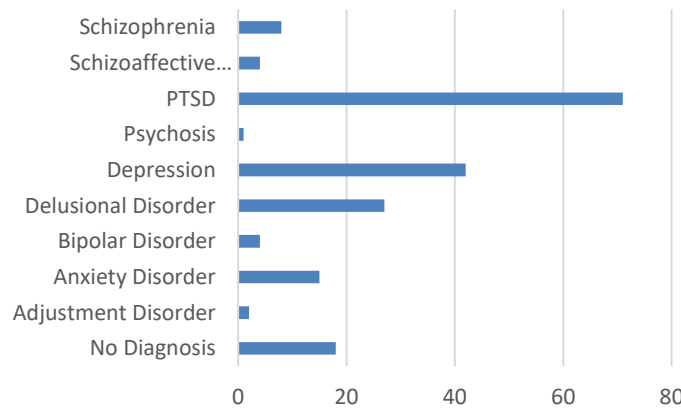
Integrity ■ Compassion ■ Courage

Downtown Co-Responder Program

A cornerstone of EPD's innovative approach is its Downtown Co-Responder Program, which pairs a qualified mental health professional (QMHP) from Lane County Behavioral Health (LCBH) with a Downtown Team police officer. This program reflects a growing

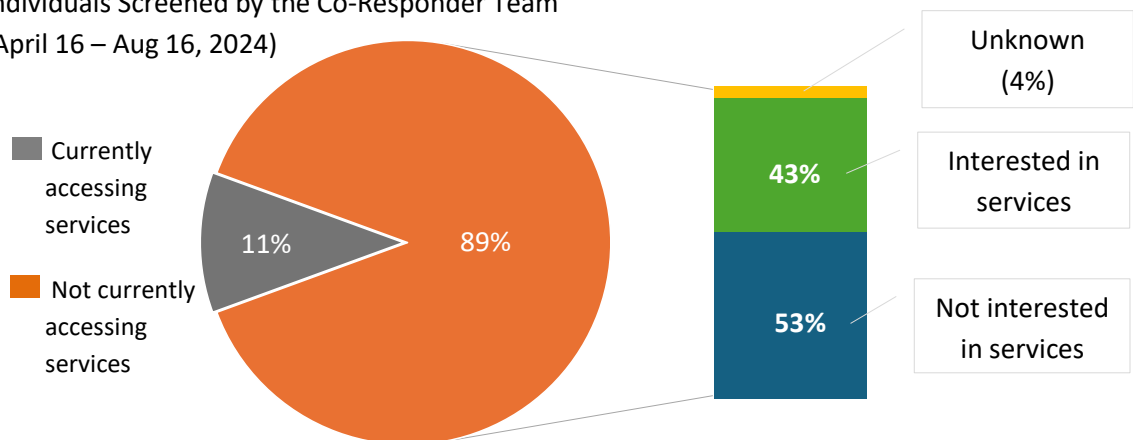
understanding within law enforcement that addressing behavioral health needs early and effectively can prevent further legal issues, reduce recidivism, and foster a safer community for all. The co-responder partnership allows both behavioral health and criminogenic factors to be addressed simultaneously during calls for service. For example, when responding to an incident involving someone exhibiting a behavioral health issue, the co-responder team can assess both the individual's legal situation and

Figure 3: Type and Number of Mental Health Diagnoses Across Individuals Screened by the Co-responder Team (April 16 - August 16, 2023)



their need for mental health support, ensuring that the response is safe, compassionate, and comprehensive to meet the subject's immediate needs. The co-responder team engages with individuals facing a range of mental health diagnoses (see Figure 3), each of which can complicate their interactions with the criminal justice system. Data on access to behavioral health resources collected by the co-responder team show that nearly all subjects screened were not currently accessing any behavioral health resources (see Figure 4) and of those

Figure 4: Behavioral Health Resource Access in Individuals Screened by the Co-Responder Team (April 16 – Aug 16, 2024)



Eugene Police Department
Office of the Chief



Integrity ■ Compassion ■ Courage

not receiving services, 53% were not interested in enrolling in LCBH's Forensic Intensive Treatment Team (FITT) Program. EPD's Co-responder Program currently supports one Downtown Officer FTE and one QMHP FTE that is contracted through LCBH (see Table 2 for FY23-25 biennium budget allocation).

Table 2: FY23-25 biennium budget breakdown for EPD's Co-Responder, Housing Support Officer, and Parks Resource Officer programs.

PROGRAM	POSITION	No. of FTE	FY23-25 BUDGET ITEM
Co-Responder Program	Officer	1	\$346,912 (avg)
Co-Responder Program	QMHP	1	\$400,000
HSO Program	Officer	3	\$1,168,403
PRO Program	Officer	2	\$928,060
TOTAL			\$2,843,375

Note: The HSO Program budget includes funding for one vehicle, two FTE for FY24, and three FTE for FY25; the PRO Program funding is allocated through the Public Works Department budget.

Housing Support Officers Program

EPD's Housing Support Officers (HSOs) receive specialized training in trauma-informed care and serve a vital role in assisting the city's unhoused population, many of whom experience mental health and/or substance use challenges. These officers respond to illegal camping complaints and the immediate public safety concerns related to the unhoused. EPD's HSOs are knowledgeable in the complexities of unhoused status and work proactively to connect individuals to stabilizing services, including housing, substance use treatment, and mental health support. EPD supported two HSO FTE during FY24 and added a third HSO for FY25. All HSOs work full time within the HSO Program (see Table 2 for FY23-25 biennium budget allocation).

Parks Resource Officers Program

EPD's Parks Resource Officer Program functions to address unique public safety and cleanliness issues within the Eugene park system, where unhoused individuals often reside. These sworn officers are supervised by EPD and are specially trained to manage the complex needs of these individuals, many of whom have mental health and/or co-occurring substance use disorders. Parks Resource Officers work closely with Public Works (PW) staff and play a critical role in balancing the safety and enjoyment of public spaces with the need to provide compassionate responses to individuals who are often in behavioral health crisis. Their work ensures that public parks remain safe while providing pathways for individuals to receive the help they need. PW currently supports two Parks Resource Officer FTE (see Table 2 for FY23-25 biennium budget allocation).

**EMERGING AREAS IN BEHAVIORAL HEALTH SERVICES**

EPD continues to shape a policing model that balances enforcement with care and is actively involved in the development and expansion of programmatic areas focused on diverting individuals with behavioral health issues away from the criminal justice system and toward treatment and support services. These areas include:

Co-Responder Program Expansion

EPD was awarded the BJA FY23 Connect and Protect grant and will use the \$550,000 of funding to expand the Downtown Co-Responder Program to include a second QMHP and a Peer Support Specialist (PSS). The second QMHP and the PSS will be assigned to an additional EPD Downtown Team Officer to work as the second co-responder team in the downtown area. Both co-responder teams will be under the leadership of the Downtown Incident Commander who coordinates the effort to maintain a clean, safe, and activated downtown. By ensuring that mental health professionals are involved in these efforts, the expansion continues to prioritize the integration of behavioral health care into public safety responses.

Deflection Program

The passage of HB 4002 has fostered regional partnerships aimed at developing behavioral health services focused on recovery and care. Lane County's Deflection Program will provide EPD officers with an alternative to arresting individuals for low-level offenses that are frequently driven by behavioral health issues but have a significant negative impact on the community's quality of life. Instead of arresting individuals, officers can engage peer navigators who focus on enrolling individuals in programs that address the root causes of their behavior, such as mental health and/or co-occurring substance use disorders. By tackling these underlying issues, deflection programs reduce further legal system involvement and improve overall community quality of life by lessening the burden on emergency and law enforcement services.

Stabilization Center

In addition to the Lane County's Deflection Program, the planned Stabilization Center will provide a designated location for EPD officers to take individuals experiencing a behavioral health crisis that is the result of untreated or poorly treated mental health and/or co-occurring substance use disorders. This center will offer immediate stabilization services and a pathway to long-term solutions, acting as a critical resource in ensuring that individuals in crisis receive the care without being unnecessarily involved in the criminal justice system.



Eugene Springfield Fire Behavioral Health Related Alternative Response Services

Executive Summary

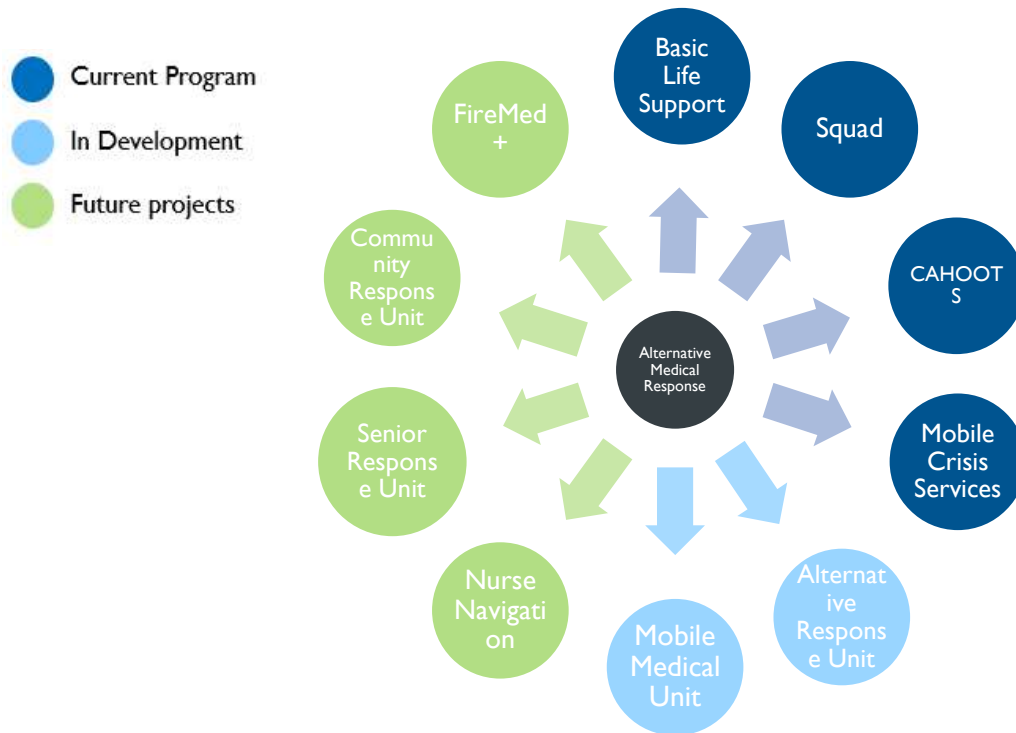
October 7, 2024

Eugene Springfield Fire (ESF) believes its guiding direction for alternative response development is to address system challenges through sustainable funding models, innovative service delivery, and enhanced integration with other components of the healthcare system. The objective of alternative medical response is to provide timely and appropriate medical care to individuals in need, focusing on situations where traditional emergency services (911) may not be immediately available or suitable. This program aims to ensure efficient deployment of resources paired with the collaboration and integration of current healthcare system services to enhance overall community health and well-being.

Alternative response methods to pre and active 911 calls are quickly evolving in both rural and urban areas. Emergency Medical Services (EMS) providers and Healthcare Systems look to reduce the use of EMS services for non-emergent 911 calls. In urban areas, programs which include medical providers, community paramedics, community healthcare workers, social workers, behavioral health specialists and non-profit organizations have demonstrated success in the out of facility or clinical environment. Additionally, these services can help fill gaps in the facility/clinical healthcare delivery system. Our concept, that will be further addressed in this document, is to have a wide array of response units with specific focus areas, combined with out-of-hospital, clinical, and hospital providers who are better educated and equipped to manage the sometimes diverse and difficult individual needs of our community members.

The current landscape of behavioral health and substance abuse presents both immense challenges and incredible potential for opportunity. Eugene Springfield Fire is working diligently to address the growing needs of individuals experiencing mental health challenges and substance use disorders. It is essential to recognize that oftentimes these disorders are co-occurring and complex conditions that require specialized and full circle care. With the recent pandemic creating record level reports of increased mental health symptoms including anxiety, depression, trauma-related symptoms, increased substance use, and increased reports of serious suicidal ideation compared to earlier pre-pandemic reports, we have developed a serious strain on the already stressed emergency response system and are seeing the effects all over the community. More on the impact behavioral health and substance abuse related calls have on the EMS system are depicted in the attached Appendix A.

Opportunities for new and innovative options exist and ESF is leading the charge to implement and improve the emergency response system for behavioral health and substance abuse related services.



CURRENTLY IN ACTION:

- **BLS units** taking care of lower acuity calls in order to keep higher level response units available for incidents of a higher risk to patient life and wellbeing.
- **CAHOOTS** will continue to be a response asset to our community and recently renewed their contract to provide low acuity mental health support on the streets. Their new vans recently arrived which will help with unit reliability and response.
- **Mobile Crisis Response (MCS) Lane County** which was mandated by legislation and recently went live with mental health professionals responding to more acute mental health crisis throughout the county.

Alternative Response Coordinator Serving as a liaison for ESF's EMS Division, this position will foster partnerships with county public health and EMS offices within the service area, alongside system response partners and ESF's Community Risk Reduction team. This joint effort is geared towards sustaining and enhancing ongoing initiatives aimed at improving the effectiveness of alternative response programs such as CAHOOTS, BLS, MCS and senior care responses within these settings.

IN DEVELOPMENT

- **Alternate Response Unit** is funded by HB4136 through the Innovation Funds Grant and in cooperation with PeaceHealth, will be a unit with a dedicated Paramedic and Nurse

Practitioner (or Physician's Assistant), and will be focused on the directive of "Right Patient, Right Resource".

- **Mobile Medical Unit** is a unit that will respond primarily to our unhoused, under-resourced community members to provide mobile primary care services. It will utilize a unit equipped with an exam room and provider.

FUTURE PROJECTS

- **Nurse Navigation** is a partnership with PeaceHealth where after calling 9-1-1, if the situation is not a pre-hospital concern, the caller can connect with a nurse over the phone for a care plan.
- **Senior Response Unit** is envisioned to be a BLS unit that responds solely to elder care facilities to provide care specific treatment and dispositions to their unique needs. HB2397 created the Senior Emergency Medical Services Innovation Program, which includes funding for innovative projects around senior response. ESF have submitted for award funding and awaiting a response.
- **Community Response Unit:** is a single resource supporting "upstream" efforts to reduce utilization of 911, EMS and emergency rooms. In partnership with other healthcare system providers, will respond to patients that need on-going support outside of an immediate emergent response. Commonly known as a Community Paramedic
- **FireMed+** Expanding the current FireMed program to offer Community Paramedic like services versus a traditional 911 response.

Current ESF Services in Action

Eugene Springfield Fire is customarily one of the primary responders to calls regarding behavioral health and substance abuse incidents and is typically the first to provide medical care, and sometimes lifesaving care, for these individuals. Traditionally, these calls have been responded to by large engine, ladder truck companies and ambulances. To maximize staffing, most firefighters are also trained paramedics. ESF looked at reshaping the way the department responds to calls after a broad evaluation of services in an effort to maximize efficiency. With the implementation of these changes to services provided by ESF, we have been able to relieve the burden on the larger units having to respond to low acuity calls, allowing them to focus on fires and those higher acuity calls.

Basic Life Support (BLS) Units

Recently ESF received funds from House bill 4136 that allowed us to add one additional 12-hour BLS ambulance to our available services. The funds were dedicated to pay for staffing and ESF uses a reserve ambulance for this service. This additional unit provides relief for the Ambulance entire system, not just ESF. It can help relieve Fire apparatus Advance Life Support (ALS) Medics stuck in the Ambulance Patient Offload Time (APOT) at Emergency Departments, allowing those units to respond to more calls.

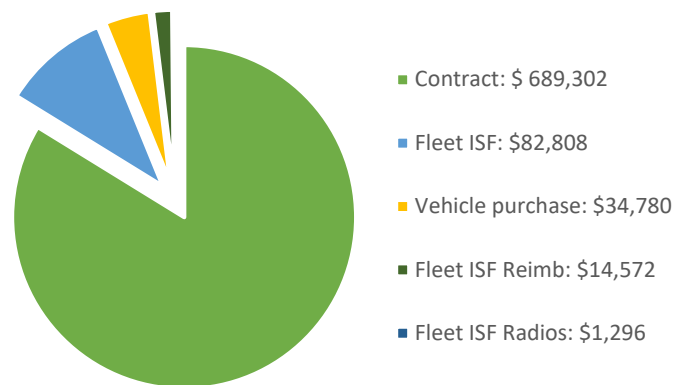
ESF operates the largest government-based transport service in the state. We run seven ALS Ambulances 24hrs per day. We also run three BLS Ambulances during the day (a 12-hour shift) and two BLS Ambulances (a 12-hour shift) at night. We also have a contracted non-emergency ambulance provider, Mid-Valley Ambulance, who operate two, 24-hour ALS ambulances and one daytime 12hour BLS ambulance. The Ambulance Service Area exceeds the geographic boundaries of Eugene and Springfield providing ambulance service to seven contracted districts and seven rural fire departments.

CAHOOTS (Crisis Assistance Helping Out On The Streets)

CAHOOTS provides mobile crisis intervention 24/7 in the Eugene-Springfield Metro area. Their teams, consisting of a medic and a crisis worker, provide immediate stabilization in case of urgent medical needs or psychological crisis, assessment, information, referral, advocacy and, in some cases, transportation to the next step in treatment.

The Contract between CAHOOTS and City of Eugene was renewed in July of 2024, after a transition to ESF from being contracted with the Eugene Police Department. While the contract was in negotiations, CAHOOTS continued to respond to calls and provide services. They are a response asset to our community with specialized experience in providing low acuity mental health and social support on the streets.

FY24 CAHOOTS Total Expense \$822,759



Mobile Crisis Services of Lane County (MCS-LC)

MCS-LC was recently mandated by legislation and went live in August of 2024. MCS-LC is operated by Lane County Behavioral Health and helps people in immediate behavioral health crises. Qualified professionals provide services in a community-based setting. The goal is to de-escalate and stabilize individuals in acute mental crisis quickly. The response is timely, therapeutic, and focused on both the person and their family. MCS-LC operates from a specially equipped vehicles, ready to be dispatched wherever needed with mental health professionals and peer support specialists responding to higher level, acute mental health crisis throughout the county.

ESF works in coordination with MCS-LC as ESF crews are often first on scene. Crews may determine an individual requires MCS level of care and request a response via Central Lane Communication Center. Additionally, crews can assist the individual with

connecting them to the Lane County Crisis Line, by calling or texting 988 or dialing the Lane County Crisis Line.

Additionally, as the MCS Unit has no medical capability, ESF may be called in and asked to provide a patient medical evaluation or provide treatment.

Projects in Development

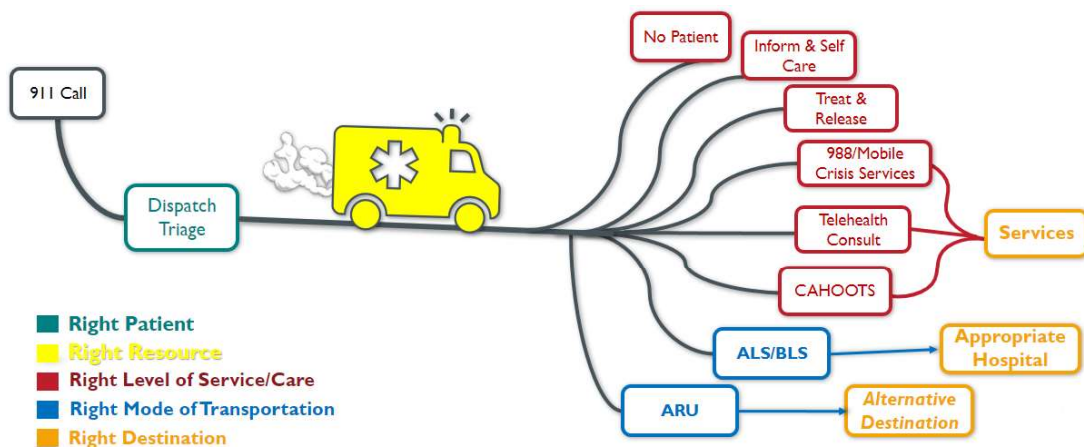
ESF is actively working on launching additional projects to continue to address the deficiencies in the current Emergency Response system.

Alternate Response Unit (ARU)

This unit, funded by HB4136 Innovation Funds, and in partnership with PeaceHealth, will be staffed with a Paramedic and either a Nurse Practitioner or Physicians associate, and in contract with the PeaceHealth Urgent Care Facility in the University District. Within a designated service area of a few square miles surrounding the PH Urgent Care, the ARU will respond to low acuity calls and focus on alternative options for treatment, as opposed to the standard transport to an emergency department.

Expected to launch before the end of 2024, the ARU will focus its efforts to reduce emergency department usage by ensuring the patient is provided the right resources and the right level of care, including determining if emergency transport is needed. They will respond to low acuity calls such as:

- General Sickness
- Upper Respiratory Infections
- Upset Stomach/Abdominal pain
- Wound Care, minor laceration repairs
- Medication prescriptions/refills
- Treatment Follow up
- Medical Clearance for patients requiring further mental or behavioral health care
- and much more.



Mobile Medical Unit (MMU)

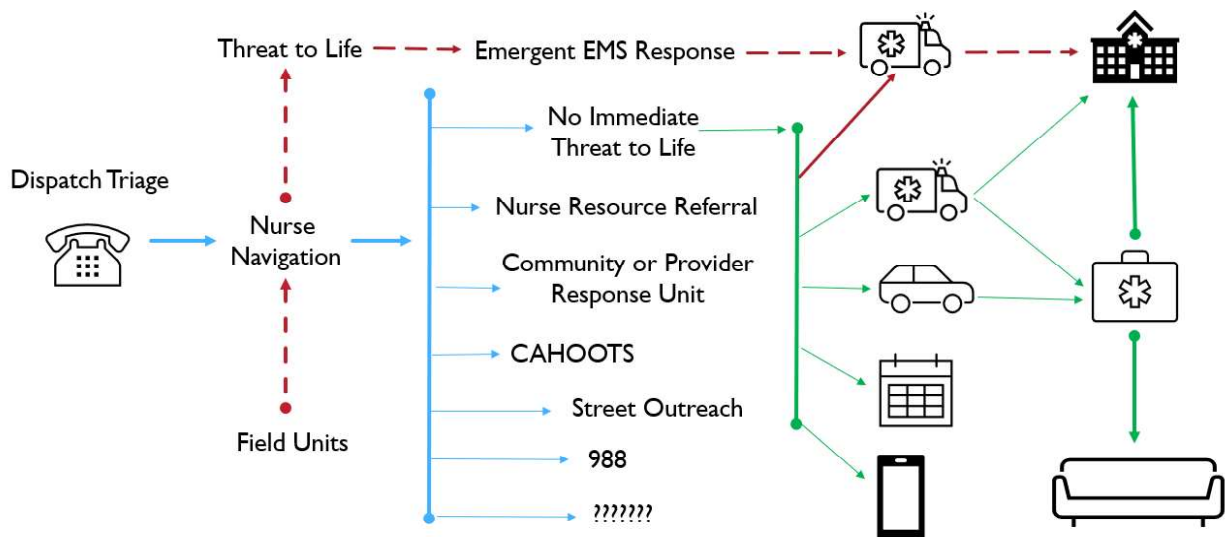
The MMU is project operated by Lane County Public Health. It's anticipated to primarily respond to unhoused, under-resourced community members. It will provide mobile primary care services and will utilize a special vehicle equipped with both an exam room and provider. Funded by HB4136, the MMU will be able to bring services to those in our community with barriers to travel or access to care.

Future Projects

Looking towards the future, ESF is continually working with local stakeholders and state representatives to further the goal of stabilizing emergency services and providing equal opportunities for service to all individuals in our community.

Nurse Navigation (NN)

A service provided by Global Medical Response connects callers with different resources. Not all 911 callers need ambulance, but they require some level of assistance. After calling 9-1-1, if the situation is not a pre-hospital concern, the caller can connect with a nurse over the phone for a care plan. Nurse Navigation can take time with a caller to dig down to their actual needs, while retaining the ability to activate a traditional 911 response. After investigation the callers needs a nurse navigator can connect the caller with an appropriate level of services. ESF has explored this option in partnership with PeaceHealth.



Senior Response Unit (SRU)

Our vision is to deploy a Senior Response Unit (SRU) staffed with two ESF paramedics or EMTs specially trained in elder care. The SRU would be assigned to provide alternate, in-field, treat-connect-resources and services when medically appropriate. The unit's primary focus is on senior living and long-term care, emphasizing a proactive approach to preventable events rather than reactive responses.

The SRU will establish direct collaboration with administrators and staff from senior residential care facilities. This partnership aims to bolster communication, address response-related challenges, and ensure appropriate resource allocation for the residents in these facilities.

Paramedics are well-equipped to handle high acuity resuscitation scenarios outside of the hospital and operate seamlessly within the emergency response system. The SRU would deploy 7 days per week on 10-hour shifts. Funded by HB 2397, the Senior Emergency Medical Services Innovation Program.

Community Response Unit (CRU)

A single resource supporting the efforts to address the root of the current challenges our community members are facing and reduce utilization of 911, EMS and Emergency Departments. In partnership with other healthcare system providers, the CRU will respond to patients that need on-going support outside of an immediate emergent response. Commonly known as a Community Paramedic, this model allows paramedic and EMTs to operate in expanded roles by assisting with public health and primary healthcare and preventative services to underserved populations. The primary goals are to improve quality of life through early identification of healthcare needs and assisting with access and reducing the unnecessary and sometime duplicate costs to the community and healthcare system as a whole.

FireMed+

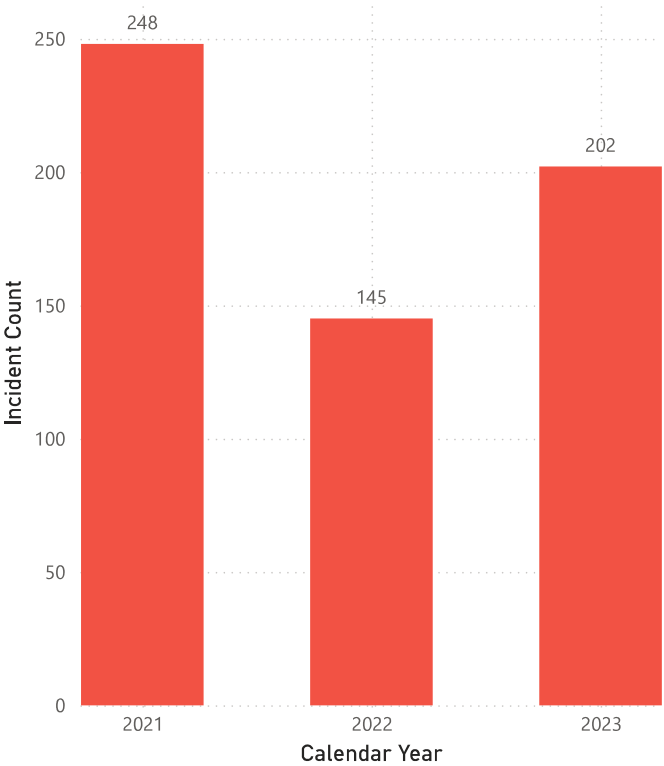
Expanding the current FireMed program to offer Community Paramedic like services versus a traditional 911 response. Anticipated to be funded by HB2397, the Senior Emergency Medical Services Innovation Program and is currently pending Grant Approval.



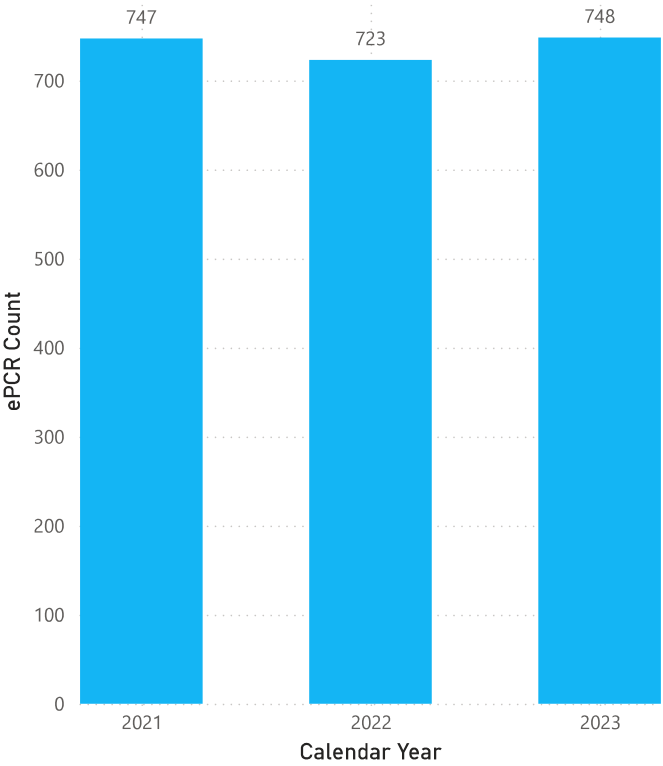
Behavioral Health Report
Overview

APPENDIX A

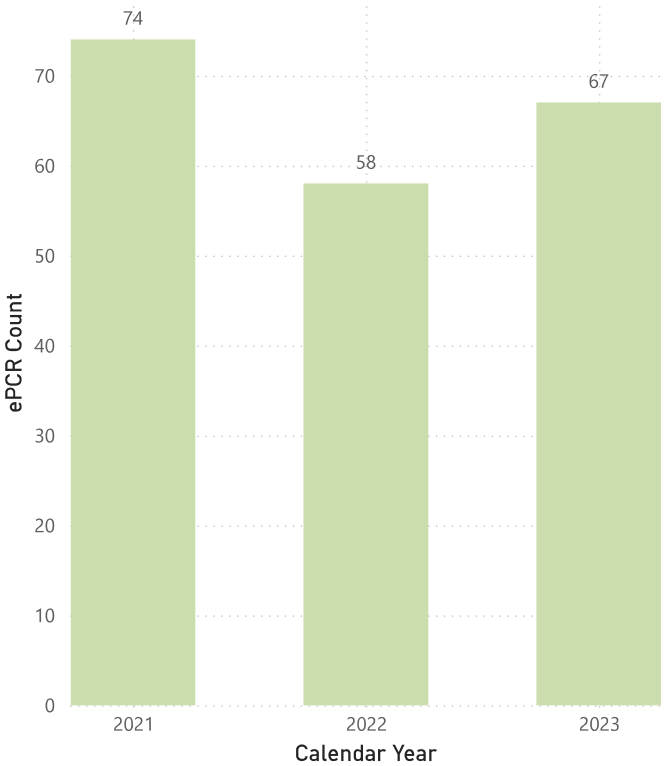
Incidents with the Suicidal Subject Nature Code



ePCR Count in the Psychiatric Primary Impression Group



ePCR Count in the Psychiatric Primary Impression Group

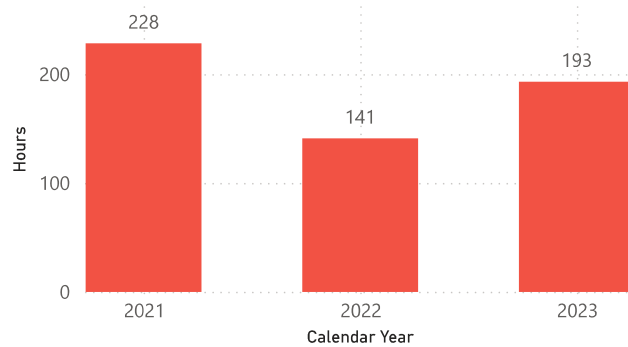




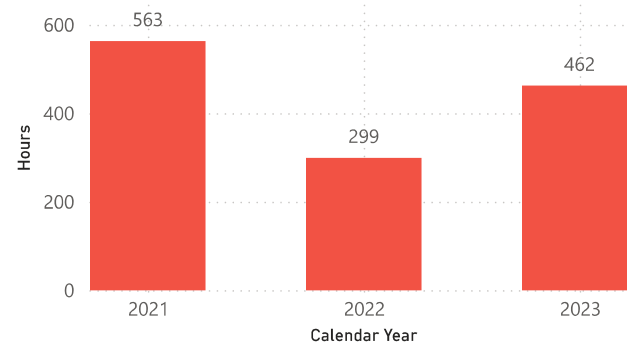
Behavioral Health Report Suicidal Subject Nature Calls

Attachment B

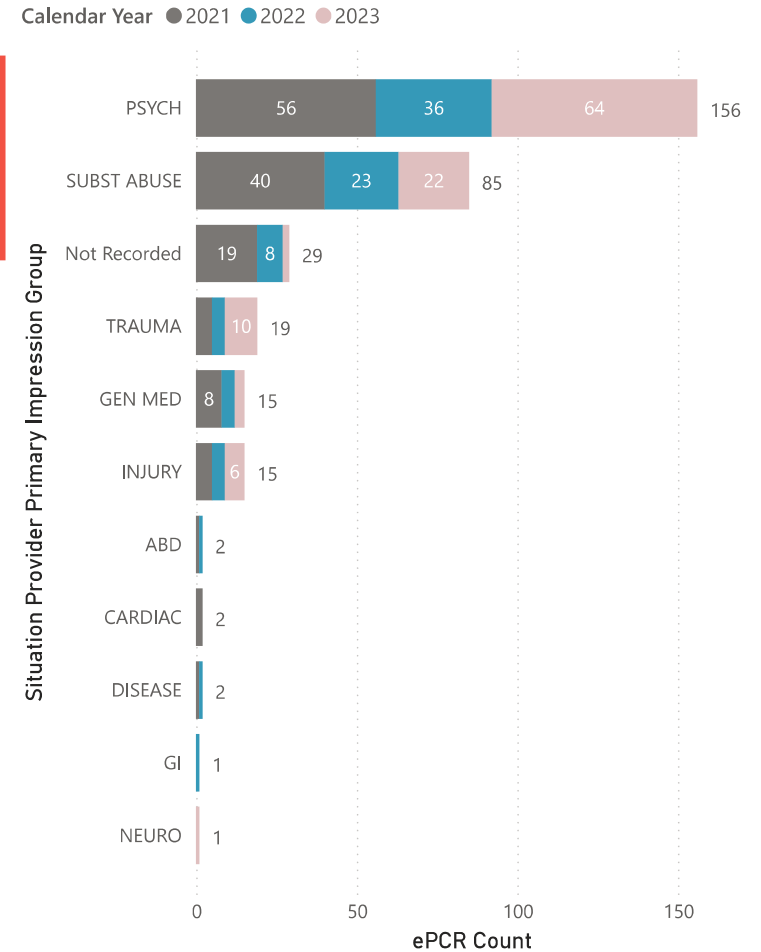
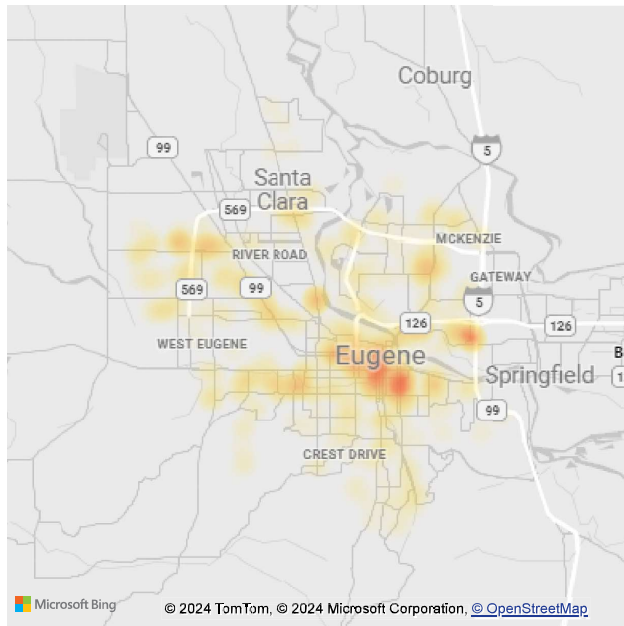
Total Time-on-Task (hrs) by Calendar Year



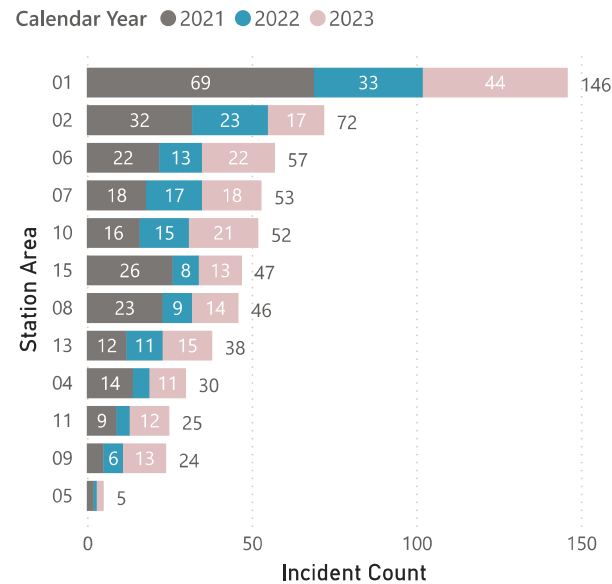
Unit Response Count by Calendar Year



ePCR Count by Situation Provider Primary Impression Group and Calendar Year



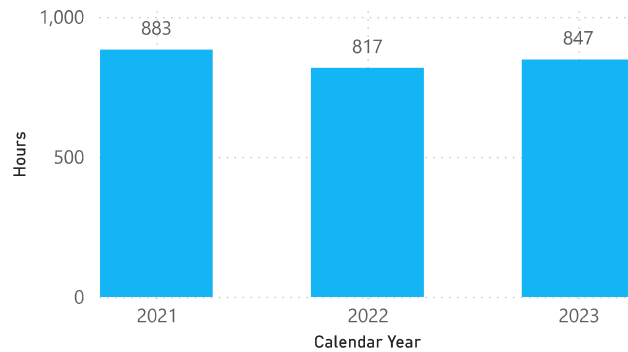
Incident Count by Station Area and Calendar Year



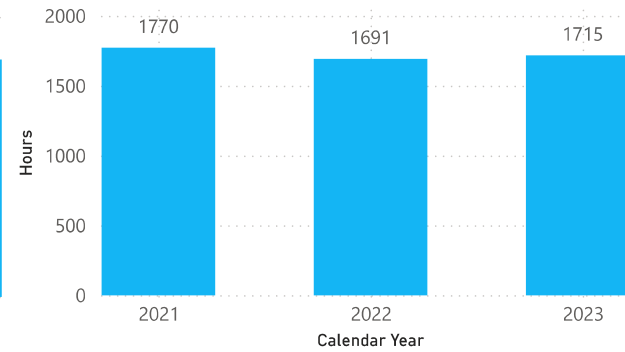


Behavioral Health Report Psychiatric Primary Impressions

Total Time-on-Task (hrs) by Calendar Year

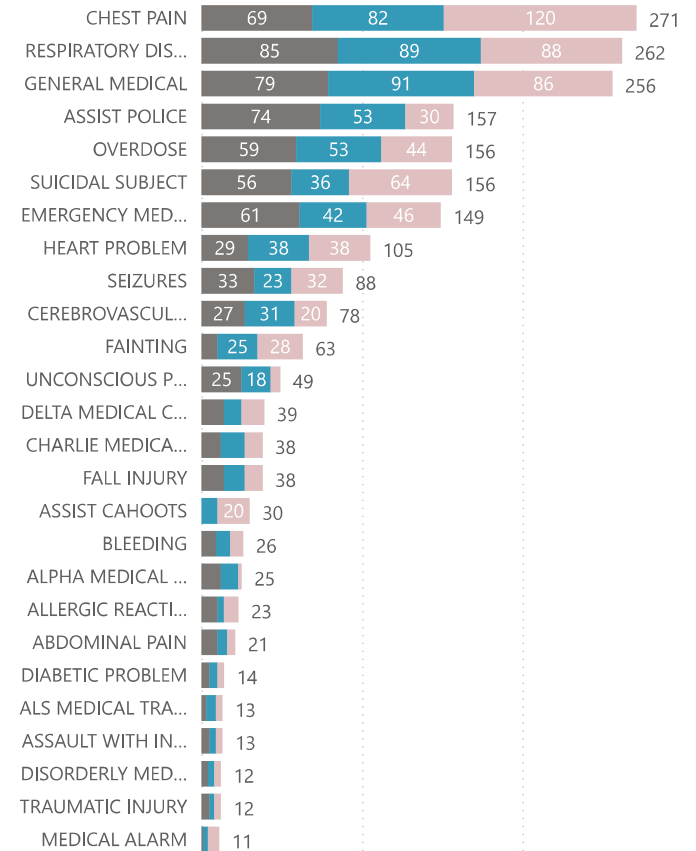


Unit Response Count by Calendar Year



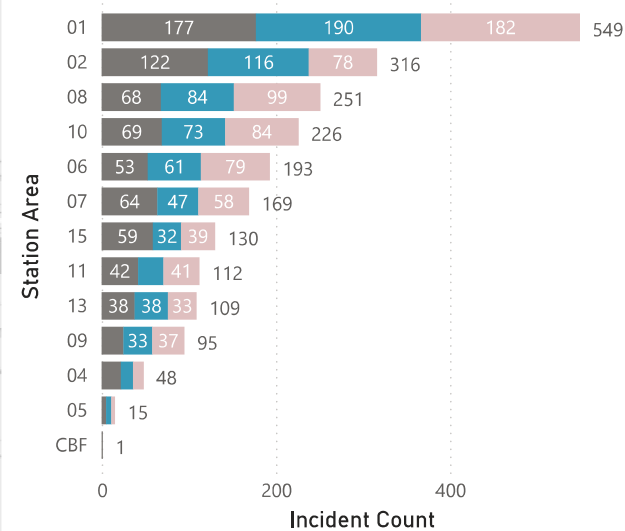
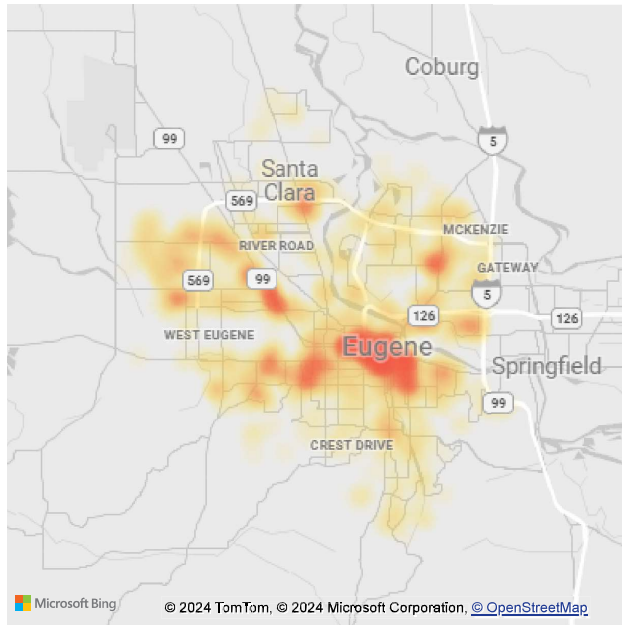
Incident Count by Nature and Calendar Year

Calendar Year ● 2021 ● 2022 ● 2023



Incident Count by Station Area and Calendar Year

Calendar Year ● 2021 ● 2022 ● 2023

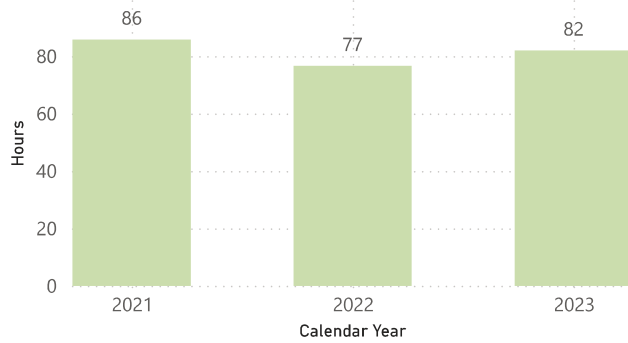




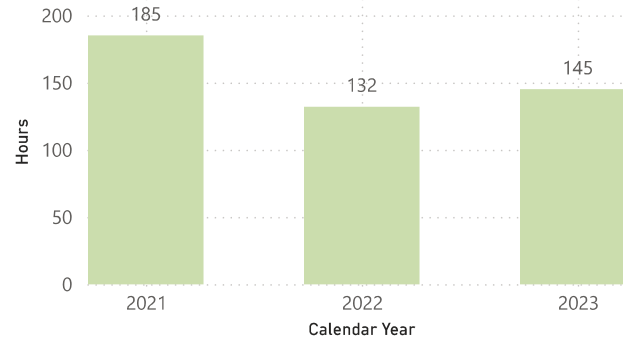
Behavioral Health Report Psychiatric Secondary Impressions

Attachment B

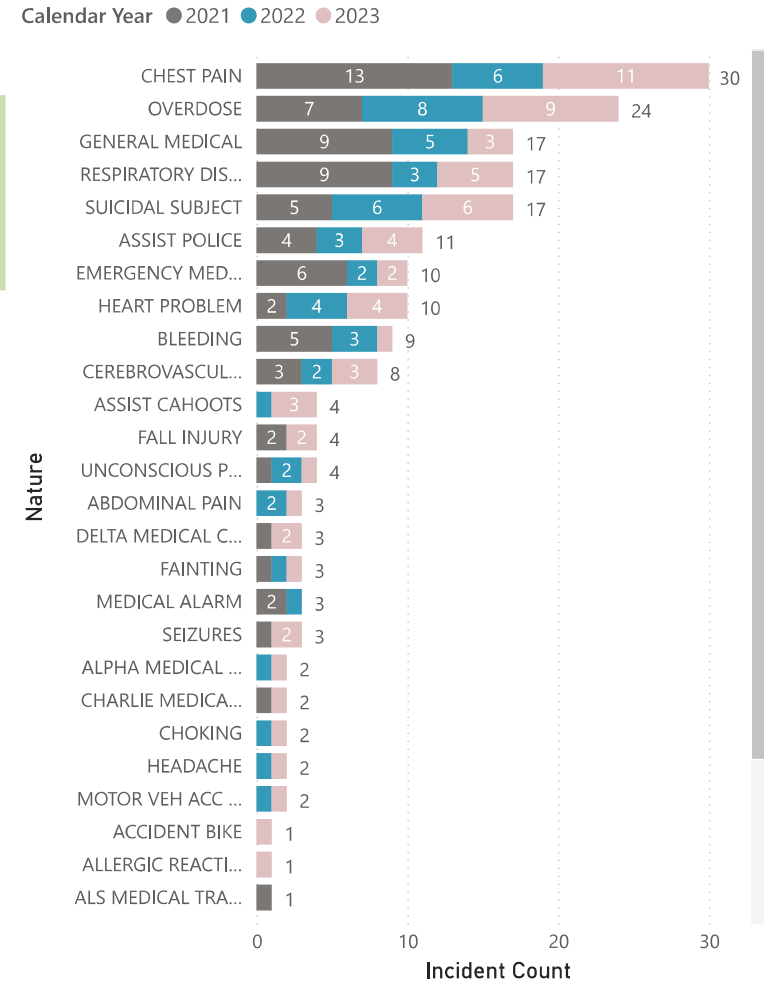
Total Time-on-Task (hrs) by Calendar Year



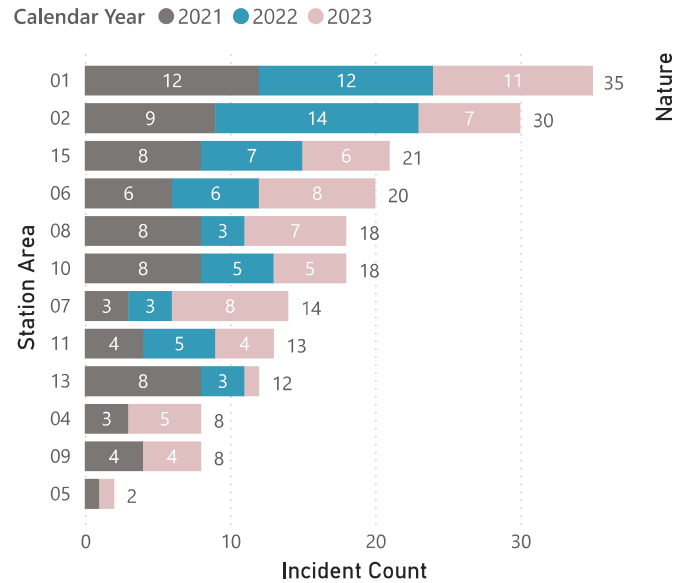
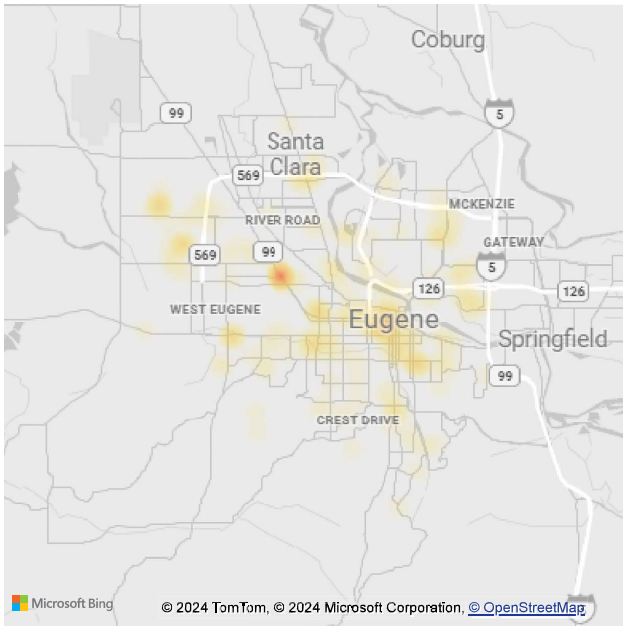
Unit Response Count by Calendar Year



Incident Count by Nature and Calendar Year



Incident Count by Station Area and Calendar Year

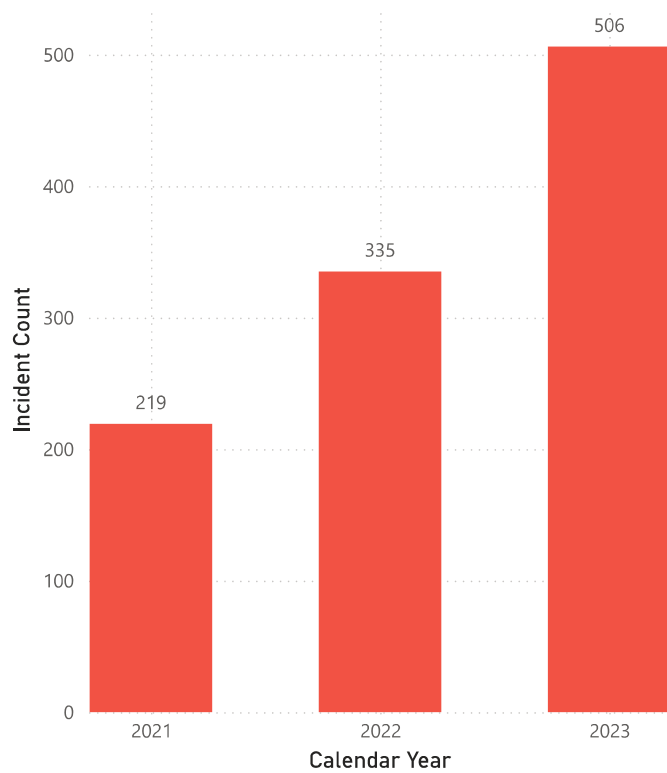




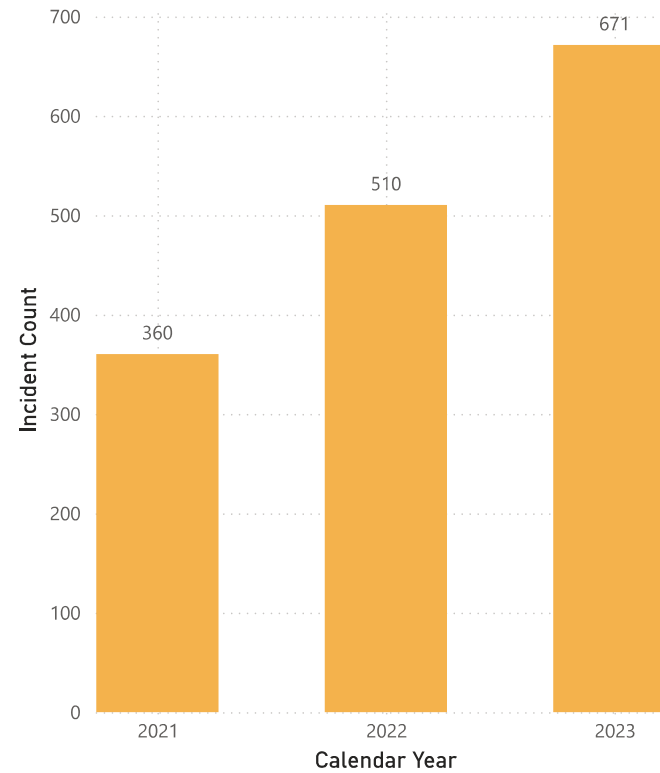
Behavioral Health Report

Substance Abuse

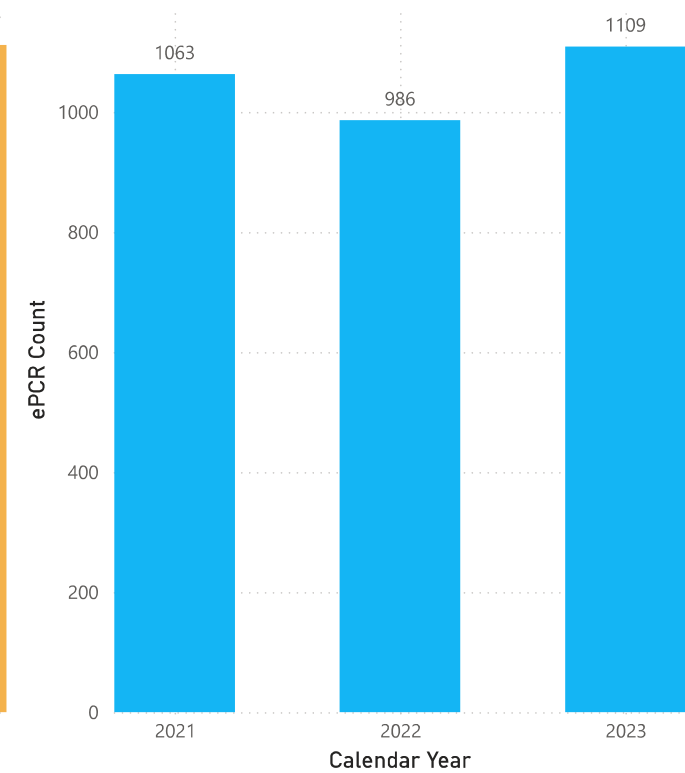
Incidents with the Overdose Nature Code Only (No DDC)



Incidents in the Overdose/Poisoning DDC Group



ePCR in the Psychiatric Primary Impression Group

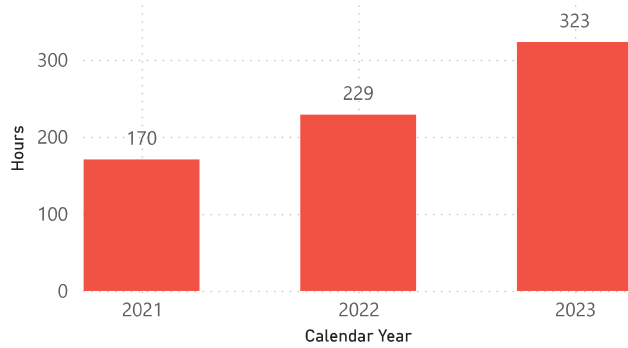




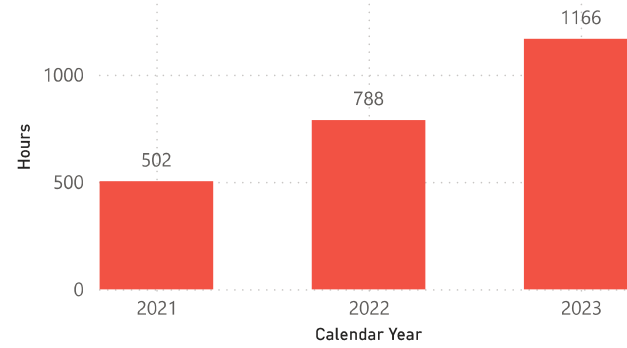
Behavioral Health Report

Overdose Nature Only Calls (No DDC)

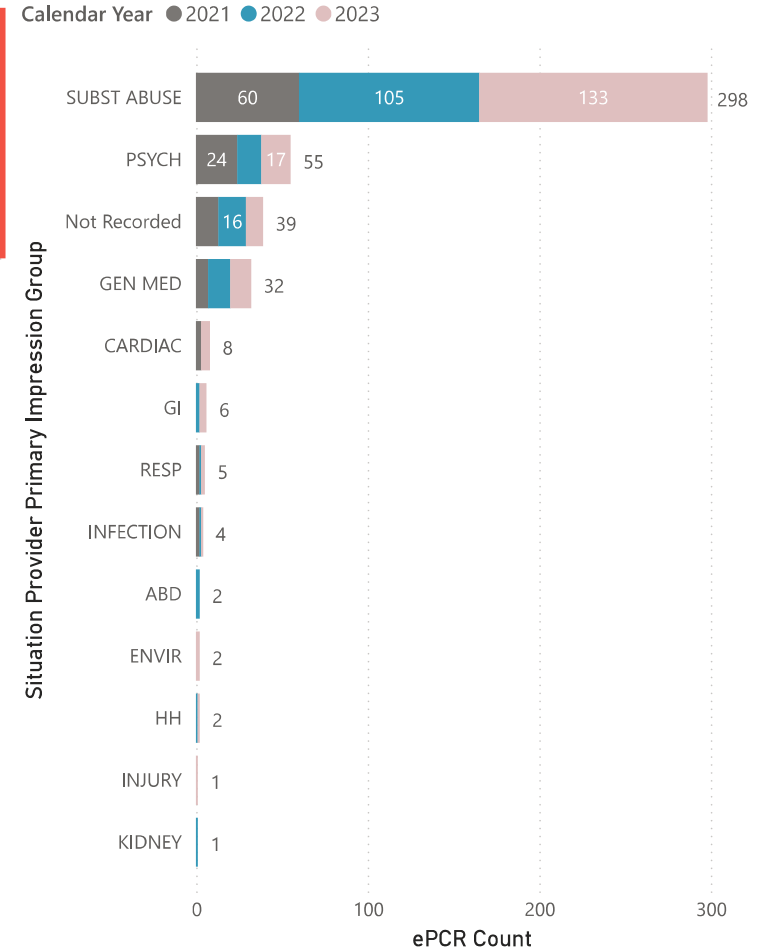
Total Time-on-Task (hrs) by Calendar Year



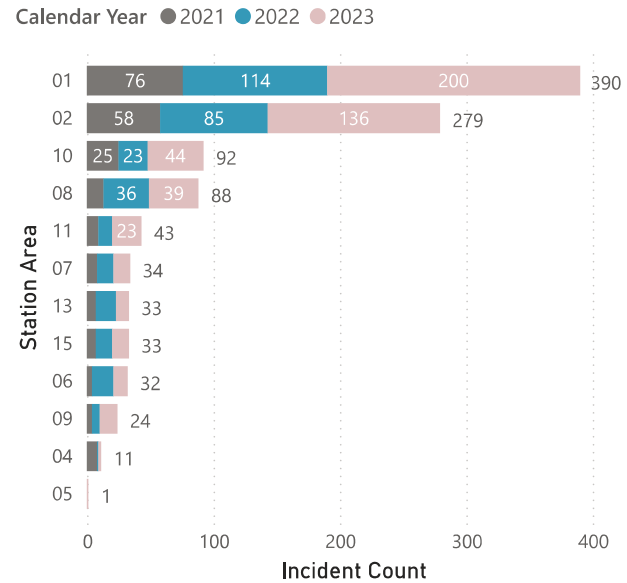
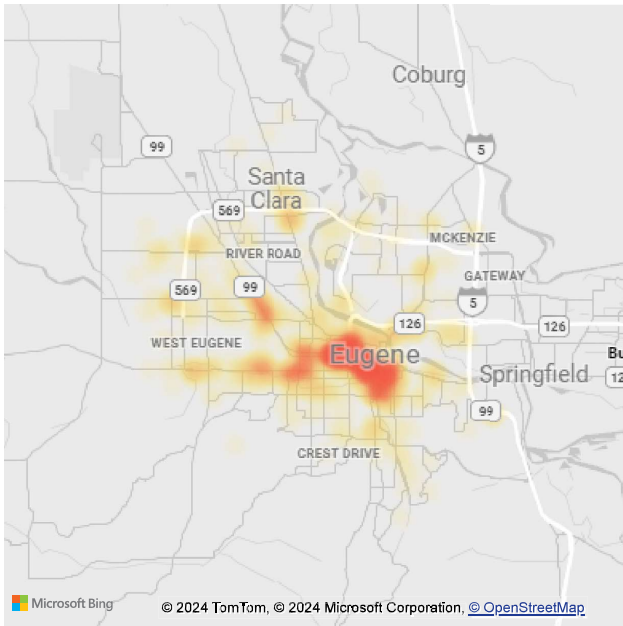
Unit Response Count by Calendar Year



ePCR Count by Situation Provider Primary Impression Group and Calendar Year



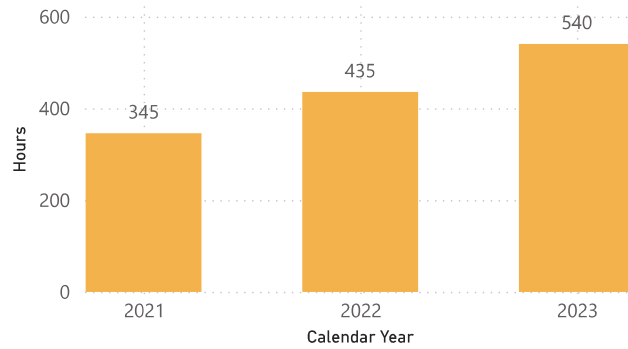
Incident Count by Station Area and Calendar Year



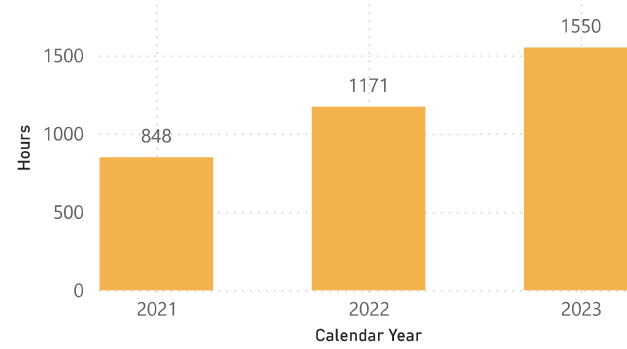


Behavioral Health Report Overdose DDC Calls

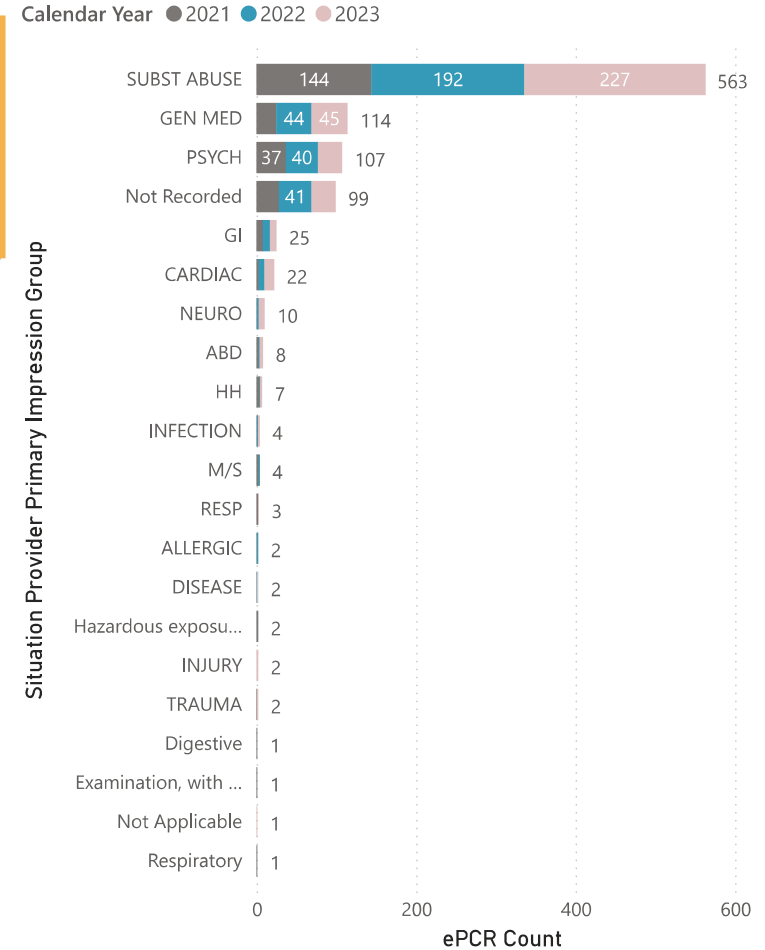
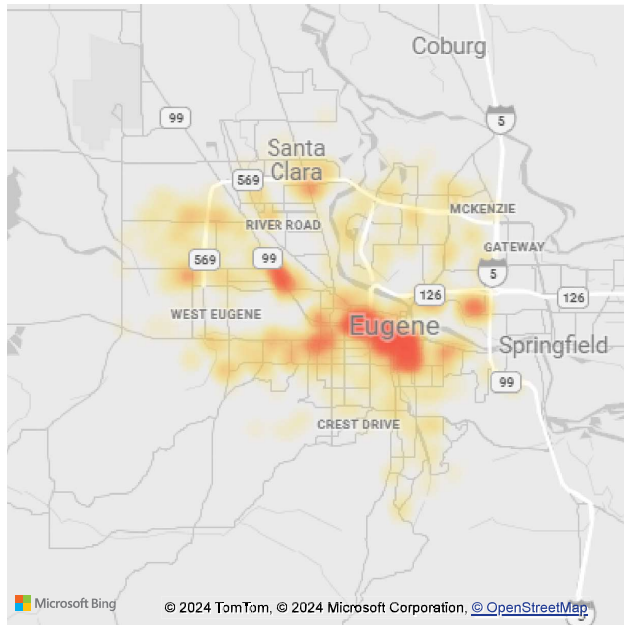
Total Time-on-Task (hrs) by Calendar Year



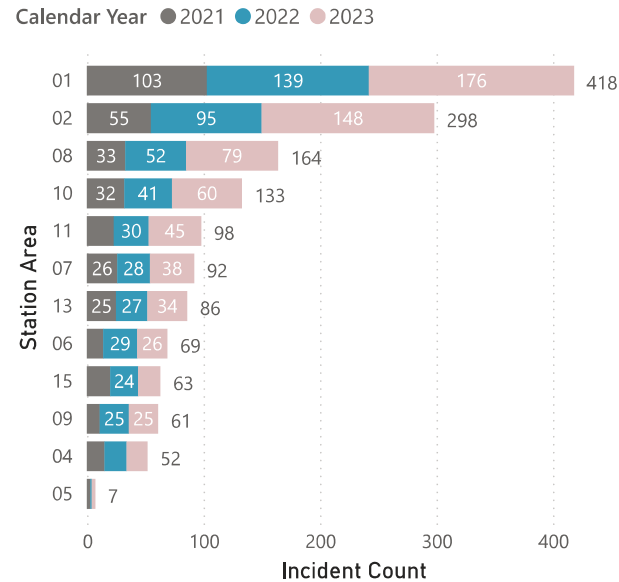
Unit Response Count by Calendar Year



ePCR Count by Situation Provider Primary Impression Group and Calendar Year



Incident Count by Station Area and Calendar Year



Incident Count

CC Agenda Page 35

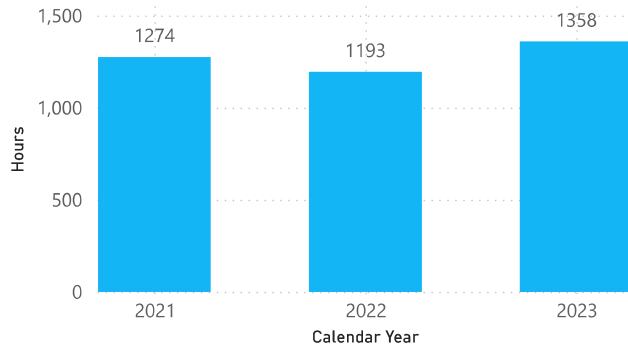
October 14, 2024 Work Session – Item 1



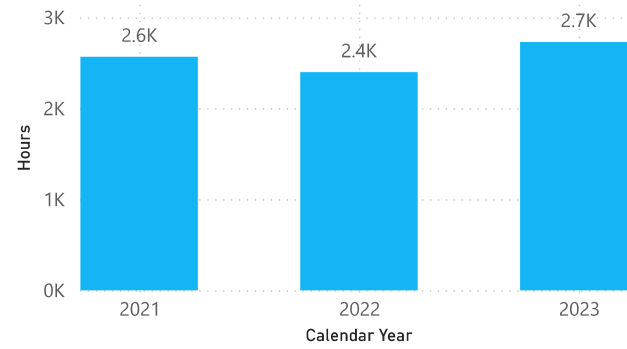
Behavioral Health Report Psychiatric Primary Impressions

Attachment B

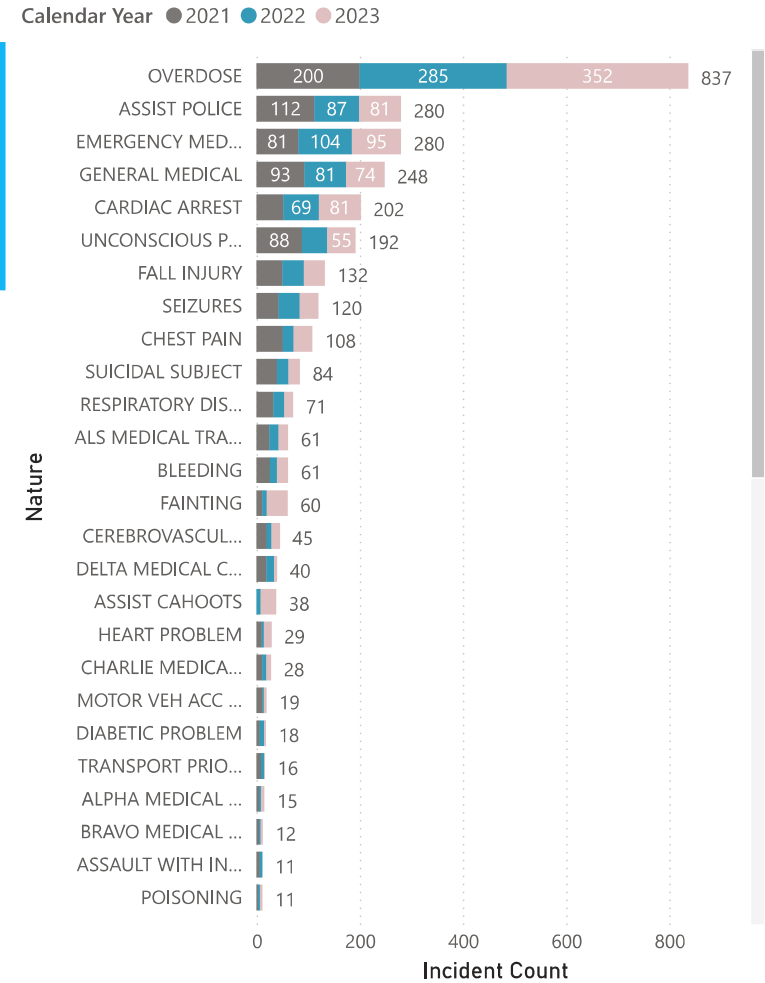
Total Time-on-Task (hrs) by Calendar Year



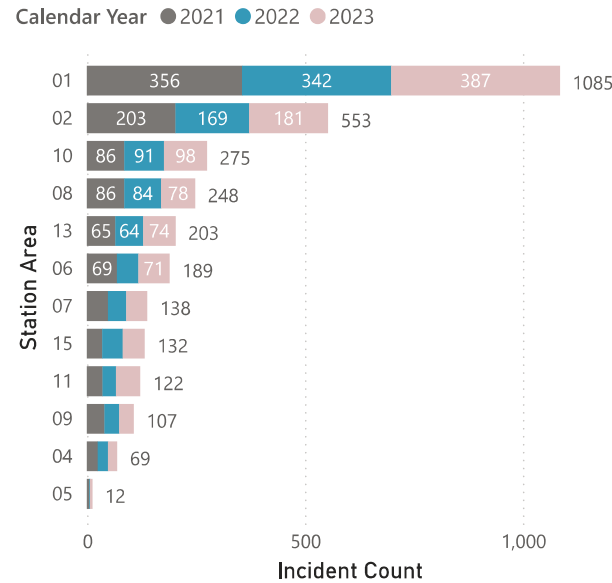
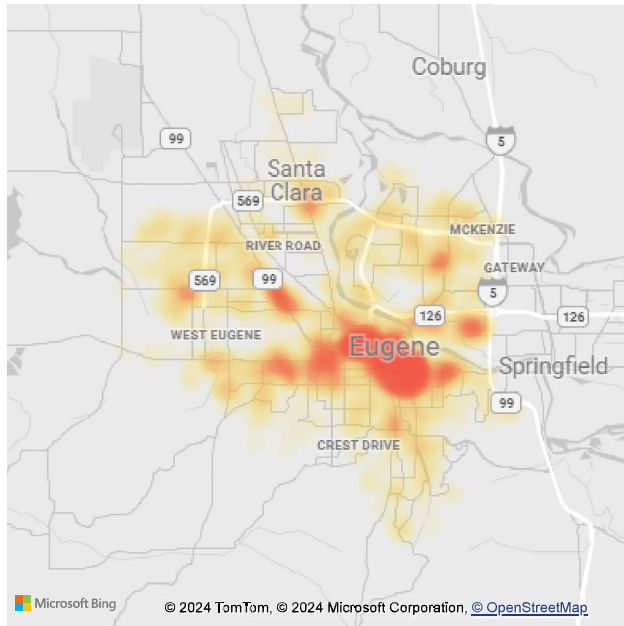
Unit Response Count by Calendar Year



Incident Count by Nature and Calendar Year



Incident Count by Station Area and Calendar Year



Eugene Municipal Court Specialty Program Dockets

Mental Health Court - The Municipal Court partners with Laurel Hill which offers a participant the opportunity to work in a specialized program that will address mental health needs along with substance abuse, housing, employment, and medication. If an individual opts into the program, the usual length of a Mental Health Court diversion is 6 months. At the end of six months, the persons case will be dismissed considering they are successful with the terms of their program.

Community Court – An individual can be cited into community court on eligible charges, i.e., Criminal Trespass, Disorderly Conduct, Violation of Park Rules, etc. At the 1st court appearance, a needs assessment is conducted. This assessment helps create an individualized case plan to connect the participant with service providers in our community. When a participant decides to opt into Community Court, their program could be 4-weeks to 6-months in length. The length of the program is determined by the results of the assessment. If the participant is successful working with identified providers, they successfully complete 8 hours of community enrichment and they meet all other requirements of their individualized program, they will earn a dismissal of their case.

370 – Eugene Municipal Court works with many defendants who have been deemed unable to aid and assist in their defense. The 370 docket allows us to monitor individuals that have fitness concerns. The docket consists of individuals needing an evaluation or in the process of being evaluated, defendants being restored in the community, and defendants at the Oregon State Hospital. The Court, City Prosecutor, Defense Counsel along with the Lane County Behavioral Health 370 team meet weekly to find ways to best navigate and coordinate available options to assist with fitness restoration.

Problem Solving – This docket was established organically to empower the city and defense counsel to be creative with their negotiations. The Problem-Solving docket often supports existing client/provider relationships where established mental health care is already underway. Sometimes the defendants are not local residents, however, there is a mental health nexus associated to their case. This docket also allows space for individuals who are able to aid and assist in their defense but need a lot of support and/or help to make it to appointments or court appearances. Often, they have tried other court programs and were found “not a good fit” or they may already have existing wrap around support within the community which may be more supportive to their individual needs. Problem Solving agreements are agreed upon between the city prosecutor, defense attorney and the court. Program lengths vary depending on the unique variables involved. At the end of an agreement, if all requirements have been met, the case can get dismissed, or a lesser agreed upon sentence can be imposed.

The goal of all our court programs is to help, connect individuals with the help or care they may need, to improve quality of life and reduce recidivism.

Springfield Transports – The court holds a contract for several jail beds at the Springfield Jail and at time Eugene Municipal defendants are being held pre-trial (prior to adjudication of their case(s)). There is a need to maintain regular in-custody court appearances for this population. Inmates are shuttled to the first-floor courtroom at Eugene Municipal Court by local law enforcement to be seen on the Springfield Jail Transport Docket. This session is held two times per week on Tuesday and Thursday mornings at 8:00am. At the conclusion of the docket, inmates are shuttled back to the Springfield Jail. The outcome of their hearing will dictate next steps; sometimes inmates are sentenced to jail time or probation and other times their cases may get rescheduled for a future transport. Often inmates are pending a fitness finding or they may be released. There can be a wide variety of circumstances and outcomes depending on the variables involved.