

Western Ctr Summit: 5/23/2018

Wednesday, May 23, 2018 12:24 PM

Attendees in written notes

Chris Hawkins, Kari Whitaker, Liz Scott, Chris Gray, Hilary Harrison, Linda Hsu, Jana Svoboda, Caroline Fisher, Chris Quaka, Jim Gouveia, Bettina Schempf, Andrea Myhre, Anne Schuster

Chris Gray: Reference to survey done as part of special population input for HOAC update to Ten Year Plan.

3 questions about barriers, and what's helped get into housing.

Barrier

- Criminal history
- Access to Addiction Services
- Access to Mental Health

Needs

- Year round shelter
- Case management
- Addiction and mental health treatment

Recently established SORT: Street Outreach and Response Team

There's been some outreach historically. Forming this team was intended to strengthen coordination, and more focused collaboration of social services, mental health services, etc, in doing outreach.

Family structure of intergenerational homelessness may vary -- single parent (male/female), often youth who have gone through the system - age out of foster care, etc.

BC Mental Health can support those with severe mental illness, but no real supports for lower level mental health and addiction needs.

? How do homeless access mental health care now?

- CDDC has a counselor 1 day a week (that person is at COI the balance of the week)
- CDDC calls BC Mental Health often, and they visit often
- BC Mental Health clinic offers assessment

Big gap: Lack of a sobering center and detox center.

In youth, there are rapid intervention programs -- there's not an equivalent for adult services

No real psychiatric crisis center -- Emergency Department serves in this role, but it's problematic and ineffective for real mental health care/crisis services

Would it be possible to leverage the new location for shelter, Stone Soup, CDDC to provide additional services

COI walk-in crisis is 8-5 -- they're not well prepared to provide additional crisis support - presents safety issues for the rest of the clients

Suggestion: Count crisis patients for all services, and aggregate as part of an assessment of need for a drop-in crisis center

This could become a goal for the Mental Health workgroup -- collect data from all providing crisis services

There's no place to send someone for emergency shelter who is in crisis 24/7/365.

- In Marion County, there was a program that supported rapid crisis intervention, emergency prescription, etc.
- During the Cold Weather Shelter season, it's possible to send there -- but that's seasonal

Suggestion: Opportunity to enhance service support for the SORT Team.