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Psychiatric ER proposed for Portland would provide new link in mental health crisis treatment

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Local hospital administrators are working with city of Portland, county and state officials to open a psychiatric ER in Northeast Portland to provide short-term care for people experiencing a mental health crisis.

While it's not the drop-off triage center that Portland police have clamored for as part of a city settlement with the U.S. Justice Department, it would provide immediate care to people in crisis who often end up waiting hours for a bed in local emergency rooms unequipped to provide appropriate help.

"Right now the only options the police have are to take them to jail if they committed a crime, or an ER, which just doesn't work," said police Capt. Mike Marshman. "It's not the magic pill by any stretch, but it's a missing link in a system that just doesn't function at all."

Mayor Charlie Hales said he's spoken with Gov. John Kitzhaber about the idea. The governor has set aside \$1 million in the Oregon Health Authority budget to help support care at a new psychiatric ER, **based on a model now operating in Alameda County, Cal.** The site would have room for 45 to 55 patients a day.

"He's favorably inclined to it, and I know we all are," Hales told Multnomah County's Local Public Safety Coordinating Council this week. "The opportunity to take an existing building and turn it into a usable facility – that particular proposal will be high on the city's legislative agenda."

The site under consideration is Legacy's Research Institute at 1225 N.E. Second Ave., which also houses four floors of the state hospital. The labs are moving to a new building under construction next door, and the state hospital branch is leaving the building by next May. The location was once home to the old Holladay Park Hospital.

Legacy would need to remodel the building and has floated an initial cost of \$45 million to do that. Legacy has reached about \$21 million toward that goal and plans to raise the rest through a capital campaign.

Legacy's director of behavioral health services, **Dr. Chris Farentinos, traveled to California last summer to learn about the Alameda County program.** It aims to provide timely, specialized care to patients with mental health emergencies. It's a dedicated psychiatric hospital that accepts patients who are either transferred there from regular ERs, taken there directly by ambulance or who walk in. The maximum stay is 23 hours.

In Alameda County, when police initiate involuntary holds on adults considered a danger to themselves or who are gravely disabled by their mental illness, officers call for an ambulance. They don't take the patients to the psychiatric hospital themselves. The ambulance crew does a field screening to determine if the patient is medically stable. If so, they go directly to the psychiatric emergency hospital. If not, they go to a local ER.

"It's a more humane and clinically appropriate way to transport a person in the back of an ambulance instead of placing them in handcuffs in the back of a patrol car," said Guy Qvistgaard, chief administrative office at John George Psychiatric Hospital in Alameda County. "Police then don't have patients who are severely distraught in the back of their cars, possibly kicking or thrashing about."

Police in Alameda County spend less time managing a patient in the field, and there are fewer people in mental health crisis showing up at already-overcrowded emergency rooms, Qvistgaard said. About 75 percent of the patients who arrive at Alameda County's psychiatric emergency hospital are released within 23 hours, and often referred to lower-level community-based care. The other 25 percent are admitted into an inpatient facility on site, Qvistgaard said.

Legacy also plans to consolidate acute psychiatric beds for both adults and adolescents that are now scattered at different hospitals in the city at the remodeled building. That would allow for 101 acute psychiatric beds available for the estimated 25 percent of the patient population who arrive and are in need of in-patient care for up to seven or eight days, Farentinos said.

No details have been worked out on who would take patients to a new psychiatric ER in Portland, but discussions have included creating a special transport unit that police can call to pick up people they may encounter who are in crisis.

"We were very clear from the very beginning we are not a drop-off place for the police, but would be similar to what worked so well in Alameda County," Farentinos said.

The governor spoke by phone on Monday with Mayor Hales.

"The governor believes the proposal moves in the right direction to help people in need," said Kitzhaber spokeswoman Melissa Navas. "He looks forward to continuing to have conversations with the community about whether this is possible."

David W. Knight, a special assistant U.S. Attorney in Oregon and civil rights coordinator, said the U.S. Attorney's Office supports a center that will help first-responders and families connect individuals suffering mental health problems with immediate treatment.

"A center that focuses care plans on stabilization, treatment, and appropriate discharge reduces the risk of institutionalization and can provide the services necessary for prevention of future crisis," Knight said. "However, only when the state has provided an expanded array of community-based

mental health services will the instances of Oregonians in mental crisis—and the resulting encounters with the police—reduce."

Janet L. Meyer, chief executive officer of Health Share of Oregon, said the Alameda County model is a great idea because hospital ERs aren't equipped to properly care for people in mental health crisis, but she also stressed the need to improve community-based services. Health Share of Oregon is a nonprofit organization founded by five competing health systems to oversee care for the Oregon Health Plan.

Multnomah County officials said they haven't heard much about how a new center would be financially supported.

"We're going to continue to work with the city, police, the state and other partners to find ways to make sure people in crisis get the help they need," said Dave Austin, a Multnomah County spokesman. "As the local mental health authority, of course the county will participate in discussions about these kinds of services. We haven't heard much detail about how to pay for this. That's something people should be talking about openly."

Whether Legacy could bill Medicaid for the crisis stabilization care will play a big factor in whether the planned psychiatric ER becomes a reality, healthcare officials say. That's what helped make the Alameda County model sustainable, Farentinos said.

The goal also is to make sure patients who are treated at the psychiatric emergency department are connected to community-based resources before they're released.

"We want to coordinate a warm hand-off to help navigate these individuals to an outpatient provider," Farentinos said. "One of the big problems we have with people cycling through the police system and jails is because the handoff between organizations is not so smooth. We feel like we can be a hub, a central place for people to find services."

A federal investigation in 2012 found Portland police engaged in a pattern and practice of using excessive force against people in mental health crisis. The Police Bureau pledged to pair more officers with **mental health** experts, bring back a specialized team of experienced officers to respond to mental health calls and help reroute certain 911 calls to mental health providers.

If everything falls in place as desired, a new psychiatric emergency center could open by the fall of 2016, Farentinos said.

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