

# Public Safety and SUD Systems of Care

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# Introduction: Central City Concern

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44 year-old nonprofit;

- Healthcare, Housing and Employment Services.
- 14,000 people served annually.
- Operate "Hooper Detox" Center -3100 admissions per year.
- 2700 housing units → 3500 people housed each night.

We serve folks at the *deepest possible end* of the social services pool.

We drive **critical recovery and sustainability outcomes** for individuals and our community.

# Difficult Truths

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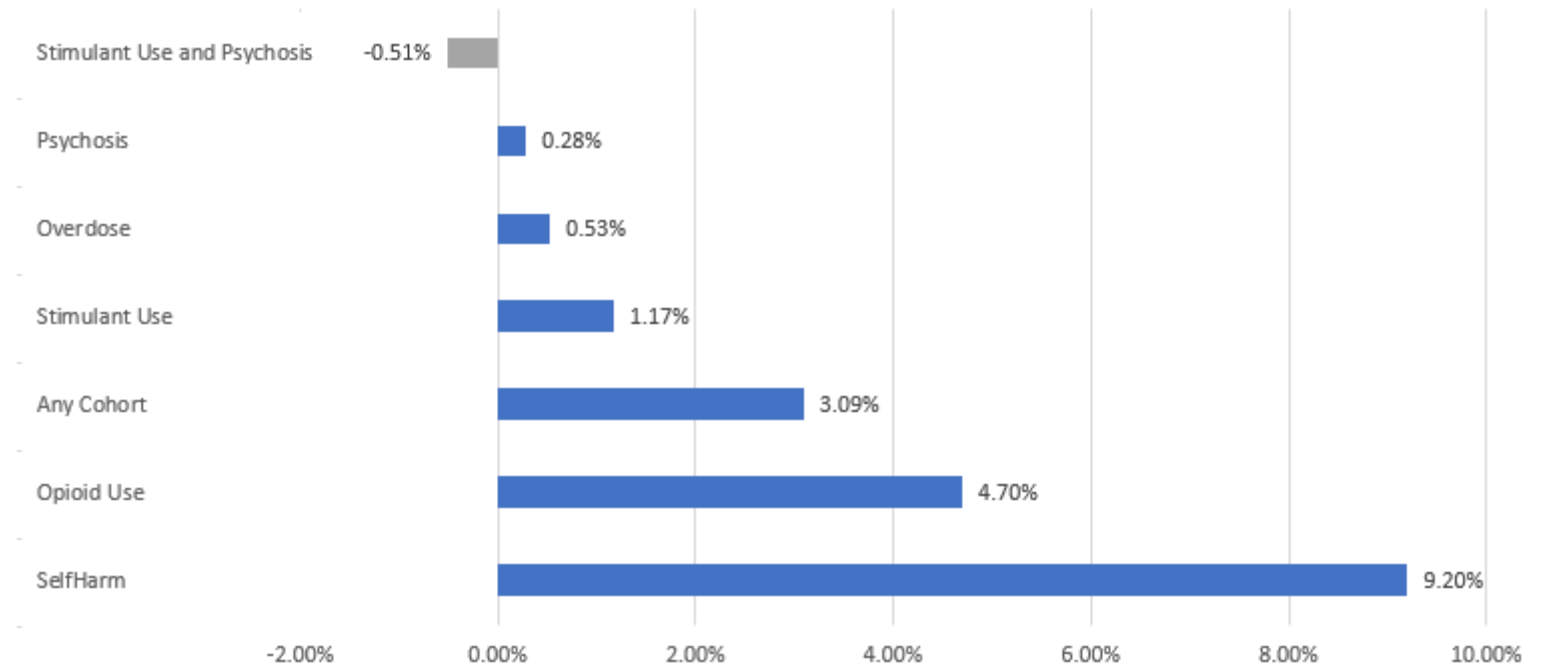
- Statewide epidemic of fentanyl, methamphetamine and severe mental health disorders of *unprecedented proportion*.
- Nationally highest per-capita rate of unsheltered homelessness in the Portland Metro area.
  - Statewide homelessness challenges
- Folks with SUD or severe mental illness in our region are 10% of Medicaid recipients. They are driving 40% of the cost of Medicaid services.
- Many of these folks have *lost the capacity to care for themselves and deserve help*. Let us change the narrative on folks being abandoned to get worse.
  - What/Where are our guardrails? “Earlier intervention?”

# Substance Use Disorder and Mental Health Condition Cohorts: 2020 to 2022

Almost all SUD and MHC of adult cohorts increased in real numbers between 2020 and 2022. Health Share's population increased by 13% during this timeframe.

Cohort	# adult members in the cohort 2022	% of adult members in the cohort 2022
Any Cohort	28,176	10%
Psychosis	10,606	4%
Stimulant Use	9,624	3%
Stimulant Use + Psychosis	2,135	1%
Opioid Use	11,984	4%
SelfHarm	4,911	2%
Overdose	2,470	1%

Percent Difference between 2020 and 2022 Adult Members



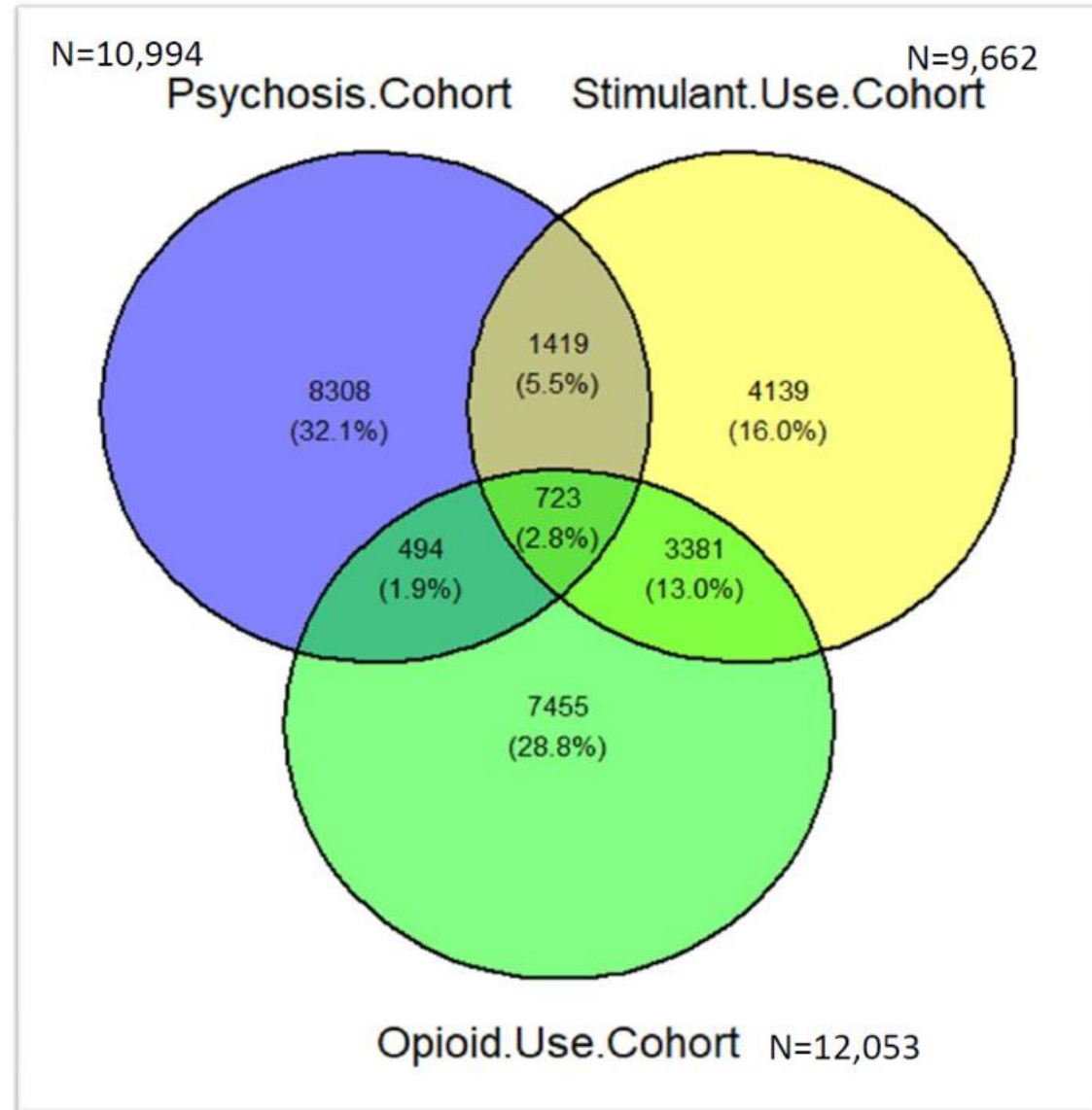
Very modest cohort growth, but clinical ACUITY is the key driver.

Updated November 14, 2023

• ACUITY CRISIS

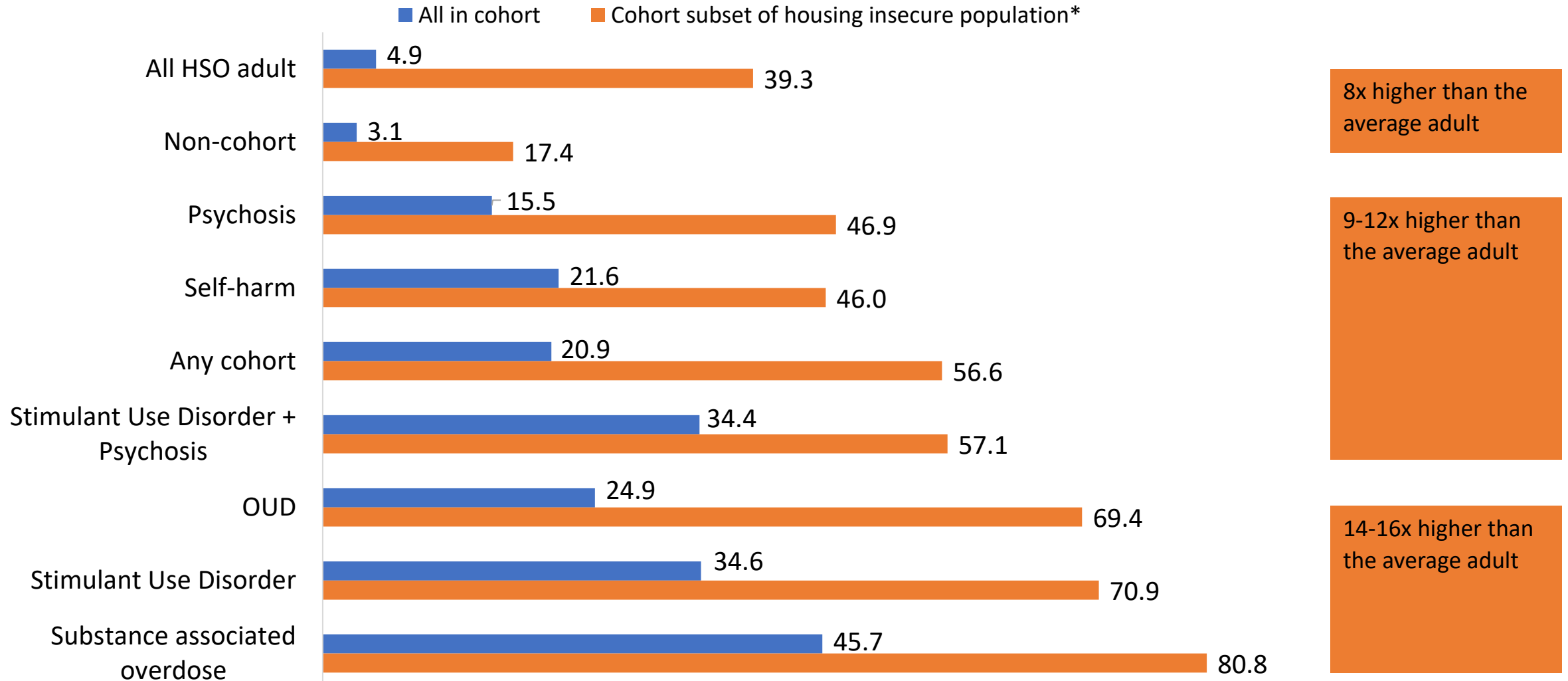
# Portland Metro Region Highest Acuity

- **Persistent** “level of care mismatch” for this cohort.
- No access for high-acuity, dual diagnosis clients.
- FUSE- Frequent Utilizers cohort analysis pending for this population with Metro regional DCJ booking data.



# The impact of housing insecurity on hospital utilization

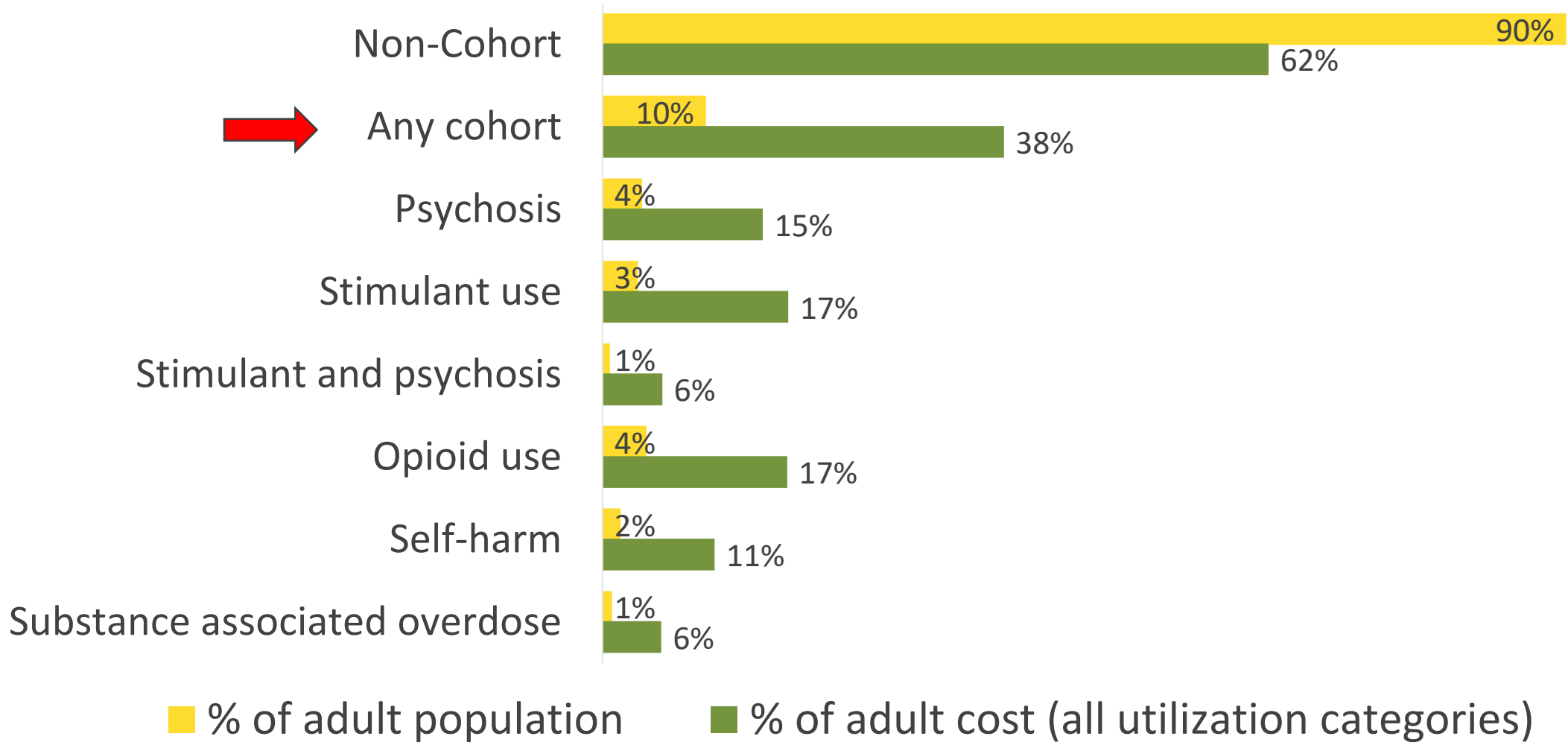
Utilization Comparisons: 2022 Medical Inpatient Admissions per 1000 member months



Data source: 2022 Health Share claims data, current as of November 2023

\*\*7,590 members flagged as houseless, housing instable, receiving the Health Share housing program, homeless according to long term support services data, inadequate housing, or other housing issue

# Comparison of population size to cost



# The only pathway is through.....

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- Folks are going to disagree and be unhappy.
- **We are failing individuals with late-stage substance use disorders and/or SPMI are out of balance.**
  - Don't have enough services for folks seeking care and also folks who aren't.
  - Health care costs of this population are *unsustainable*.
  - *Unacceptable* to watch folks get worse and die.
  - *Unacceptable* to watch folks get worse and then offend resulting in OSH or Prison as the resultant next step from "charges that stick."
- Time to re-set guard rails for our most-ill population segments
  - Individual and community impact must be considered.
- Our future must and will not look like our past, nor our present....
- The *choice to go to treatment vs. jail/prison* is a very powerful and effective one!



# Solutions: Partnership is required to succeed!

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- Too expensive in human, social and financial costs.
- Oregon needs a coordinated system of;
  - *Shelter and Supportive Services*
  - *Supportive Housing*
  - *Behavioral Healthcare* → *Substance use and severe mental illness*
  - **Criminal justice behavioral healthcare services that have not ever been resourced to meet the needs of our population.**
  - *Law enforcement and corrections must be a part of the solution.*
- Deflection and Diversion **MUST** be resourced to match a person with the services that meet their needs.
  - Capacity gap exists and must be fixed
  - It is expected to have in imperfect solution while we are waiting.

# Belief in a future of Partnership!

- **A universal commitment to properly serving people who have lost the ability to care for themselves.**
  - Strengthen partnerships and pooling resources to drive success.
    - From Community → Through Carceral settings
      - Medication access for substance use disorder
      - Behavioral Health medications to treat mental health conditions
      - Broader SUD Treatment
    - Extension of the Medicaid benefit to include folks who are in jail.
  - Equitable access to diversion and deflection services will work if there is meaningful partnership.
    - Services must include immediate “Divert-to” Shelter, Housing and Treatment for SUD/BH.
      - 24/7 “Drop-off” environments → Co-location of services or defined pathways.
    - Risk of competition with service-seeking populations if there is not intentional design and resourcing.
  - Accountable and regular review about the demographics of who is being cited, arrested and has access to diversion?
    - How are individuals doing? How is the system bringing capacity on-line?

# What would it look like in Oregon?

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- Partnership between Social Services, Police, Corrections, Healthcare have always been critical and have never been more important to improve.
  - Success requires a willingness to “un-silo” and to understand the overlaps between client need(s) and different service provisions.
    - Particularly coordination and navigation to and from different services. (Data sharing)
    - Capacity and access are critical to ensure folks have a place to land.
      - “Front and back doors”
    - Includes services in carceral settings, jail, and also robust deflection/diversion programming.
      - Deflection to what service(s)?
      - 24/7 drop off for impairment must be supported by clinical programming, shelter and housing.
- Our only pathway is through together in partnership!

# Thank you!

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