

## Bars and public health come together

On October 12th, over 180 nightlife owners, managers, and staff gathered at OMSI for the second annual Portland Bar Academy. The goal of the day? “Raising the bar” on standards and practices among bar owners and increasing communication between bars and officials to ensure a safe and vibrant nightlife in Portland.

The event was sponsored by Big Village, a coalition of diverse stakeholders working to reduce substance abuse and high risk drinking (see inset, right). Big Village found that binge drinking among young adults and over-service at bars was a problem in Portland. When the coalition reached out to bars and club owners to learn what might help, they in turn reported the need for better training for owners, managers, and staff.

The Bar Academy provides interactive training, a venue for conversation among bar owners, staff, and regulatory officials, and the opportunity to promote best practice policies among the stewards of Portland’s nightlife. This year’s academy covered topics like preventing over-service and techniques for “cutting someone off,” de-escalating tense situations, liquor liability, proactive management, and how to avoid the top mistakes that nightclubs make that lead to serious consequences. Speakers included security consultants, local bar owners, law enforcement, and OLCC representatives. The lunchtime keynote, delivered by Robert Smith of Nightclub Security Consultants provided guidance to prevent the top 10 mistakes that owners and staff too often make, while the day concluded with a “look forward” to how industry, government, and community stakeholders can work together for a safer nightlife, with Andrew Rigie of the New York City Hospitality Alliance. Rigie emphasized the need for thoughtful planning in shaping a nighttime economy, including ensuring appropriate policies and city resources (i.e. fire, police, etc.) are in place for bars and nightclubs.

The event was very well-received. 98% of attendees reported that they found the Academy “highly valuable” and would attend again next year.



### Who is Big Village?

Big Village is a coalition of community stakeholders invested in reducing substance use and high-risk drinking among youth and young adults. Formed three years ago with assistance from Multnomah County addiction services, members include government officials, nightlife staff, business owners, neighborhood association representatives, and more. Their youth empowerment committee works to educate youth, parents, and schools about substance use, advocate for prevention services, and reduce promotion of and access to alcohol and marijuana for minors. Lately, they have been particularly active in advocating for youth prevention within the ongoing marijuana legalization discussions. The safe nightlife committee focuses on promoting best practice house policies for Portland bars, advocating for local policies that foster a safe and vibrant nightlife, and increasing training opportunities for nightlife staff, such as the Bar Academy. Learn more at [bigvillagepdx.org](http://bigvillagepdx.org)

Attendees had the following to say:

“Just being in the same space with business people and police and hearing them talk about their concerns was valuable; **we are all on the same side.**”

“There was so much good information. **I have a better understanding of the laws and what is best practice regarding use of force and over-service.**”

“**I am leaving determined to be proactive rather than reactive.**”

Interested in learning more? Contact Sondra at [sondra.storm@multco.us](mailto:sondra.storm@multco.us)

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## Bidding farewell

**Prevention specialist Sondra Storm will be leaving the County come December.**

Sondra has worked with the County for nearly four years, coordinating the Strategic Prevention Framework State Incentive and Drug Free Communities grants, launching the Big Village coalition, serving as a voice for youth prevention efforts on marijuana task forces, and more. While she will be greatly missed, we wish her all the best as she moves on to pursue other opportunities!



### The Big Village coalition released the following statement:

*Sondra Storm has had a tremendous impact on the community of Portland, which will last for decades. She has helped bring community members together and inspired all of us to work on truly important work. The formation of Big Village would not have been possible without Sondra's efforts. She has built bridges and forged partnerships that did not exist prior to her arrival. Sondra has made everyone who participated feel welcomed, valued, and excited about the work that we have done and the work to come. She is smart, well-spoken, dedicated and caring. Her endless energy, supportive spirit, and impressive collaboration skills have been inspiring to witness.*

*We have accomplished so much in the last 3 years, and although we were all important to the work, Sondra was more than just important; she was the key to making it all happen. Above all, she has built capacity in the team to keep the work going. While Big Village Coalition, with the support of the partners at Multnomah County, will continue to grow and do this important work, we will truly miss her dedication and leadership.*

## Breaking silos: the older adult behavioral health investment

Older adults face many unique challenges when it comes to accessing services—from mobility barriers to Medicare challenges, from isolation to failing physical health. In recognition of these, the Oregon Health Authority launched the Older Adult Behavioral Health Investment earlier this year. This initiative examines the current systems for delivering behavioral health services to older adults and people with disabilities. Its goal is to increase access to care through more effective multi-system collaboration and developing a well-trained work force with competencies in older adult behavioral health. The tri-county region has hired seven specialists to spearhead these efforts in our area, with four at Multnomah County—Lauren Fontanarosa, tri-county regional coordinator; Melanie Rixford, mental health specialist; Jill Williams, aging/disabilities specialist; and our team's own Valerie Warden as addictions specialist.

During the first phase of the project, they met with stakeholders and community partners in aging services, mental health, addiction, healthcare, law enforcement, senior centers, and other agencies that, in some shape or form, have contact with older adults. The team is gathering information regarding available resources, community assets, needs and challenges in service

**“Instead of waiting for the client to change, we need to change the system.”**  
—anonymous interviewee

delivery, barriers to access, partnership potential, and service gaps to report back to the state and share with the community.

Early results from the interviews are illuminating. The number one listed barrier to serving this population? Silos exist in services and communication. Staff saw clients “falling in the cracks” between the two major systems of aging care and behavioral healthcare; i.e., aging clients not fitting into mental health services, and mental health clients not fitting into aging services. A lack of knowledge of other services outside one's own area of expertise, and communication across these lines,

is a major barrier—not knowing how to access care from “the other side” for clients, not knowing admission criteria, and so forth, impeding coordination. Agencies frequently expressed the hope that a team like this may start to break some of those silos down.

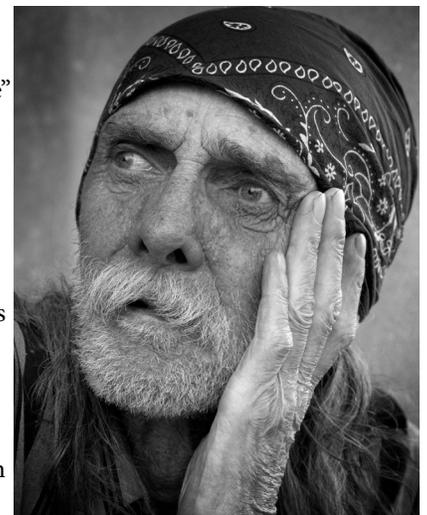
And that's the team's hope, too. They will soon be hosting networking events to bring community partners together, as well as conducting focus groups with consumers to better understand the positions in which clients find themselves. They will also be providing assistance with case consultation and systems navigation—team members gather for regular multidisciplinary team meetings and are available by phone for assistance. For agencies looking for more competency in treating older adults, several new trainings are on the horizon: Substance Abuse and Older Adults, Mental Health First Aid for Older Adults, Serving Older Adults with Behavioral Health Needs, and Accessing State Plan Personal Care for Clients. These trainings will be open to staff at community agencies that provide behavioral health and/or specific services for older adults. Stay tuned!

*To learn more or make a referral for consultation, contact:*

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BUILDING PARTNERSHIPS FOR  
OLDER ADULT BEHAVIORAL HEALTH

## November is Native American Heritage Month

In honor of Native American Heritage Month, we recognize the work being done for Portland's Native population within our addictions provider network. Culturally specific services are vital to ensuring treatment access, safe spaces for healing, and fostering recovery that makes sense in a person's life and community. Multnomah County Addiction Services contracts with NARA to provide outpatient and residential substance treatment, recovery support services, emergency department outreach, and FIT child welfare case management for our local Native community.

### NARA celebrates 45 years

Roz Ringor-Carty, QM, Research & Evaluation

The [Native American Rehabilitation Association \(NARA\)](#) was founded in 1970 by a group of Native Americans who saw a need for culturally specific addiction treatment services for Native Americans and Alaska Natives (AI/AN). Dismayed by the rate of substance abuse among their peers, and acutely aware of the lack of recovery options for AI/AN, **NARA's founders also knew the reality that AI/AN were not likely to seek treatment or support from non-Native providers.** Well-documented assaults on Native identity and culture—boarding schools, tribal termination, relocation, a ban on religion and language—contributed to the sense of mistrust toward non-Native persons and organizations.

This year, NARA celebrates 45 years of culturally specific services. Today we are a comprehensive physical and behavioral (mental health and addictions) health care provider, dedicated to providing the highest quality of care for AI/AN at seven sites located in the Portland metro area. We are one of Indian Health Service's (IHS) 34 urban Indian health organizations, and one of 15 urban Indian health centers that is also a federally qualified health center (FQHC).



## This month's talking point\*

### **“National Transgender Discrimination Survey Report on Health and Health Care”** *National LGBTQ Task Force*

November 20th is the national Transgender Day of Remembrance, raising awareness of the past and present violence and prejudice experienced by the transgender community. Transgender individuals experience much higher rates of discrimination in employment, housing, and healthcare, higher suicide rates, higher substance abuse rates, and many other negative outcomes due to the prejudice in our society. This report on health care access is a good reminder for all of us working in addictions to be cognizant of the needs of all the communities that come through our doors, and talk together on ways we can better serve every member of our community. [Read it here.](#)

NARA's service delivery model is based on values grounded in strength-based approaches and the resiliency of AI/AN individuals, families, and communities. At the root is the belief that when served from a culturally specific perspective, AI/AN will be able to access the services necessary to address their basic needs, as well as to increase individual, family, school/work, and community success. **We view the person, the family, and the world in which we live as an inter-connected whole.** The services provided by NARA occur within the context of the Medicine Wheel, the whole person. The wheel is comprised of four parts, representing wellness, mental health, sobriety, and cultural aspects of the person. We use the symbol of the Medicine Wheel to structure services and interventions to assist clients in finding and maintaining balance.

The Medicine Wheel teaches us to seek balance and to care for these areas in our life long journey by:

- \* Finding a Spiritual balance which is essential for all wellness.
- \* Honoring and caring for our physical bodies.
- \* Practicing recovery from alcohol, drugs, gambling, and other addictions.
- \* Safe keeping of our minds to be calm and open, and making decisions that are healthy.

## World AIDS Day

“World AIDS Day is held on 1 December each year and is an opportunity for people worldwide to unite in the fight against HIV, show their support for people living with HIV and to commemorate people who have died.” [worldaidsday.org](#)

Worldwide, approximately **34 million individuals** live with HIV/AIDS. While HIV has many different causes, it is one of the most dangerous potential outcomes of substance use, particularly injection drug use.

The County, in collaboration with Outside In, operates several free needle exchange sites under the Health Department's STD/HIV/Hepatitis C program. Services include syringe exchange and disposal, wound care, and safe sex supplies; staff are also available for counseling and referral to other services. In 2014, over **5,700 unique clients** were served, with over **50,000 visits**, between the two agencies—actively working to reduce the risk of HIV and other blood-borne infections.

For hours and more details, [visit the Health Department website.](#)



**It does not matter  
how slowly you go,  
as long as  
you do not stop.**

*-Confucius*

## Local treatment provider featured on NPR

The Quest Center for Integrative Health was recently featured on NPR and Kaiser Health News for their work in providing alternatives to opioids for pain management. Check it out!

[“To Curb Pain Without Opioids, Oregon Looks to Alternative Treatments”](#) -NPR

## Featured research: the impact of wraparounds and medication-assisted treatment

Over the summer, Meredith Booker and Joe Whitley, graduate interns from OSU's public policy program, investigated the impact of specific wraparound services and two medication-assisted therapies, methadone and suboxone, on various critical outcomes. Using meta-analysis—a research technique that analyzes the existing studies on a subject and synthesizes them into one average effect—they found significant impacts of these treatment options on important outcomes for our community.

**Services studied:** continuing care, non-abstinent and abstinent contingent housing, case management, peer mentoring, methadone, suboxone, motivational interviewing.

**Outcomes studied:** substance use, treatment engagement, healthcare utilization, criminal justice, employment.

**Major findings:** SAMHSA estimates that 8.7% of Oregonians struggle with addiction, and only a small percentage of those in need are engaged with treatment. Outcomes examining substance use and treatment engagement are core to what we do, as providers of addiction services. Abstinent-contingent housing (ACH), such as ADFC housing or Oxford Homes, increased the **likelihood of abstinence** in clients by 167%; continuing care and non-abstinent contingent housing (NACH), such as Housing



First programs, had a small positive impact on increasing the length of time individuals went without using. Peer mentoring decreased the **likelihood of alcohol and drug use** by 32% and 23%, respectively. Case management increased the **odds of treatment**



**engagement** by 57%, and motivational interviewing increased the odds by 51%.

NACH and case management both had large impacts on decreasing **healthcare utilization**, as measured by ER visits. For context, there are an average of 263.5 visits per month in Multnomah County by Medicaid clients with identified alcohol or drug abuse issues, with an average cost of over \$750,000 per month (APAC data, 9/2012-1/2015). These are only the clients for whom an issue is identified in the claims data, and doesn't include the uninsured or privately insured. Even a small reduction in these visits could amount to large savings, as well as improve lives.



ACH and methadone decreased the **likelihood of arrest** among clients, by 56% and 82%, respectively. According to the Oregon Department of Corrections, approximately 71% of all inmates have dependence or addiction issues, or some substance use.



The Multnomah County Sheriff's Office reported over 6,200 drug or alcohol-related bookings in the last year, as well as over 2,800 DUII bookings. Once again, any reduction could have major impact.

Finally, ACH also increased the **odds of employment** by nearly 200%. The value of employment is not only economic, but also psychological--providing purpose and structure to client's activities and providing dignity and self-sufficiency.

**In summary:** While there is no "silver bullet" for treating addiction, a multidimensional approach incorporating combinations of these options could provide great results across many desirable areas, for both client and community.

*For a copy of the report, contact [shannon.campbell@multco.us](mailto:shannon.campbell@multco.us)*

## Upcoming events

Open house for new Family Recovery Support location (VOA)

- November 16th, 1-5 PM; 2010 SE 182nd Ave.  
No registration necessary

Behavioral Health Town Hall, sponsored by Sen. Sara Gelser & OHA Director Lynne Saxton

- November 20th, 3:30-5:30 PM and 6 to 8 PM  
Register via [bh.townhalls@dhsosha.state.or.us](mailto:bh.townhalls@dhsosha.state.or.us)

The Green Monster? Marijuana and Recovery (VOA)

- December 2nd, 8 AM-12 PM; Newsong Community Church  
Register via Kristin at [kyates@voaor.org](mailto:kyates@voaor.org)

Motivational Interviewing (VOA)

- January 6th, 8 AM-12 PM; Newsong Community Church  
Register via Kristin at [kyates@voaor.org](mailto:kyates@voaor.org)

## Have something to share?

Email Shannon at [shannon.campbell@multco.us](mailto:shannon.campbell@multco.us) if you would like to share an update about your program, an upcoming event, or something else relevant to our treatment network. **Submissions need to be received no later than the 15th of the month** preceding the next newsletter (i.e., December 15th for January/February edition). While we will try to accommodate all requests, due to space restrictions some updates may not appear, or not appear until a later month. Priority will be based on the time-sensitivity of the announcement, broadness of relevance to the network, and order of submission.

## Community health assessment needs you!

The Healthy Columbia Willamette Collaborative needs your help! Please visit [healthycolumbiawillamette.org](http://healthycolumbiawillamette.org) to fill out a brief survey on what issues you think are the biggest issues most impacting the health of our community.

## County updates

Hiring: coming soon! We will be opening a recruitment for two new culturally-specific care coordinators for our team: bilingual Spanish and African-American specific. Keep an eye out on [multco.us/jobs](http://multco.us/jobs) for the upcoming post!

## New Family Recovery Support location

[FRS](http://FRS) has moved! They are now located at 2010 SE 182nd Ave., Portland, 97233, next to the Rockwood Health Clinic. There will be an open house on November 16th (**see events, left**).