

Lane Proposed Crisis Stabilization Center Concerns by MindFreedom Oregon & Aciu Institute One-Page Summary, December 2022

The Lane County, Oregon Crisis Stabilization Center (CSC) is currently set to open in 2025 at a cost of \$19 million. The Center is intended to provide 24/7 crisis services for individuals who are going through a behavioral health crisis. It will offer short-term residential care, and behavioral services such as medication prescription and sobering services.

There are many ways someone can enter into the proposed CSC, such as emergency room referrals, law enforcement drop-offs, court orders, family referrals, or simply checking themselves in. The Center is intended to provide treatment pathways to people who would otherwise end up in jail or in the hospital. Over half of the project funding is coming from the American Rescue Plan Act of 2021.

We have three main concerns with the proposed Center:

1) LIVED EXPERIENCE PLANNING & INPUT: We are concerned about the role that people with lived experience will have in both planning and ongoing input. Will people with histories in mental health care be included in decision-making processes? So far, this input has been minimal. Lane's Mental Health Consumer/Survivor Advisory Council has unanimously passed a resolution about this concern. The Disability Movement mantra is "Nothing about us without us", and we believe this applies to the new proposed Center.

2) ROLE OF PEERS: Although the Center plans on employing Peer Support Specialists, to what extent will their expertise be used? Substance Abuse and Mental Health Services Administration (SAMHSA) warns against having Peers "reduplicate the role of [Behavioral Health Professionals]" in crisis care settings. This is a concern at the new CSC.

3) COERCION: We are concerned about the role that coercion, and the perception of coercion, may play at the CSC. Considering the Center encourages law enforcement drop-offs as a diversion for arrest, the Center may act as a "lighter" form of incarceration. This could encourage police officers to take people to the Center without probable cause. This would be coercive, because the alternate option for that person is jail. So although the Center may seem to be more humane than jail, people could still end up there involuntarily.

Analysis of Concerns by MindFreedom Oregon & Aciu Institute Lane Proposed Crisis Stabilization Center

Lane County is currently in the process of building a Crisis Stabilization Center (CSC) in the community, set to open in 2025. Although this brings the promise of improving the behavioral health crisis in Oregon, there are also some areas of concern we have with this Center.

First of all, what is this Crisis Stabilization Center?

The Crisis Stabilization Center is intended to provide 24/7 services for individuals who are going through a behavioral health crisis. It will provide short term residential care, and behavioral treatment such as medication prescription and sobering services. After a client is stabilized, they will be connected and transported to ongoing services in the community. Similar to other mental health facilities across the country, the Lane County CSC plans on practicing the No Wrong Door approach, so that if a client comes to them for help, they know they won't be turned away. At the very least, a client will be directed to other, long-term services that can help them with what they need.

There are many ways someone can enter into the CSC. These include emergency room referrals, law enforcement drop-offs, court orders, family referrals, or simply checking themselves in. The Center is open to anyone, and the intention is to divert people away from jail or the hospital.

On the face of it, this may all sounds great, we admit. However, there are many unknowns about this project, and we have three main areas of concern: 1) The role of people with lived experience in planning and staffing these Centers; 2) the presence of Peer Support Specialists; and 3) the threat of coercion.

Will Lane County listen to the perspectives of people with lived experience?

The Lane Consumer Survivor Advisory Council, which since 2004 has provided a voice for lived experience, passed a unanimous resolution on 27 October 2022: "That the Council immediately requests that Lane County Commissioners direct the County planners in the current process to include and adopt accountable policies that the peer presence and voice be included in every level of committees and planning of the current state assisted 'Crisis Stabilization Center' that the County has begun to fund and implement."

Lane County officials have been brainstorming ideas about how to address the mental health crisis for quite some time. The idea for the Crisis Stabilization Center can be traced back to 2014, during the Mental Health Summit. These Summits are planned by a committee comprised of law enforcement, behavioral health professionals, and public health officials. Unfortunately, besides notable exceptions such as Miracles Club—a recovery center that offers peer addiction services to the Black community in Portland—the voices of people with lived experience in mental health don't seem to be valued during these talks.

This is part of a larger global pattern, where mental health decisions are made by people who have never experienced a mental health crisis or treatment. There are many reasons why this can be a problem. If people who have no lived experience attempt to lead a mental health project, then bias will be introduced into the system. In this field there is *already* an inherent power imbalance, where the people receiving treatment have less power than those administering it. This is a problem because empowerment is a key part of recovery. People are more likely to recover if they feel as though they have control over their lives and course of treatment. Disempowerment occurs when decisions are made for people without their input, and can inhibit recovery.

To illustrate this point further, imagine a project meant to benefit women that is led entirely by men. This project would have a lower chance of success, because the people leading it don't have the same perspectives as the people they are trying to "help". This would create a paternalistic (literally) relationship between the two groups, where one group acts in the other groups' supposed "best interest". The same principle applies to mental health care. Decisions are often made without considering the voices of mental health consumers. As society turns more and more to mental healthcare, we must also listen to the voices people with lived experience in order to create a system that works for everyone. There are important steps that can be taken to promote empowerment, such as the use of Peer Support Specialists.

The Role of Peer Support Specialists at the CSC

Peer Support Specialists, or Peers, are trained professionals who have lived experience with mental health crises and/or the behavioral health system. Their job is to build rapport, share their own experiences, and strengthen engagement with individuals who are experiencing a mental health crisis. Overall, Peer Support levels the power imbalance in mental health treatment, leading to greater empowerment and feelings of connection.

Lane County has expressed their intent to staff the CSC with a multidisciplinary team, which would include Peers. This is good news, as the presence of Peer Support makes mental health treatment a more equal experience. However, just having Peers on the payroll doesn't guarantee that they will be able to do their jobs effectively.

SAMHSA published a set of guidelines for crisis services. Notably, these guidelines warn against having Peers "reduplicate the role of [Behavioral Health Professionals]". Essentially, this means that Peers should do Peer work, and Behavioral Health Professionals (BHP's) should do BHP work. But this isn't always a given at mental healthcare facilities. Sometimes, Peers are asked to do tasks that don't fit their job description, or they volunteer to do so. The fact that some mental health spaces allow this shows that Peer Support is not universally valued. Therefore, this reduplication of BHP's is a risk at the Lane County CSC. To maintain the fidelity of the Peer Support model, the Center should ensure that Peer Support, in its truest form, is a critical component of care.

The Possibility of Coercion

Overall, it is important to remember that this CSC is not being built in a vacuum. There is a larger context to consider when viewing the purpose of this facility. Yes, the CSC is intended to address the mental health crisis in Oregon. Yes, it is intended to deescalate behavioral health crises and function as a diversion from the hospital and criminal justice system. But the Center is also a response to the lack of jail and institutional beds in Lane County. It is possible that the CSC will function as a "lighter" form of incarceration. Therefore, coercion may be used to get people checked into the CSC.

Coercion is when someone is pressured to do something under the threat of something worse happening to them. The CSC is said to be a voluntary facility, but will it really be voluntary if someone's alternative option is arrest or institutionalization? Since the CSC will encourage law enforcement drop-offs as a diversion for arrest, you can imagine a scenario where people are unduly influenced to spend time or take medication at the Center.

Let's take an example. An individual is experiencing a mental health crisis, and they are taken in by law enforcement. The individual doesn't want to go to the Crisis Stabilization Center, nor do they want to end up in jail. However, law enforcement has to do something with this individual before they are released back into the community. The two options are jail or the CSC. So even though the CSC may be the better of two options, the individual will still be checking into the Center under duress, with the threat of incarceration looming in the background. In this scenario, the person's treatment at the CSC will not be fully voluntary.

Alternatives: Peer Respite and Soteria

Incarceration and neglect are cruel solutions to the mental health crisis in Oregon. Although the Crisis Stabilization Center offers a much more humane model of treatment, it is still not perfect. Overall, we need more alternative modes of mental health treatment, completely free from coercion or force. We will quickly discuss two of these alternatives: Soteria houses and Peer Respite.

Soteria houses operate as home-like settings where guests are free to come and go as they please. They are run by empathetic, non-professional staff members. A large emphasis is placed on community activities, which allows for greater social interaction, and any psychoactive medication is taken by choice. If you would like to learn more about the Soteria model, see the International Mental Health Collaborating Network's helpful [resource](#).

Peer respites also operate as voluntary home environments. The majority of people staffing and overseeing these respites are Peers with lived experience. Peers form mutual, trusting relationships with guests, and individuals in crisis are able to use their current experiences as an opportunity for personal discovery. For more information, visit the [Peer Respite website](#).

Conclusion of Analysis

The Lane County CSC intends to address the mental health crisis in Oregon. Although the Center brings with it the promise to divert people from the hospital and criminal justice system, we should be aware of the potential shortcomings of these promises. The issues of coercion and disempowerment are very pertinent, and in order to avoid these issues, Lane County should value the voices and perspectives of people who have lived experienced in mental healthcare.

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MindFreedom Oregon is the local Affiliate for MindFreedom International, one of the main independent coalitions for human rights in mental health.

Aciu! Institute is a Eugene-based consulting firm focusing on mental and physical disability.