Behavioral Health Justice Reinvestment in Oregon

Presentation to the Steering Committee

Wednesday, October 31

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Cassondra Warney, Senior Policy Analyst
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September 26, 2018
The Council of State Governments is a national nonprofit, nonpartisan membership association of state government officials that engage members of all three branches of state government.

The CSG Justice Center provides practical, nonpartisan advice informed by the best available evidence.
Oregon county and state leaders gathered for a one-day forum on the criminal justice and behavioral health systems.

People came together in May because of this critical problem.

Without access to effective community-based health care for substance addictions and mental illnesses, too many Oregonians wind up in crisis and then in emergency rooms or jail, leading to high costs and poor health and public safety outcomes.
Oregon state and county leadership requested and have been approved for ongoing technical assistance through the Justice Reinvestment Initiative.

Support from state and county government to seek criminal justice and behavioral health systems improvements through a data-driven approach
Oregon’s Behavioral Health Justice Reinvestment Initiative (BHJR) will result in the development of a statewide policy framework to improve outcomes for people in the criminal justice system with behavioral health conditions.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>There is a small but important group of people who repeatedly cycle through Oregon’s public safety and health systems, with broad system and personal impacts. Stakeholders have expressed strong interest in improving state and local policies and practices in ways that reduce this cycle and its associated costs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Improve health outcomes and reduce recidivism for people in Oregon’s criminal justice system who have serious behavioral health conditions.</td>
</tr>
</tbody>
</table>
| Project Strategy | • Use data to identify systemic gaps and opportunities.  
• Leverage strong commitments from Oregonians at all levels of state, local, and tribal governments.  
• Develop and implement consistent and effective system responses across the state. |
While BHJR and HB 3194 both use a Justice Reinvestment approach, the projects are unique.

**HB 3194 (2013)**
- Focused on prison population stabilization
- Leveraged changes in sentencing and county investments to successfully flatten prison growth
- Invested savings from cost avoidance in county initiatives

**BHJR (2018)**
- Focuses on the outcomes of adults in the criminal justice system who have serious behavioral health conditions
- Driven by collaborative engagement between behavioral health and criminal justice agencies at the county, tribal government, and state levels
- Lowers the costs of behavioral health services by reducing the amount of resources people with serious behavioral health conditions use in the process
BHJR can help bolster existing public health and safety priorities such as the Oregon Performance Plan.

In 2016, Oregon reached an agreement with the Department of Justice to implement a Performance Plan to improve mental health services for adults with Serious and Persistent Mental Illnesses.

Key elements of the plan include improved access to community treatment and supports such as:

- Assertive Community Treatment
- Mobile crisis services
- Supportive housing
- Peer-delivered services
- Robust and timely transitional services
- Acute psychiatric care
- Emergency department boarding
- Criminal justice diversion
A number of core principles guide the Justice Reinvestment process.

1. Each state is unique.

2. Data should inform decision-making.

3. New initiatives should be relatively cost neutral and should, on balance, improve public safety.

4. Bipartisan, interbranch commitment for reform from top policymakers is essential.

5. Policy and budgetary changes must result.

6. Engagement of stakeholders—in tribal, county, and state government and in community organizations—is critical.

7. Sustainability planning and ongoing data analysis and reporting are essential elements to successful reform.
This Justice Reinvestment approach engages key partners with different roles and responsibilities.

**Steering Committee**
- Consults and guides the CSG Justice Center team
- Provides feedback as the analysis begins to take shape
- Assists in building awareness and momentum around the project’s priorities
- Provides strategic direction of policy options

**The CSG Justice Center**
- Serves as a resource to Oregonians
- Analyzes data
- Engages with stakeholders
- Delivers presentations

**Oregon Health Authority / Integrated Client Services**
- Develop a data-driven policy framework
- 11 county jail data sets + community corrections data
- Data matching + Analytics

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The Oregon BHJR project will present final recommendations in the winter (Jan + Feb) of 2019.

The CSG Justice Center conducts detailed data analysis and engages with stakeholders and briefs policymakers; Oregon steering committee convenes three times to review analysis and develop statewide policy framework; CSG Justice Center provides impact analysis; Oregon develops policy options.

- **MAY**
  - Forum on Behavioral Health and Public Safety
  - Visits to 25+ counties and 3 tribal nations

- **JUN**

- **JUL**

- **AUG**

- **SEP**
  - First steering committee (SC) meeting
  - Association of Counties Conference

- **OCT**

- **NOV**

- **DEC**

- **JAN**
  - Second SC meeting
  - Third and final SC meeting
  - Final recommendations
  - Legislative package

- **FEB**

Data from multiple sources are being matched for a robust population-specific analysis.

Population of people who have frequent contact with Oregon’s criminal justice and health care systems

Analysis will focus on this population’s complex health care needs and utilization patterns along with related systems impacts and costs.
The data analysis aims to answer questions related to Oregon Health Plan (OHP) members that can inform smart policy development:

- How many people who are admitted to jail have Oregon Health Plan (OHP) coverage? For people who have had 4+ jail bookings in one year, how many have OHP coverage?

- Do OHP members who have 4+ jail bookings overutilize hospital and emergency department services compared to people with fewer or no jail bookings?

- Do OHP members who have 4+ jail bookings underutilize less expensive routine and outpatient services?

- Are OHP members with 4+ jail bookings more likely to have serious behavioral health conditions compared to the general OHP population? What kind of treatment services are they receiving when not in jail?

- Do OHP members with 4+ jail intakes and serious behavioral health conditions experience longer jail stays than people with similar offense histories without behavioral health conditions?

- How many OHP members with 4+ jail intakes have also been committed under Oregon’s “aid and assist” statutes (.315, .365, .370)?
A wide range of Oregon leaders, policymakers, community representatives, and organization and agency staff have been engaged in the process.

**County meetings organized through LPSCCs**
- District attorneys
- Defense attorneys
- Judges
- Community corrections directions
- Sheriffs / jail commanders
- Police chiefs
- County commissioners
- County mental health programs
- Local behavioral health providers

**Statewide organizations (criminal justice focus)**
- Oregon Criminal Justice Commission
- Department of Corrections
- Oregon Judiciary Department
- Oregon Alcohol and Drug Policy Commission
- Association of Oregon Counties
- Oregon District Attorneys Association
- Office of Public Defense Services
- Partnership for Safety and Justice
- Oregon Disability Organization

**Statewide organizations (behavioral health focus)**
- Oregon Health Authority
- Oregon State Hospital
- GOBHI / OCBJHI / DPPST
- OPERA
- CCO Oregon
- Oregon Health and Science University

**Tribal engagement**
- Confederated Tribes of Warm Springs
- Confederated Tribes of Umatilla
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Coos, Lower Umpqua, and Sisulaw
- NICWA
- Red Lodge Transitions
- Legislative Commission on Indian Affairs
CSG Justice Center staff have visited 27 of Oregon’s counties in an effort to understand local, county, and tribal challenges.
There are impressive collaborative efforts occurring across Oregon targeted at addressing challenges of people with behavioral health needs who are often in contact with the criminal justice system.

**Oregon Center on Behavioral Health & Justice Integration**
Statewide effort that provides training and supports for local jurisdictions, including the Crisis Intervention Teams Center of Excellence. With assistance from OCBHJI, 15 counties have completed Sequential Intercept Model (SIM) mapping thus far.

**Justice Reinvestment Program grants**
Counties have used grant funding to support local collaboration and needed services, including supportive housing, behavioral health treatment, and specialty courts.

**Stepping Up Initiative**
- **61% of Oregon counties** (22 of 36) have passed resolutions supporting Stepping Up, a national initiative to reduce the number of people with mental illnesses in jails.
- Only three states (AZ, CA, and IA) have a higher percentage of Stepping Up counties.

**Oregon Health Authority OPP grants**
- Mobile crisis services
- Jail diversion
- Assertive Community Treatment (ACT) teams

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Oregon’s history as a national leader in innovative, data-informed policymaking, particularly in the health care field, positions the state to measure and improve outcomes for this population.

Coordinated Care Organizations (CCOs) are a national model to slow Medicaid costs while retaining quality.

In 2012, Oregon arranged an innovative arrangement with the Centers for Medicare and Medicaid Services (CMS) to transform its Medicaid program through the creation of CCOs. In exchange for a federal up-front investment of $1.9 billion, the state agreed to reduce the rate of Medicaid spending by 2 percentage points without degrading quality.

CCOs have local governance structure, unlike Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs).

Some CCOs have begun linking data about member outcomes at an individual level. Approaches to improve outcomes for this frequent utilizer population will need to closely track whether people are receiving interventions and services, and whether there have been reductions in the number of emergency department admissions.

Source: Summative Medicaid Waiver Evaluation, OHSU Center for Health Systems Effectiveness, December 29, 2017
1. **Overview of public safety and health system challenges**

   What continuum of care and services are needed to support this population? What system gaps exist for certain behavioral health supports and services?

2. **Jail data analysis**

   What are the common patterns of jail utilization in Oregon and how do these vary by county type?

3. **Housing challenges**

   What role do housing and homelessness play in Oregon’s current challenges in improving outcomes for people in the criminal justice system with behavioral health conditions?

4. **Competency restoration / Oregon State Hospital**

   What role does Oregon’s State Hospital system play in the continuum of care options for people in the criminal justice system, and what alternative options are available?
Commonly used terms in the BHJR project:

“Behavioral health”

This project is focused on people with mental illnesses, substance addictions, or both.

“Behavioral health,” as we use it, will be inclusive of both conditions.

We will specify “mental illness” or “substance addiction” when only one is being considered.

“High Utilizers”

This project has a special focus on “high utilizers”—people who have frequent contact with Oregon’s criminal justice and health systems. These contacts represent multiple community and economic impacts.

We will use this term when referring to this project’s goal of identifying people who frequent these systems and estimating system impacts in the service of exploring alternatives.
Across Oregon, innovative practices and treatment are being supported as part of community-based approaches, but challenges remain.

**Repeated themes from stakeholder conversations:**

- Many mid-level options for treatment or division are absent
- Lack of housing options (raised in nearly every meeting)
- Lack of timely access to forensic evaluators/disagreement among stakeholders on what forensic evaluator to use
- Many requirements/pressures to adopt new strategies at breakneck pace
- Staff recruitment and retention
- Information-sharing barriers
- Lack of formal structures/policy to sustain gains from recent years
- Ability to “scale” up initiatives
- Inability to establish and sustain residential level programs (detox, crisis stabilization)
In stakeholder meetings, we were provided with many examples of people who cycled through Oregon’s criminal justice and health care systems.
There are a number of steps that are integral to the Oregon BHJR project:

<table>
<thead>
<tr>
<th>1. IDENTIFY</th>
<th>2. TARGET</th>
<th>3. TRACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify high-utilizer people for whom current approaches aren’t working</td>
<td>Target this population with: • Comprehensive supports and services • Collaborative approach • Workforce</td>
<td>• Create clear, meaningful, and consistent outcomes • Track and incentivize success</td>
</tr>
</tbody>
</table>
A review of population data is likely to reveal a subgroup of people with atypical utilization patterns for whom current supports and services aren’t effective.

While additional resources and investments may be necessary to improve outcomes, carefully identifying the target population will help ensure that there is a significant cost/benefit advantage to doing so.
Having a broad array of supports and services for this target population is essential to improving outcomes.

2. TARGET

Target population with:
- Comprehensive supports and services
- Collaborative approach
- Workforce

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Complex cases require extensive communication and collaboration, but this can be difficult to establish and sustain.

2. TARGET

Target population with:
- Comprehensive supports and services
- Collaborative approach
- Workforce

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Improving outcomes requires a well-trained workforce of a sufficient size.

### 2. TARGET

**Target population with:**
- Comprehensive supports and services
- Collaborative approach
- Workforce

**Ability to develop, recruit, and retain key professional and paraprofessional positions:**
- Nursing
- Psychology
- Social work
- Psychiatry
- Addiction specialists
- Peer support specialists
- Case management
- Care coordination

**Ability to strengthen effectiveness of available workforce:**
- Specialized training
- Team oriented
- Outcomes driven
Outcome measures are most effective for the target population when they include aspects of criminogenic risk along with recovery and social determinants of health.

3. TRACK

- Create clear, meaningful, and consistent outcomes
- Track and incentivize success

Measuring outcomes for people in the criminal justice system is about more than just recidivism.

Other success metrics:

- Reductions in jail bookings
- Maintaining employment
- Adherence to treatment
- Stability in housing
- Passing drug/alcohol screens
- Reductions in overdoses
- Reductions in emergency department visits
- Reductions in use of state hospital
Regularly reporting those key metrics enables service and support providers to quickly determine what is and is not working with their approach and to shift as needed.

Incentives linked to outcomes help focus efforts on those activities with the strongest impacts on improved outcomes.
1. **Overview of public safety and health system challenges**

What continuum of care and services are needed to support this population? What system gaps exist for certain behavioral health supports and services?

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What role does Oregon’s State Hospital system play in the continuum of care options for people in the criminal justice system, and what alternative options are available?
BHJR requires a better understanding of some key service systems being accessed by people coming into frequent contact with the criminal justice system.

Criminal activity leads to apprehension by local law enforcement and detention in county jail

Some are released and don’t come back, at least not often

Some are released and come back to jail repeatedly (FCJI—Frequent Criminal Justice Involvement)

For those coming back to jail repeatedly, what other systems are these people hitting when not in jail?

- Community corrections (probation; post-prison supervision)?
- Behavioral health (mental illness; substance addiction) treatment providers?
- Primary health care?
- State hospital (aid & assist)?
Developing a better understanding of this population requires significant data acquisition, matching, and analysis.

Data from these systems will be matched to the jail cohorts to identify who is hitting which systems.
Twelve counties representing almost two-thirds of Oregon’s resident population have provided jail bookings and releases data.

In early summer 2018, the CSG Justice Center began engaging counties throughout Oregon to describe the project and request data.

21 of Oregon’s 36 counties initially indicated a desire to participate.

12 of Oregon’s 36 counties have provided necessary jail bookings/releases data to facilitate project.

(Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, Washington)
While no two counties are the same, there are some common themes arising from the initial analyses of the jail data.

- In a given year, most people booked into jail are booked just one time.

- However, across counties, a small share of people are booked four or more times that same year (FCJI).

- While people booked four or more times in a year account for only 5–10 percent of people booked, they account for 20–30 percent of all booking activity.

- In counties where reliable housing data exist, people booked four or more times in a year are more likely to be homeless compared to people who are booked into jail less frequently.

- People who are booked four or more times in a year are more likely to have felony level charges associated with their underlying case(s).
Clackamas County jail bookings declined slightly from 2016 to 2017.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Booking Events</th>
<th>Booking Events per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>16,128</td>
<td>44.1</td>
</tr>
<tr>
<td>2017</td>
<td>15,181</td>
<td>41.6</td>
</tr>
</tbody>
</table>

Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.
One of the aims of the project is to identify people who are booked into jail more than once in a year.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Booking Events</th>
<th>Unique People Booked</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>16,128</td>
<td>9,692</td>
</tr>
<tr>
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<td>15,181</td>
<td>9,641</td>
</tr>
</tbody>
</table>

Calculated ratio of booking events per unique person booked:

- 2016 = 1.7 booking events per person
- 2017 = 1.6 booking events per person

While these ratios provide some information about people who are booked frequently, they mask more interesting patterns about this population.

Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.
The reality is that most people are booked only once into jail, but some are booked as many as three or more times in a year.

<table>
<thead>
<tr>
<th># of Times Booked in 2016</th>
<th># of Unique Persons</th>
<th># of Times Booked in 2017</th>
<th># of Unique People</th>
</tr>
</thead>
<tbody>
<tr>
<td>16,128 Booking Events</td>
<td>9,692 People</td>
<td>15,181 Booking Events</td>
<td>9,641 People</td>
</tr>
<tr>
<td>1</td>
<td>6,211</td>
<td>1</td>
<td>6,456</td>
</tr>
<tr>
<td>2</td>
<td>1,940</td>
<td>2</td>
<td>1,913</td>
</tr>
<tr>
<td>3</td>
<td>764</td>
<td>3</td>
<td>703</td>
</tr>
<tr>
<td>4</td>
<td>382</td>
<td>4</td>
<td>267</td>
</tr>
<tr>
<td>5</td>
<td>201</td>
<td>5</td>
<td>153</td>
</tr>
<tr>
<td>6</td>
<td>81</td>
<td>6</td>
<td>73</td>
</tr>
<tr>
<td>7</td>
<td>49</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>8</td>
<td>26</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>9</td>
<td>17</td>
<td>9</td>
<td>6</td>
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<tr>
<td>10</td>
<td>6</td>
<td>10</td>
<td>4</td>
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<tr>
<td>11</td>
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<td>12</td>
<td>6</td>
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<tr>
<td>13</td>
<td>3</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>1</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>18</td>
<td>1</td>
<td>19</td>
<td>1</td>
</tr>
</tbody>
</table>

Roughly 2/3 of people booked each year are booked only once.

Around 6–8% of the unique people booked each year are actually booked anywhere from 4–15+ times in a year.

Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.
From a bookings perspective, this project defines FCJI as four or more booking events in a calendar year.

Setting Frequent Criminal Justice Involvement (FCJI) at 4 or more booking events in a year is a statistically significant higher number of booking events at more than two standard deviations above the average.

Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.
Six percent of people booked into jail in Clackamas Co. accounted for 19 percent of all booking events in 2017.

<table>
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<td>9,641</td>
</tr>
</tbody>
</table>

In 2017, of the 9,641 unique people booked into Clackamas Co. Jail:

- 67% (6,456 people) were booked one time that year
- 20% (1,913 people) were booked two times that year
- 7% (703 people) were booked three times that year
- 6% (569 people) were booked four or more times that year
  - These 569 individuals accounted for 2,848 booking events in 2017. That’s 18.8% of all booking events.

Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.
As of 2017, almost 1 out of every 5 booking events in Clackamas Co. involved someone who would be booked into that jail 4+ times per year.

In 2017, Clackamas Co. averaged:

- 1,265 booking events per month
- 237 booking events involving an FCJI person (19% of all booking events)

Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.
Aside from homelessness and offense degree, people who are booked into jail 4+ times per year share similar characteristics as all other people booked into jail.

<table>
<thead>
<tr>
<th>Clackamas Co. Jail Bookings</th>
<th>All Individuals Booked</th>
<th>Those with 4+ Booking Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Bookings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Average: 36.3 yrs</td>
<td>34.7 yrs</td>
</tr>
<tr>
<td>Sex</td>
<td>% Male: 73.5%</td>
<td>77.3%</td>
</tr>
<tr>
<td>Race</td>
<td>% White: 91.0%</td>
<td>93.5%</td>
</tr>
<tr>
<td></td>
<td>% Black: 6.6%</td>
<td>4.2%</td>
</tr>
<tr>
<td></td>
<td>% Asian: 1.1%</td>
<td>1.2%</td>
</tr>
<tr>
<td></td>
<td>% Native American: 0.7%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Housing</td>
<td>% Reported Homeless: 8.6%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Offense</td>
<td>% with Felony Charge: 38.8%</td>
<td>54.1%</td>
</tr>
</tbody>
</table>

Additional analysis of offense type pending (e.g., violent, property, drug)

Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.
People who are booked more frequently into jail in a given year do not have longer lengths of stay in jail when compared to all people booked into jail.

### Clackamas Co. Jail Releases*

<table>
<thead>
<tr>
<th>2017 Releases</th>
<th>All Individuals Booked</th>
<th>Those with 4+ Booking Events</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length of Stay in Jail</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>14.2 days</td>
<td>10.2 days</td>
</tr>
<tr>
<td>0 - 14 days</td>
<td>12,291</td>
<td>2,234</td>
</tr>
<tr>
<td>15 - 29 days</td>
<td>1,132</td>
<td>297</td>
</tr>
<tr>
<td>30 - 59 days</td>
<td>1,036</td>
<td>196</td>
</tr>
<tr>
<td>60 - 89 days</td>
<td>250</td>
<td>30</td>
</tr>
<tr>
<td>90 - 179 days</td>
<td>315</td>
<td>23</td>
</tr>
<tr>
<td>180+ days</td>
<td>158</td>
<td>2</td>
</tr>
</tbody>
</table>

**All Releases** | 15,182 | 2,782 |

*Note: 23 cases were excluded from length of stay analyses due to suspect admission dates causing extremely long lengths of stay in jail exceeding 10 years.

88% of all releases were within 29 days of booking. For people booked 4+ times that year, 91% were released within 29 days of booking.

Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.
The initial jail data analysis shows that there is still a need to better understand whether complex behavioral health needs are associated with people who stay in jail a long time.

### Clackamas Co. Jail Releases*

<table>
<thead>
<tr>
<th>Length of Stay on Jail</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>16,084</td>
<td>15,182</td>
</tr>
<tr>
<td>0–14 days</td>
<td>13,012</td>
<td>12,291</td>
</tr>
<tr>
<td>15–29 days</td>
<td>1,148</td>
<td>1,132</td>
</tr>
<tr>
<td>30–59 days</td>
<td>1,144</td>
<td>1,036</td>
</tr>
<tr>
<td>60–89 days</td>
<td>278</td>
<td>250</td>
</tr>
<tr>
<td>90–179 days</td>
<td>340</td>
<td>315</td>
</tr>
<tr>
<td>180+ days</td>
<td>162</td>
<td>158</td>
</tr>
</tbody>
</table>

* Note: 38 cases were excluded from length of stay analyses due to suspect admission dates causing extremely long lengths of stay in jail exceeding 10 years.

473 people released from jail spent 3 or more months in jail.

- These 473 release events represented just 3% of all 2017 releases, and these people spent an average of 204 days in jail.
  - That is the equivalent of 96,492 bed days.
- The other 97% of releases (14,709) spent an average of 8 days in jail.
  - That is the equivalent of 117,672 bed days.

Are behavioral health dynamics driving these longer lengths of stay for some people?

Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.
Analysis reveals that a small number of people are driving a disproportionate amount of jail booking activity and bed consumption.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Clackamas</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bookings per Capita*</td>
<td>36.8</td>
<td>• There were almost 37 booking events per 1,000 residents.</td>
</tr>
<tr>
<td>Persons Booked per Capita</td>
<td>23.3</td>
<td>• There were 23 unique people booked per 1,000 residents.</td>
</tr>
<tr>
<td>Share of People = FCJI</td>
<td>6%</td>
<td>• 6% of the unique people booked accounted for 19% of all booking events.</td>
</tr>
<tr>
<td>Share of Bookings = FCJI</td>
<td>19%</td>
<td>• 6% of the unique people booked accounted for 19% of all booking events.</td>
</tr>
<tr>
<td>Share of Releases LOS &gt;= 90 Days</td>
<td>3%</td>
<td>• 3% of releases used 96,492 jail bed days</td>
</tr>
<tr>
<td>Jail Beds Used &gt;= 90 Days</td>
<td>96,492</td>
<td>• 97% of releases used 117,672 jail bed days</td>
</tr>
<tr>
<td>Share of Releases LOS &lt; 90 Days</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td>Jail Beds Used &lt; 90 Days</td>
<td>117,672</td>
<td></td>
</tr>
</tbody>
</table>

* Per Capita = per 1,000 residents.

Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.
The high-utilizer dynamic of a small number of people accounting for a large percentage of annual jail admissions is a consistent theme across counties.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Clackamas</th>
<th>Deschutes</th>
<th>Marion</th>
<th>Multnomah</th>
<th>NORCOR</th>
<th>Washington</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bookings per Capita*</td>
<td>36.8</td>
<td>39.3</td>
<td>45.6</td>
<td>35.2</td>
<td>49.6</td>
<td>28.7</td>
</tr>
<tr>
<td>People Booked per Capita</td>
<td>23.3</td>
<td>29.4</td>
<td>23.6</td>
<td>19.6</td>
<td>33.2</td>
<td>18.1</td>
</tr>
<tr>
<td>Share of People = FCJI</td>
<td>6%</td>
<td>5%</td>
<td>12%</td>
<td>10%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Share of Bookings = FCJI</td>
<td>19%</td>
<td>18%</td>
<td>35%</td>
<td>32%</td>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>Share of Releases LOS &gt;= 90 Days</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>4%</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Jail Beds Used &gt;= 90 Days</td>
<td>96,492</td>
<td>31,563</td>
<td>80,028</td>
<td>205,931</td>
<td>9,075</td>
<td>144,460</td>
</tr>
<tr>
<td>Share of Releases LOS &lt; 90 Days</td>
<td>97%</td>
<td>97%</td>
<td>97%</td>
<td>96%</td>
<td>98%</td>
<td>95%</td>
</tr>
<tr>
<td>Jail Beds Used &lt; 90 Days</td>
<td>117,672</td>
<td>70,150</td>
<td>114,888</td>
<td>190,442</td>
<td>24,381</td>
<td>145,269</td>
</tr>
</tbody>
</table>

* Per Capita = per 1,000 residents.
Next steps for the data matching and analysis

1. Finish base analyses of jail data and share with counties to ensure accuracy.

2. Combine all jail data into one file (necessary for sending to OHA).

3. Match community corrections history to individuals’ jail records.

4. Send jail and matched community corrections data to Integrated Client Services (ICS) for matching of Medicaid and State Hospital data.

5. ICS provides fully matched dataset to Oregon Health Authority (OHA) for final analysis of behavioral and primary health, and state hospital admissions associated with FCJI cohorts.
What role does Oregon’s State Hospital system play in the continuum of care options for people in the criminal justice system, and what alternative options are available?

What continuum of care and services are needed to support this population? What system gaps exist for certain behavioral health supports and services?

What are the common patterns of jail utilization in Oregon and how do these vary by county type?

What role does housing and homelessness play in Oregon’s current challenges in improving outcomes for people in the criminal justice system with behavioral health conditions?
Housing challenges

• Many high utilizers of jail-health services need not only wrap-around services, but supportive housing to help deliver those services.

• What is supportive housing?

• What is the cost-benefit to supportive housing investments?

• How can this project help counties and statewide efforts understand how many units of supportive housing are needed for this population?
Research demonstrates there is a jail-homelessness correlation for high utilizers.

High utilizers need wrap-around behavioral health services.

Rates of homelessness are higher among people who have mental illnesses and co-occurring substance addictions compared to people without behavioral health needs, particularly for the high utilizer population.

Many of these high utilizers need not just wrap-around services, but supportive housing to help deliver those services.

Sources:
People with serious behavioral health conditions and histories of homelessness can become trapped in a revolving door.

For people with behavioral health issues who are in and out of jail, homelessness is a common issue that exacerbates the ability to provide effective services, community supervision, and employment opportunities.
With the right services, supportive housing can serve as a “one-stop shop” for addressing housing needs, treating behavioral health conditions, and mitigating criminogenic risks.

Supportive housing is an intervention that pairs affordable or subsidized rental housing with intensive wrap-around case management supportive services.

**Common Features**

- Tenant pays 30 percent of income toward rent, often from public benefits (e.g., Supplemental Security Income).
- Offers on-site services that may include case management, assistance with household chores, and mental health and substance addiction counseling.

It can be offered in different configurations, including:
- Purpose-built (single-site) apartment buildings
- Apartments leased from private landlords
- Designated or set-aside units within existing affordable housing developments

Supportive housing has been identified by SAMHSA as an evidence-based practice.

Sources:


[https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510](https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510)
FUSE is a successful model that uses the supportive housing structure to deliver a range of services for high utilizers in the criminal justice system.

New York City Frequent Users Services Enhancement (FUSE) evaluation (2014) found that supportive housing placement was associated with a significant decline in the use of homeless services and jail bookings.

**Source:** Columbia University Mailman School of Public Health (2014)
Supportive housing can pay for itself as it results in avoided costs from lower use of jails, hospitals, and homeless services.

Cost-analysis from FUSE study

FUSE II intervention $23,290
- including $14,624 annual investment in wrap-around supportive service and costs

Overall, FUSE participants had less spending on:

- Jails + shelters: $8,372 less
- Medical, mental health + addiction service costs: $7,308 less

$15,680 less per person in FUSE

These cost avoidances virtually offset the entire cost of the wrap-around services.

Source: Columbia University Mailman School of Public Health (2014)
Several Oregon programs are using supportive housing to deliver a range of services for people within the high utilizer population.

**FUSE**

**Multnomah County**

**Lane County**

*With support for Corporation for Supportive Housing (CSH)*

- Helps communities break the cycle of homelessness and crisis among people with complex medical and behavioral health challenges who are the most frequent users of emergency rooms, jails, shelters, clinics, and other costly crisis services.

**Sponsors, Inc**

**Eugene (Lane County)**

- Provides reentry services for people returning to the Eugene area following incarceration.

- Services include housing (transitional and long-term beds), case management, employment assistance, transportation, cognitive behavioral therapy, and mentorship.
Although Oregon has supportive housing, unit growth has been slow and historically has not been prioritized for people with the highest service needs.

**Permanent Supportive Housing Beds in Oregon, 2007–2017**

<table>
<thead>
<tr>
<th>Year</th>
<th>Dedicated Chronically Homeless Beds (PSH)</th>
<th>% of PSH Beds for Chronically Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>880</td>
<td>13%</td>
</tr>
<tr>
<td>2008</td>
<td>699</td>
<td>14%</td>
</tr>
<tr>
<td>2009</td>
<td>902</td>
<td>15%</td>
</tr>
<tr>
<td>2010</td>
<td>858</td>
<td>18%</td>
</tr>
<tr>
<td>2011</td>
<td>1,036</td>
<td>21%</td>
</tr>
<tr>
<td>2012</td>
<td>1,366</td>
<td>24%</td>
</tr>
<tr>
<td>2013</td>
<td>1,567</td>
<td>27%</td>
</tr>
<tr>
<td>2014</td>
<td>2,476</td>
<td>34%</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: The most recent point in time count was 2/22/17. HUD 2017 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations and HUD, Oregon Supportive Housing Inventory from continuums of care, 2007-2017.
Oregon has taken steps to increase affordable and supportive housing availability.

Statewide Housing Plan that Oregon Housing and Community Services is collaborating on with partners.

- The Statewide Housing Plan goes beyond affordable and supportive housing development and includes strategies on homelessness, rural housing needs, equity, and home ownership.
- Oregon Statewide Supportive Housing Strategy Workgroup is part of this larger effort.

State and local investment in capital

- HB 4007 (2017) tripled the state’s document recording fee, and revenue goes into the state’s housing fund. Expected to raise $90M every biennium to increase the availability of affordable rental and ownership housing and to address homelessness.

- Proposed Portland-area $652.8M affordable housing bond on ballot in November to fund construction, acquisition, and renovation of affordable housing for approximately 7,500 to 12,000 people.

Governor Brown’s $370M housing package would include $20M for permanent supportive housing.
Joint effort between OHCS and OHA

Began in July 2017 and meeting 12+ times, these are highlights of likely recommendations:

• Expanding permanent supportive housing (PSH) through new and existing housing and services resources. This requires additional capital and rental assistance options and tenancy supports.

• Ensure there is a clearly defined and developing workforce for PSH tenancy support services that includes sufficient training for peer specialists, traditional health workers, recovery mentors, and others.

• Leveraging Medicaid and incorporating elements into CCOs contracts to support the provision of tenancy services and supports, including activities that help attainment of the OPP targets related to PSH.
Providing supportive housing requires aligning financing and funding from housing and services sectors, often at the local level.

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Purpose/Uses</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Capital Financing</td>
<td>Land/property acquisition, development, and construction</td>
<td>State bond authority, low-income housing tax credits, conventional financing</td>
</tr>
<tr>
<td>2 Operating Funding / Rental Assistance</td>
<td>Building operations and maintenance, property management (operating), or private market rent (rental assistance)</td>
<td>Housing Choice Vouchers, federal homeless assistance grants, health and behavioral health agencies</td>
</tr>
<tr>
<td>3 Supportive Services</td>
<td>Staffing and other-than-personnel costs associated with case management and interdisciplinary team</td>
<td>Health and behavioral health agencies, human services agencies, federal homeless assistance grants, Medicaid (in some states)</td>
</tr>
</tbody>
</table>

Operating and supportive service most difficult to finance in Oregon
Funding supportive housing typically involves integrated financing and collaboration for capital/operating/services.

<table>
<thead>
<tr>
<th>Connecticut Supportive Housing Demonstration Program Partners</th>
<th>Type of Funding</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Office of Policy and Management (OPM)</td>
<td>Capital Financing</td>
<td>CSH, CHFA, DECD</td>
</tr>
<tr>
<td>• Connecticut Housing Finance Authority (CHFA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Department of Mental Health and Addiction Services (DMHAS)</td>
<td>Operating Funding/Rental Assistance</td>
<td>DMHAS/HUD, NEF</td>
</tr>
<tr>
<td>• Department of Economic and Community Development (DECD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Department of Social Services (DSS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Corporation for Supportive Housing (CSH)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• U.S. Dept. of Housing and Urban Development (HUD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• National Equity Fund (NEF)</td>
<td>Supportive Services</td>
<td>DSS, DMHAS</td>
</tr>
</tbody>
</table>

Source: http://www.hartfordinfo.org/issues/wsd/homelessness/supportive_housing.pdf
The BHJR project will help counties quantify the supportive housing needs for their high utilizer populations.

- Oregon is already operating successful models that deliver wrap-around services in a supportive housing setting for the high utilizer population.
- This project will use data to help estimate this population’s need for supportive housing units, both at the local and state levels.
Housing Challenges: Section Recap

• Supportive housing is a critical need of this population

• Supportive housing is an intervention that pairs affordable or subsidized rental housing with intensive wrap-around case management supportive services.

• Supportive housing can pay for itself as it results in avoided costs from lower use of jails, hospitals, and homeless services.

• This project will help the state quantify the supportive housing needs for their high utilizer populations.

What can Oregon do?

• Use data to identify shared population and quantify need and system costs.
• Add additional units of supportive housing targeted at homeless jail-health services high utilizers.
What role does Oregon’s State Hospital system play in the continuum of care options for people in the criminal justice system, and what alternative options are available?

What continuum of care and services are needed to support this population? What system gaps exist for certain behavioral health supports and services?

What are the common patterns of jail utilization in Oregon and how do these vary by county type?

What role does housing and homelessness play in Oregon’s current challenges in improving outcomes for people in the criminal justice system with behavioral health conditions?
What are the current legal pathways to support people with severe mental illnesses and or substance addictions?

What are current Oregon State Hospital system trends?

What is the aid and assist (.365 and .370) legal process?

How are the aid and assist versus civil commitment treatment and discharge processes at the Oregon State Hospital different?

What are the national trends and policy shifts for the competency restoration population?
In order to make effective investments in behavioral health care, states must understand what levels of care are available and where more resources must be directed.

Spectrum of Behavioral Health Services Necessary to Improve Outcomes

People should begin treatment at the level of support they initially require to address their needs. However, they should also “step down” into lower intensity and lower cost interventions to continue making progress in managing behavioral health conditions.
There are six court-led pathways to provide support for people with severe behavioral health conditions who are a danger to themselves and/or others.

**Criminal Justice Pathway**

- **Determination of need for 161.370\textsuperscript{ers}**
- **Determination of fitness (Aid & Assist)**
- **Commitment of “extremely dangerous” person with mental illness**
- **Guilty except insanity (GEI)**

**Civil Pathway**

- **Assisted Outpatient Treatment (AOT)**
- **Commitment to accept mental health treatment (civil commitment)**

\textsuperscript{ers} includes OSH commitment

\textsuperscript{ers} can include time at OSH
The Oregon State Hospital system has two campuses located in the northwestern portion of the state.

Both OSH facilities are off the I-5 corridor.

Source: OSH: current bed operation capacity across the two campuses
The most commonly used pathways to the Oregon State Hospital are aid and assist and civil commitment. Both types of commitments allow for community options.

**Aid and Assist**
- Person is required to receive **restorative competency services** to help them aid and assist in their own defense.
- Person stays in their community.

**Civil Commitment**
- Person is required to obtain **mental health treatment** typically because they are found to be a danger to themselves or others.
- Person stays in their community.
Admissions to OSH under aid and assist have risen dramatically since 2012 and are now double admissions under civil commitments.

### Annual Monthly Average of Oregon State Hospital System Admissions
Salem + Junction City Facilities, 2012–2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Aid and Assist Admissions</th>
<th>Civil Commitment Admissions</th>
<th>GEI Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY2012</td>
<td>8</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>CY2013</td>
<td>5</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>CY2014</td>
<td>6</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>CY2015</td>
<td>6</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>CY2017</td>
<td>6</td>
<td>26</td>
<td>6</td>
</tr>
<tr>
<td>CY2018</td>
<td>8</td>
<td>34</td>
<td>8</td>
</tr>
</tbody>
</table>

Source: Oregon State Hospital, 2012-2018. 2012-2017 represent averages of all 12 months, 2018 represents average of first 9 months (Jan-Sept).
Aid and assist cases have also now surpassed civil commitment on an average daily population basis and represent $107.5M in the share of annual OSH costs.

Since 2009:

The aid and assist average daily population has increased 249 percent.

The civil commitment and voluntary average daily population is down 38 percent.

Source: OHA Report, Average Daily Population by Month (January)
Based on OSH allocated beds for each county, urban counties are the highest utilizers of aid and assist referrals but rural counties are consistently exceeding their allocations.

1. Urban Counties (11)
2. Rural Counties (15)
3. Frontier Counties (10)

Average of Monthly Aid and Assist OSH Population Frontier, Rural, and Urban Utilization May 2017–May 2018

<table>
<thead>
<tr>
<th>County Type</th>
<th>Average of Monthly Aid and Assist OSH Population May 2017–May 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>29.8</td>
</tr>
<tr>
<td>Urban</td>
<td>-7.8</td>
</tr>
<tr>
<td>Frontier</td>
<td>-9.3</td>
</tr>
</tbody>
</table>

1. OSH data on county aid and assist referrals.
2. Ibid. Average of Monthly Aid and Assist OSH Population versus Expected Census Number for Frontier, Rural and Urban counties

The Council of State Governments Justice Center | 68
The aid and assist population has surged in recent months for reasons not yet understood.

Allocated Bed Space: 210
Census on 10/1/18: 256

Overutilization and Underutilization of Aid and Assist Bed by County Type
October 1, 2018

19
Urban

Rural

Frontier

-7

1 OSH data on county aid and assist referrals.
2 Ibid. Average of Monthly Aid and Assist OSH Population versus Expected Census Number for Frontier, Rural and Urban counties
The current process in Oregon makes it more likely that systems will prefer the .370 pathway to the Oregon State Hospital, reducing access for other types of cases.

Civil Commitments “Too Difficult”

.370’s - faster, more certain

Civil Commitment Capacity Reduced

Poorer outcomes
There are several parties who help determine whether a person has the ability to “aid and assist” in his or her own defense.

- A Certified Forensic Evaluator who can conduct an ORS 161.365 and ORS 161.370, also in the community or in a jail setting
- A Certified Forensic Evaluator at the Oregon State Hospital who can conduct an ORS 161.365 or 161.370

There have been recent revisions to Statutes (ORS) 161.365

“... the court... shall order that a community mental health program director or the director’s designee consult with the defendant to determine whether services and supervision necessary to safely restore the defendant’s fitness to proceed are available in the community.”

Stakeholders in most regions report community restoration is rarely used.
For people admitted to OSH on the aid and assist pathway, the focus and type of interventions and discharge services provided are quite different from civil commitments.

**Aid and Assist**

“Aid and Assist” patients receive mental health services that enable them to benefit from education related to:

- Overall legal rights
- Trial participants and procedures
- Difference between a jury and bench trial
- Plea determination
- General expectations during proceedings

**Civil Commitment**

Civil commitment patients receive psychiatric treatment directed at:

- Psychiatric stabilization
- Possible involuntary psychiatric medication
- Social skills training
- Transition planning
People being discharged from OSH as an aid and assist patient are not required to have the same level of transition planning and community support services as those under civil commitment.

### Aid and Assist

Once competency is restored, the person returns to jail to undergo trial. If competency is not restored, if the person is found “never able” to be restored, or if the person has been at OSH for the maximum period of time allowed for the crime they have been charged with, the person is returned to jail and charges are dropped.

### Civil Commitment

Once someone is determined to be well enough to return to the community, OSH develops a plan to re-integrate the person in the community, and the person is typically discharged to step-down placement and services.
On average, aid and assist cases remain at OSH for 108 days at a cost of approximately $147,312.

Aid and Assist Receiving Treatment at OSH

- **Jail Stay**
  - Jail stays prior to court ordering OSH admission can take weeks or months

- **OSH Admission**
  - OSH is required to admit .370 referrals within 7 days of court order

- **First evaluation**
  - 30

- **108 Days Average Length of Stay**
  - 60
  - 120
  - 150

- **Follow-up evaluation every 90 days until discharge**

**$147,312 Approx. cost $1,364 per day**

Source: OSH data on Aid & Assist Patients discharged in last year, between October 2017 and September 2018.
A frequently reported barrier to making the aid and assist process more timely is inconsistent access to certified forensic examiners.

### Number of Certified Forensic Examiners by Location

### Spotlighting Multnomah County’s Approach

Uses a centralized docket (one designated judge)

Rapid Evaluation Process includes:
- Participation of trusted forensic examiners to conduct evaluations
- Availability of transitional housing and other services
- Inter- and intra-agency communication on an ongoing basis

Source: OHA Forensic Evaluator Certification List, 11-2-17
Stakeholders report that it is very difficult to get patients admitted to OSH under civil commitment, partly due to Oregon’s “high bar.”

*Reflecting on the national legal context for court-ordered treatment:*

“The law requires waiting for crisis before acting.”

*Conference of State Court Administrators*

**Striking the right balance?**

- Civil Liberty (Freedom from forced treatment)
- Well-Being & Safety (Ability to court-order treatment)

**Interplay between legislature and courts:**

- **Danger:** In the near future? Overt act? Serious physical harm?
- **Failure to meet basic needs:** With what consequences?

*Fortunately, the state’s Workgroup to Decriminalize Mental Illness is focusing on this.*

*Co-chaired by Judge Wolke and Senator Prozanski, the workgroup is focusing on reviewing civil commitment standards.*

Many states report significant Incompetent to Stand Trial (IST) growth.

Percentage Change in Inpatient IST Population, 1999–2014
Based on 26 States with Numerical Data for 1999, 2005, and 2014

UT had a percentage change of 1129% for 1999-2014

Source; NASMHPD, Forensic Patients in State Psychiatric Hospitals: 1999-2016 (August 2017); Source: 2017 NRI Inpatient Forensic Services Study and 1995-2015 State Mental Health Agency Profiling System
California data sheds light on some of the characteristics and challenges of people being referred for competency restoration.

California Department of State Hospital (Felony) IST referrals

Numerous strategies can reduce Incompetent to Stand Trial referrals.

Many states are rethinking how to best achieve justice in these cases:

• Develop robust systems of community-based treatment and supports.

• Develop alternatives for competency evaluation and restoration.

• Streamline processes and timelines.

• Reserve competency restoration for “serious” offenses.
Competency Restoration/OSH: Section Recap

• The current process in Oregon makes it more likely that systems will prefer the .370 pathway to the Oregon State Hospital, reducing access for other types of commitments.
• Interventions for aid and assist patients are focused on competency restoration.
• State Hospital has reached critical population threshold.
• Although urban counties are the highest utilizers of aid and assist referrals, rural counties are consistently exceeding their expected census numbers.
• Oregon is not the only state grappling with growing IST populations.

What can Oregon do?

• Improve capacity and access to and utilization of community-based options.
• Strengthen jail-based mental health services.
• Identify ways to expand access to forensic evaluators statewide.
• Examine wide range of forensic evaluator fees.
• Explore discharge planning and the provision of community supports for people who are admitted to OSH under .370’s.
Recap:

1. Overview of public safety and health system challenges
2. Jail data analysis
3. Housing challenges
4. Competency restoration / Oregon State Hospital
Policy Framework Discussion
Next Steps

November: Association of Counties Conference in Eugene

January 9: Second steering committee meeting

January or early February: Third (final) steering committee meeting

February: Legislative session
Thank You

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Senior Policy Analyst
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Cover image by M.O. Stevens at en.wikipedia [Public domain], via Wikimedia Commons.
## Urban, rural, and frontier counties

<table>
<thead>
<tr>
<th>Urban</th>
<th>Rural</th>
<th>Frontier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benton</td>
<td>Clatsop</td>
<td>Baker</td>
</tr>
<tr>
<td>Clackamas</td>
<td>Coos</td>
<td>Gilliam</td>
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<td>Harney</td>
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<td>Morrow</td>
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Source: OHA Mobile Crisis Geographic Classification