

Behavioral Health Justice Reinvestment in Oregon

Overview



OCTOBER 2018

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's state and county leaders are now working together to expand community-based resources that the health and justice systems can use to improve health outcomes and reduce recidivism for people who have these behavioral health conditions and are often in contact with the criminal justice system.

Background

Oregon first employed a Justice Reinvestment approach in 2011 to address a nearly 50-percent increase in the state's prison population between 2000 and 2011. Since the enactment of the Oregon Justice Reinvestment Act (HB 3194) in 2013, prison growth has flattened, nearly \$100 million in Justice Reinvestment Grant Program funds have been distributed to Oregon counties, and the state has avoided building a new prison to date.

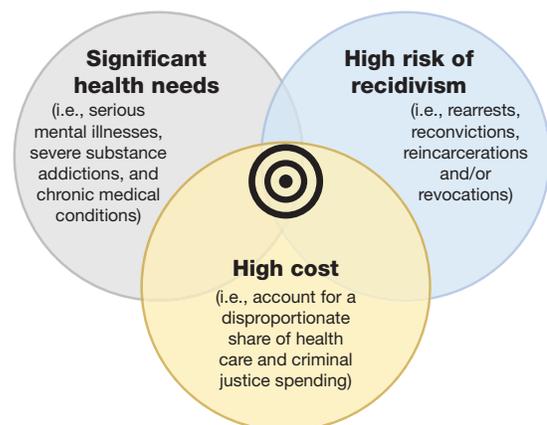
Oregon still faces complex challenges, however, particularly at the intersection of the behavioral health and criminal justice systems. People who come in frequent contact with law enforcement, emergency rooms, and other parts of both systems use up a significant amount of money and staff time at the local and state levels.

With the assistance of The Council of State Governments (CSG) Justice Center, Oregon state and county officials convened the Oregon Forum on Public Safety and Behavioral Health in May 2018 to begin exploring statewide strategies to help counties improve responses to people in the criminal justice system who have behavioral health conditions. On the heels of the forum, state and county

leadership decided the time is ripe to once again engage in a Justice Reinvestment approach, this time with a community-based behavioral health focus.

During the summer of 2018, state and county leadership requested and received support for a behavioral health Justice Reinvestment (BHJR) approach from the public-private partners in the federal Justice Reinvestment Initiative (JRI), the U.S. Department of Justice's Bureau of Justice Assistance (BJA) and The Pew Charitable Trusts (Pew). The BHJR approach will focus on developing a statewide policy framework to help support tribal government, county, and local systems in improving recidivism and health outcomes for the small but important group of people who repeatedly cycle through both the public safety and health systems. (See Figure 1.) By reducing the amount of contact this population has with both systems due to behavioral health crises, criminal justice and behavioral health entities at the local, county, and state levels will see cost avoidance and staff time savings. Most importantly, client outcomes will improve, including reduced emergency room visits and jail intakes, improved housing stability and employment status,

Figure 1. Identifying the target population involves identifying people with complex needs who continually cycle through the criminal justice and health care systems.



* Community-based health care for substance addictions and mental illnesses is defined as services and supports delivered by community-based providers in the home or community, rather than in institutions or isolated settings.

and reduced substance use. This process will also allow public safety resources, including law enforcement officer time and the use of confinement, to be prioritized for people accused and convicted of serious and violent offenses.

To facilitate the BHJR effort, state leaders have established the bipartisan, interbranch Behavioral Health Justice Reinvestment Steering Committee. The 28-member committee includes designees from all three branches of government as well as state, tribal nation, and county criminal justice and health stakeholders. Additionally, BJA and Pew asked the CSG Justice Center to provide analytical support and health and justice system expertise to the state.

CSG Justice Center staff will analyze county jail and community corrections (probation, parole, and post-prison supervision) data with the goal of quantifying the population who has frequent contact with Oregon's criminal justice system. The county jail and community corrections data

will then be matched to Medicaid and state hospital data to determine this population's complex health care needs and utilization patterns along with related systems impacts and costs. Twelve counties have shared detailed jail data that will be matched with community corrections, Medicaid, and Oregon State Hospital data as part of the project's data analysis. The county jail data is anticipated to represent more than half of the state's county jail population.

CSG Justice Center staff will also facilitate focus groups and interviews with people who have serious behavioral health conditions and have been involved in the criminal justice system, as well as people working on the front lines of the Oregon criminal justice and behavioral health care systems. Using the findings from the quantitative and qualitative analyses of the project, the steering committee will develop a statewide policy framework and related policy options to recommend to the 2019 legislature for consideration. (See Figure 2.)

County and Tribal Nation Engagement

Leaders from 32 of the 36 local public safety coordinating councils (LPSCCs) and many others convened at the Oregon Forum on Public Safety and Behavioral Health to build on momentum stemming from resolutions in 21 of 36 Oregon counties to support the national Stepping Up initiative to reduce the number of people with mental illnesses in jails.

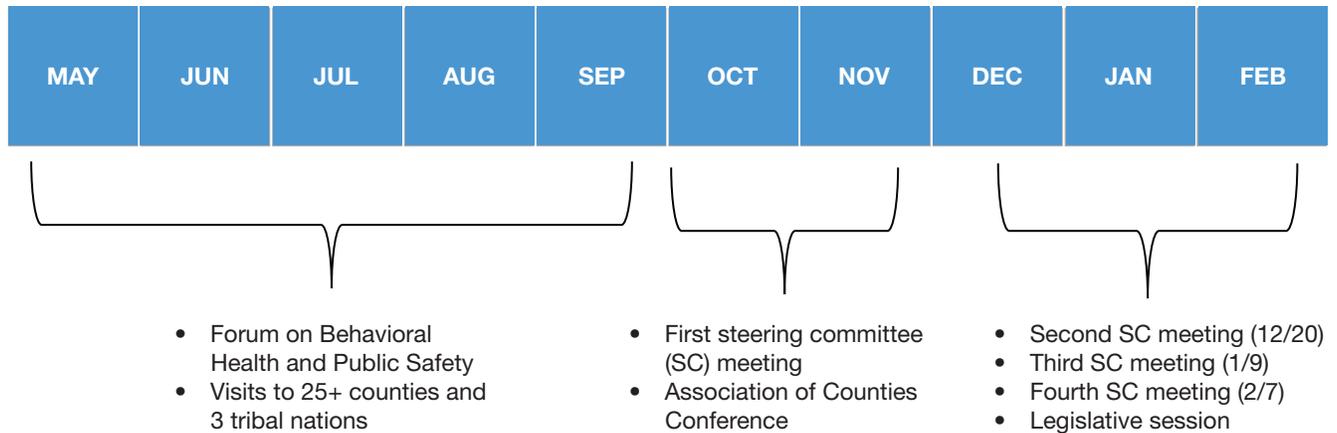
Local perspectives are critical to properly defining the challenges and possible solutions that Oregon's BHJR project will address. To that end, CSG Justice Center staff have traveled to meet with local public safety officials and community-based behavioral health providers in tribal nations and over 25 counties. A number of common challenges have emerged from these visits and will be considered in the development of the statewide policy framework:

1. Access to services, including behavioral health treatment and related services, housing, transportation, and more, is a major challenge, even in large, resource-rich areas.
2. Case coordination and timely information sharing between criminal justice and behavioral health agencies has improved in recent years, but persistent gaps and challenges remain in many jurisdictions.
3. Many local, county, and state criminal justice and behavioral health systems lack sufficient system accountability and outcome reporting, including routine reporting of outcome metrics for people receiving interventions and services, such as whether there have been reductions in the number of arrests, jail bookings, or emergency department admissions for people with behavioral health conditions who have frequent contact with the criminal justice and health systems.
4. Workforce recruitment, training, and retention are significant challenges for both criminal justice agencies and behavioral health providers, particularly in rural and frontier counties, where residents live far from health care, schools, grocery stores, and other necessities.

CSG Justice Center staff will continue to engage tribal nations and counties to receive their guidance and ensure that their needs and challenges are accurately reflected in the findings for the project.

Figure 2. Project Timeline

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.



STEERING COMMITTEE

Cochairs

Patrick Allen, Director, Oregon Health Authority
 Jason Myers, Sheriff, Marion County

Members

Kevin Barton, Washington County District Attorney
 Eric Carson, Recovery Mentor
 Suzanne Chanti, Lane County Circuit Court Judge
 Emily Cooper, Legal Director, Disability Rights Oregon
 Julia Delgado, Director of Programs, Urban League of Portland
 Jim Doherty, Morrow County Commissioner
 Andi Easton, Vice President of Government Affairs, Oregon Association of Hospitals and Health Systems
 Lee Eby, Jail Captain, Clackamas County Jail
 Joel Fish, Chief, Enterprise Police Department
 Mitch Greenlick, State Representative, District 33
 Janie Gullickson, Executive Director, Mental Health Association of Oregon
 Eric Guyer, Director, Jackson County Community Justice
 Claire Hall, Lincoln County Commissioner
 Silas Halloran-Steiner, Director, Yamhill County Health and Human Services

Sandra Hernandez Lomeli, Youth Programs Director, Latinos Unidos Siempre (L.U.S.) Youth Organization
 Cheryl Kennedy, Chairwoman, The Confederated Tribes of Grand Ronde
 Allison Knight, Lane County Public Defender
 Belinda “Linda” Maddy, Department of Public Safety Standards and Training Crisis Intervention Training Coordinator, Crisis Intervention Teams Center for Excellence
 Angel Prater, Executive Director of FolkTime
 Floyd Prozanski, State Senator, District 4
 Steve Sanden, Executive Director, Bay Area First Step
 Paul Solomon, Executive Director, Sponsors, Inc.
 Abbey Stamp, Executive Director, Multnomah County Local Public Safety Coordinating Council
 Duane Stark, State Representative, District 4
 Elizabeth Steiner Hayward, State Senator, District 17
 Heidi Steward, Assistant Director, Offender Management and Rehabilitation, Oregon Department of Corrections
 Kay Toran, President, Volunteers of America-Oregon
 Nan Waller, Multnomah County Circuit Court Judge
 Jackie Winters, State Senator, District 10
 Shannon Wight, Deputy Director, Partnership for Safety and Justice

The Behavioral Health Justice Reinvestment Approach

Step 1: Analyze data and develop policy options

In addition to the jail and community corrections data analysis mentioned previously, CSG Justice Center staff will collect input from criminal justice and health systems stakeholders, including district attorneys, defense attorneys, judges, sheriffs, police chiefs, community corrections officers, behavioral health service providers, victims and their advocates, people with direct experience of the criminal justice system, and others in order to collect perspectives and recommendations from across the state.

CSG Justice Center staff will present the analyses and support the steering committee in developing a statewide policy framework and complementary data-driven policy options focused on improving Oregon's public safety and health outcomes. Policy options will be available for the legislature's consideration in early 2019.

Step 2: Adopt new policies and put reinvestment strategies into place

If the recommended policy options are enacted as legislation, CSG Justice Center staff will work with Oregon policymakers to translate the new policies into practice through implementation assistance. CSG Justice Center staff will develop implementation plans with guidance from state, tribal, and county officials; provide policymakers with frequent progress reports; and deliver testimony to relevant legislative committees.

Step 3: Measure performance

Finally, the CSG Justice Center will assist Oregon officials in identifying appropriate metrics to assess the impact of enacted policies on crime, incarceration, recidivism, and health outcomes, and develop the strategies to monitor these outcomes.



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The Council of State Governments (CSG) Justice Center is a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. The CSG Justice Center's work in justice reinvestment is done in partnership with The Pew Charitable Trusts and the U.S. Department of Justice's Bureau of Justice Assistance. The views expressed herein are those of the author(s) and do not necessarily reflect the views of The Pew Charitable Trusts. For additional information about Justice Reinvestment, please visit csjusticecenter.org/jr/.

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