Behavioral Health Justice Reinvestment in Oregon

Steering Committee

Thursday, December 20th

Steve Allen, Senior Policy Advisor
Cassondra Warney, Senior Policy Analyst
The primary goal of today’s meeting is to reach agreement on a project framework that will become the basis for subsequent resource and policy discussions.

Meeting Agenda

1. Welcome
   10:30 a.m.–10:50 a.m.

2. Introduction of Proposed Project Framework
   10:50 a.m.–11:50 a.m.

3. Overview of Potential Policies within Framework
   12:00 p.m.–2:00 p.m.

4. Next Steps
   2:15 p.m.–2:30 p.m.
Since April, members of the CSG Justice Center team have visited with hundreds of stakeholders, three tribal nations, and more than 25 counties.

<table>
<thead>
<tr>
<th>Jan</th>
<th>Oregon applies for a forum</th>
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<tr>
<td>Feb</td>
<td>BJA approves Oregon’s forum</td>
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<td>March</td>
<td>BHJR brainstorming session</td>
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<td>April</td>
<td>Forum</td>
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<td>May</td>
<td>Proposal to BJA – negotiations (June and July)</td>
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<td>Jun</td>
<td>Community Corrections data received</td>
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<tr>
<td>July</td>
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<td>Aug</td>
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<td>Sep</td>
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<td>Oct</td>
<td>1st SC Meeting, 12 counties represented in jail data sets received</td>
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<td>Nov</td>
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Beyond getting to know steering committee members better, we heard consistent themes during our last meeting.

**Major themes from discussion**

- Strong interest in supportive housing
- Define (and include) “wrap-around” services for supportive housing
- Ensure people of color benefit from policy options
- Important to have Native American tribal government in process/policy
- Young adults important subpopulation
- Data collection – challenges w/ Latinos often coded as white, Native Americans not always tracked, tribal nation not documented
- Ensure policies and practices coming out of this process are trauma informed
- Preventing people from entering the criminal justice system
- Private insurance
- Focus on DOC population, including data component
- Developmental challenges and trauma/brain injuries
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The Behavioral Health Justice Reinvestment (BHJR) project is grounded in recognition of a shared interest among local, regional, tribal, and state governments to address challenges related to people with serious behavioral health conditions cycling through Oregon’s criminal justice and health systems.
Framework

SUPPORTS & SERVICES

Counties

Tribal nations

Regional consortiums

Approved Community Supports and Services

Workforce development

EVALUATION, ACCOUNTABILITY & INNOVATION

Measure Performance

Support Communities to Improve Performance

Support Ongoing Innovation

FUNDING STRATEGIES

Flexible Use of Existing Funds

Additional Local Commitments

Match with New State Funds

Policies

Communities “opt in” and submit requests to fund plans

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Key questions for framework discussion

- Does the approach seek to address the shared challenges identified in this project among local and state governments?

- Is the approach structured in such a way as to be highly likely to generate improvements to address those challenges and benefit both local and state partners?

- Is there a feasible approach to measure and demonstrate those improvements?

- Is there a feasible approach to financially support this initiative?
Proposed Project Framework

Improving individual and system outcomes for people cycling through Oregon’s criminal justice and health systems can be achieved through a set of commitments and coordinated actions:

1. SUPPORTS & SERVICES
   Establish a continuum of comprehensive community supports and services designed to improve outcomes for the target population.

2. EVALUATION, ACCOUNTABILITY, & INNOVATION
   Establish a statewide system of program evaluation, accountability, and innovation.

3. FUNDING STRATEGIES
   Establish a system of shared financing and other commitments necessary to adequately and sustainably support the program.
1. Invest in a strong but flexible community supports and services model, anchored in “what works” for the target population.

2. Support local, regional, and tribal governments in building upon their existing efforts.

3. Develop a limited but critical set of statewide technical assistance services to support communities in designing, requesting, and implementing program services and supports.

4. Invest in strengthening Oregon’s workforce to provide needed supports and services.
1. Establish a statewide system of tracking simple, clear, and meaningful program outcome measures that inform practice and program strategy.

2. Create policy that requires appropriate multiagency and multidisciplinary program information sharing, removing barriers while ensuring data protections.

3. Develop IT infrastructure sufficient to efficiently collect and disseminate program data.

4. Establish a system of continuous quality improvement and promote ongoing innovation.
1. Promote increased flexibility within existing funding streams to reduce unhelpful administrative burden.

2. Establish additional state funding.

3. Work aggressively to leverage federal participation for supports and services reimbursable through Medicaid.

4. Create a formula to match state general funds with local and regional investments.
Framework discussion

• Does the approach seek to address the shared challenges identified in this project among local and state governments?

• Is the approach structured in such as way as to be highly likely to generate improvements to address those challenges and benefit both local and state partners?

• Is there a feasible approach to measure and demonstrate those improvements?

• Is there a feasible approach to financially support this initiative?
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Source: Rules by Arthur Shlain from the Noun Project
1

**SUPPORTS & SERVICES**

Establish a continuum of comprehensive community supports and services designed to improve outcomes for the target population.

- **Community** selects from a range of supports and services options
  - Includes commitments by the applicant
    - Multiagency signatories
    - Financial and other commitments
    - Data requirements
  - Includes financial and other supports from the state
    - Financial “match” formula
    - Designated housing funds
    - Statewide project TA supports

**Application process**

- Funding attached to a grant process
- Counties, regional consortiums, and tribal governments eligible to submit proposals
- Process designed to allow potential grantees to “opt in”

**BHJR Committee reviews grant applications**
SUPPORTS & SERVICES
Establish a continuum of comprehensive community supports and services designed to improve outcomes for the target population.

Tier 1: Foundational Services
Oregon Performance Plan
- Assertive community treatment
- Mobile crisis services
- Supported housing
- Supported employment
- Peer-delivered services
- Transitional services (OSH, ED + ACPF)

Tier 2: Additional Services and Supports
Examples of additional services and supports
- Care coordination/case management
- Crisis units
- Sobering/Detox Centers
- Supported/supportive Housing
- Transportation
- Medications
- Pretrial supervision
- Employment supports

Tier 3: Emerging Services
Specialized or Emerging Services
- Evidence-based or promising practice
- Targeted to population
- Seen as critical to facilitate other needed supports and services
Concept of statewide resources (approx. 10–20 % of funding)

• DA resource prosecutor to consult on complex behavioral health cases

• Provide/require additional training for judges, district attorneys, and defense attorneys on complex cases involving defendants with behavioral health issues, best practices, and existing options in Oregon statute

• Technical assistance for troubleshooting information sharing between relevant parties related to serving high utilizers

• Strengthen statewide “hub and spoke” clinical supports for “hard-to-find” professional specialties, including addiction medicine and psychiatry

• What additional statewide resources should be explored within this section?
SUPPORTS & SERVICES
Establish a continuum of comprehensive community supports and services designed to improve outcomes for the target population.

Workforce Supports

• Program fund for tuition reimbursement, scholarships, relocation, clinical supervision

• Policy change to remove barriers and create financial enhancements to provide co-occurring services

• Strengthen paraprofessional and non-traditional workforce

• Fund for local and statewide workforce training

• Fund technology to support increased use of telemedicine

• What additional workforce supports should be explored within this section?
Discussion

1. Do the approaches in this section address the shared challenges identified in this project among local and state governments?

2. Are the approaches structured in such as way as to be highly likely to generate improvements to address those challenges and benefit both local and state partners?

3. What additional or alternative initiatives should be explored within this section?
EVALUATION, ACCOUNTABILITY, & INNOVATION
Establish a statewide system of program evaluation, accountability and innovation.

1. Establish a statewide system of tracking simple, clear, and meaningful program outcome measures that inform practice and program strategy.

2. Create policy that requires appropriate multiagency and multidisciplinary program information sharing, removing barriers while ensuring data protections.

3. Develop IT infrastructure sufficient to efficiently collect and disseminate program data.

4. Establish system of continuous program evaluation and promote ongoing innovation.

Source: Rules by Arthur Shlain from the Noun Project
A robust and responsive system of program measures can improve system focus and refine approach to achieve public safety and health outcomes goals.
### Sample Outcome Metrics

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Recidivism Risk Factors</th>
<th>SDOH &amp; Recovery Factors</th>
<th>Driver of System Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jail Bookings + ED visits</td>
<td>X</td>
<td>X</td>
<td>$$</td>
</tr>
<tr>
<td>Housing Stability</td>
<td>*</td>
<td>X</td>
<td>$$</td>
</tr>
<tr>
<td>Employment Stability</td>
<td>X</td>
<td>X</td>
<td>$$</td>
</tr>
<tr>
<td>Recovery Management</td>
<td>X</td>
<td>X</td>
<td>$$</td>
</tr>
</tbody>
</table>

* Some evidence of correlation with recidivism
EVALUATION, ACCOUNTABILITY, & INNOVATION
Establish a statewide system of program evaluation, accountability and innovation.

Provide statewide TA supports and IT infrastructure to facilitate information sharing and data collection efforts

BHJR data analysis available in early Feb 2019

What additional information could be part of the data feedback loop moving forward?

Improved race and ethnicity information?

Veterans data?

Homeless Management Information System?

All Oregon Jails?

Snapshot of high utilizer population

Participating 12 county jails in first match: Clackamas, Deschutes, Jackson, Marion, Morrow, Multnomah, NORCOR (Hood River, Wasco, Sherman, Gilliam), Umatilla, and Washington
EVALUATION, ACCOUNTABILITY, & INNOVATION
Establish a statewide system of program evaluation, accountability, and innovation.

BHJR Committee

Standing multiagency committee charged with project oversight:
- Reviews, approves applications
- Monitors grantee performance
- Generates reports to legislature
- Linkages with existing committees and task forces

Project subcommittee tasked with:
- Evaluating results at the local, regional, and statewide levels
- Providing guidance to assist local and regional participants to improve results
- Promoting and studying innovation
Data and case information sharing across behavioral health and criminal justice systems is crucial to knowing what services work and measuring outcomes.

**Behavioral Health System**

Data sharing for people in both criminal justice and behavioral health systems is necessary for:

- Ensuring continuity of care
- Eliminating duplication
- Applying consistency in assessment, evaluation, and case planning
- Evaluating outcomes

**Criminal Justice System**

Policymakers and practitioners are often stymied by persistent beliefs about the impossibility of data sharing, such as:

- No one can access addiction information.
- Only health care providers can share personal health information (“PHI”).
- You always need a patient’s authorization to release information.
Establish a statewide system of program evaluation, accountability, and innovation.

Discussion

• Do the approaches within this section help address the shared challenges identified in this project among local and state governments?

• Are the approaches structured in such a way as to be highly likely to help ensure improvements to address those challenges and benefit both local and state partners?

• Do the approaches within this section help provide a reliable means of measuring and demonstrating those improvements?

• What additional or alternative initiatives should be explored within this section?
1. Promote increased flexibility within existing funding streams to reduce unhelpful administrative burden.

2. Establish additional state funding.

3. Work aggressively to leverage federal participation for supports and services reimbursable through Medicaid and Oregon’s CCO System.

4. Create formulas to match state general funds with local and regional investments.

Source: Rules by Arthur Shlain from the Noun Project

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Increase flexibility to utilize existing funding to apply to target population.

• How could this work in practice?
• Which existing funding streams might be good options to consider for this approach?
FUNDING STRATEGIES
Establish a system of shared financing and other commitments necessary to adequately and sustainably support the program.

Additional local government and state commitments
• Does an approach linking additional local government financial commitments to a match with state funding make sense for this project?

• How could a system of matching account for:
  • Local government’s ability to pay?
  • Differences in economies of scale?
  • Prior financial investments?
  • Regional consortiums?

• Does it make sense to structure several matching formulas, based on the type of supports and services being considered?
  • Staffing supports and services
  • “Large ticket” initiatives (i.e., sobering or crisis center)
  • Supportive housing
FUNDING STRATEGIES
Establish a system of shared financing and other commitments necessary to adequately and sustainably support the program.

Housing
- Since supportive housing is an essential component to improving outcomes, should a local commitment to housing be a required component of the program?
FUNDING STRATEGIES
Establish a system of shared financing and other commitments necessary to adequately and sustainably support the program.

Discussion

• Do the approaches described in this section help provide a reliable, sustainable, and scalable means to financially support this initiative?

• What additional or alternative strategies should be explored within this section?
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Next Steps

• Create an inventory of ideas reflecting agreement from today’s discussion

• 3rd steering committee meeting on Wednesday, January 9th

• 4th and final steering committee meeting on Thursday, February 7th
Thank You

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