

Justice Reinvestment in Oregon Policy Framework



APRIL 2020

Overview

Oregon is facing significant challenges to its behavioral health system that impact the state's criminal justice system. The state has one of the highest rates in the nation of people with mental illnesses and substance addictions, and death rates from drug overdoses and suicides are growing.¹ The Oregon State Hospital (OSH), the state's public psychiatric hospital, is currently unable to keep up with referrals.² At the same time, state and local officials are focused on people with mental illnesses and substance addictions who frequently cycle through Oregon county jails, courts, and emergency departments, resulting in millions of dollars in local and state expenditures, often with little benefit for the people suffering from these conditions or their communities.

In the summer of 2018, Oregon state and county leaders requested support from the U.S. Department of Justice's Bureau of Justice Assistance (BJA) and The Pew Charitable Trusts (Pew), to employ a data-driven Justice Reinvestment approach to improve health and reduce recidivism for people with complex behavioral health needs who are cycling repeatedly through local justice systems. As public-private partners in the federal Justice Reinvestment Initiative (JRI), BJA and Pew approved Oregon leaders' request and asked

The Council of State Governments (CSG) Justice Center to provide intensive technical assistance under the direction of Oregon's Behavioral Health Justice Reinvestment (BHJR) Steering Committee.

As a result of the data-driven JRI process, the steering committee recommended that an innovative new grant program³ be created to support counties and tribal nations in developing stronger community-based continuums of care to improve health and criminal justice outcomes and to reduce financial and public safety impacts for people cycling in and out of Oregon's jails and hospitals. This grant program—Improving People's Access to Community-Based Treatment, Supports, and Services (IMPACTS)—was established through Senate Bill (SB) 973, which was signed into law in July 2019. Stronger community-based supports and services will help provide resources for people with complex behavioral health needs who are currently cycling through jails and hospitals and will reduce emergency department visits and jail stays. Ultimately, resources can be reallocated for law enforcement officials to focus on violent crime reduction strategies and for jail administrators to prioritize capacity for people who pose the greatest risk to the public, all while reducing the use of expensive health care resources.



OREGON BEHAVIORAL HEALTH JUSTICE REINVESTMENT STEERING COMMITTEE

The 32-member BHJR Steering Committee, which included state lawmakers, judiciary members, county corrections officials, defense and prosecuting attorneys, local law enforcement executives, and directors of behavioral health treatment providers and peer-led organizations, met four times between October 2018 and February 2019 to review analyses and discuss policy options.

STEERING COMMITTEE MEMBERS

Co-Chairs

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

Members

- Kevin Barton, District Attorney, Washington County
- Eric Carson, Recovery Mentor
- Suzanne Chanti, Circuit Court Judge, Lane County
- Emily Cooper, Legal Director, Disability Rights Oregon
- Julia Delgado, Director of Programs, Urban League of Portland
- Jim Doherty, Commissioner, Morrow County
- 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, Commissioner, Lincoln County
- Silas Halloran-Steiner, Director, Yamhill County Health and Human Services
- Sandra Hernandez Lomeli, Youth Programs Director, Latinos Unidos Siempre (L.U.S.) Youth Organization
- Cheryle Kennedy, Chairwoman, The Confederated Tribes of Grand Ronde
- Allison Knight, Public Defender, Lane County
- Belinda “Linda” Maddy, Department of Public Safety Standards and Training Crisis Intervention Training Coordinator, Crisis Intervention Teams Center for Excellence
- Angel Prater, Executive Director, 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, Circuit Court Judge, Multnomah County
- Shannon Wight, Deputy Director, Partnership for Safety and Justice
- Jackie Winters, State Senator, District 10

DATA COLLECTION

County jail booking data was provided to the CSG Justice Center by 12 counties that collectively represent two-thirds of Oregon's resident population. Additionally, the Oregon Department of Corrections provided statewide community supervision (probation and parole) data. This criminal justice data was matched for the first time with Medicaid and OSH information by CSG Justice Center staff in collaboration with staff from the Oregon Health Authority (OHA), the Oregon Integrated Client Services, and the OSH. In total, CSG Justice Center staff analyzed almost 135,000 jail booking data records for 2017 and more than 165,000 community corrections records spanning five years across these databases. Doing so allowed the state to begin identifying people with complex behavioral health needs who are cycling repeatedly through local systems and to quantify associated health care costs. This type of analysis on such a large scale had not previously been undertaken in Oregon and was

critical to the CSG Justice Center's ability to deliver comprehensive analysis of the intersection of behavioral health and county criminal justice systems to Oregon's BHJR Steering Committee.

Additional context and information were provided through more than 230 in-person meetings and conference calls with sheriffs, police chiefs, jail commanders, judges, prosecuting attorneys, public defenders, community corrections directors, behavioral health service providers, county commissioners, tribal nation leaders, recovery mentors, and others. CSG Justice Center staff traveled across Oregon to meet with stakeholders from 27 of the state's 36 counties and connected with public safety and behavioral health leadership in 8 of the 9 tribal nations to better understand local challenges.

KEY CHALLENGES

Analyses conducted by CSG Justice Center staff showed that a relatively small number of people statewide—several thousand—are high utilizers of both public safety and behavioral health systems but place a significant strain on county jails and emergency departments. The BHJR Steering Committee identified the following challenges through its review of state data analyses:

- 1. Gaps in continuum of care.** In 2017, 9 percent of people booked into jail in the 12 counties that provided data for this project accounted for 29 percent of all booking events. These 5,397 people, who cycled in and out of county jails at least 4 and as many as 19 times, accounted for 30,052 separate admissions that year.⁴ Options for treating or diverting people who are high utilizers from jail, as well as stabilizing them while in jail and preparing them for reentry, are often absent or under-resourced. The state also lacks adequate housing options, especially those that include supports and services for people struggling with serious behavioral health conditions.⁵
- 2. Difficulties developing local alternatives to jail.** In 2017, people with four or more jail bookings were found to be 150 percent more likely to have visited a hospital emergency department than other Oregon adults enrolled in the Oregon Health Plan (OHP), the state's Medicaid program. Those with four or more jail bookings were also more than three times as likely as the general jail population to have an OSH stay.⁶ Local communities have struggled to develop adequate and sustainable funding for alternatives to jail and emergency departments that law enforcement can use to support people with mental illnesses and substance addictions, such as detox and crisis stabilization centers, which could reduce emergency department visits and jail stays by people who are high utilizers.⁷
- 3. Limited information sharing.** In communities across the state, there is a lack of timely, formal case-level information sharing between criminal justice and behavioral health care stakeholders, which can include linking case management service delivery across providers to coordinate care for people with complex needs. Relevant high utilizer information is often shared informally among county jails, field supervision officers, substance addiction treatment providers, and permanent supportive housing organizations rather than through formal information-sharing agreements. There is also limited accountability and outcomes reporting for state investments in behavioral health system service delivery at the local level, which includes services and care for people in the justice system.⁸

Summary of the Grant Program and Its Impacts

To address these challenges, the BHJR Steering Committee recommended creating a state-run grant program to support jurisdictions in developing a stronger community-based continuum of care to improve health and criminal justice outcomes and reduce financial and public safety impacts for people cycling in and out of Oregon’s jails and hospitals. The IMPACTS grant program is designed to achieve the following goals:

- Improve the lives of people who are high utilizers of public safety and behavioral health resources by providing them with stronger community-based resources, such as tenant-based rental assistance, transportation, and medication.
- Reduce pressure on law enforcement and free up taxpayer dollars that can be used to tackle other criminal justice concerns in the state.
- Reduce jail bookings and emergency department visits 20 percent by FY2025 for jurisdictions receiving IMPACTS grants.

SUMMARY OF THE IMPACTS GRANT PROGRAM

IMPACTS will be administered by the Oregon Criminal Justice Commission (CJC) and overseen by a 19-member Grant Review Committee that will be co-chaired by the CJC and the OHA. This committee will be responsible for establishing the application and solicitation process, administration, and monitoring of IMPACTS grants. Counties, tribal nations, and regional consortiums will be invited to submit proposals outlining their community strategy to improve access to and effectiveness of local supports and services for people who are high utilizers. Proposals should focus on the following commitments and coordinated actions:

- A continuum of comprehensive community supports and services designed to reduce criminal justice involvement,

hospitalization, and other institutional placements while improving health outcomes for the target population

- Agreement to share relevant data, including jail and emergency department visit information, to inform state and local decision-making, promote accountability, and spur innovation
- A system of shared financing and other local government in-kind commitments necessary to adequately support and sustain the program

The Grant Review Committee will consider a number of factors, including those above and the size of the proposed target populations, to determine how many communities will receive IMPACTS grants.

PROJECTED IMPACT

More robust continuums of care, including supportive housing and case management, will provide law enforcement and health care professionals with proactive options and longer-term resources to help support people who are currently high utilizers of the criminal justice and behavioral health systems. Communities that receive IMPACTS grants are expected to reduce jail bookings and emergency department visits by at least 20 percent by fiscal year (FY) 2025 (see Figure 1). Identifying and working closely with the high utilizer population will help counties and tribal nations

track and improve health and criminal justice outcomes for these people while ensuring that limited resources are used efficiently. Law enforcement officials will be able to focus more on violent crime reduction strategies, jail administrators will be able to prioritize space and resources for people who pose the greatest risk to the public, and emergency health care providers (first responders and emergency departments) will be able to effectively target the use of expensive emergency health care resources.

FIGURE 1. ESTIMATED BIENNIAL REDUCTION IN JAIL AND EMERGENCY DEPARTMENT VISITS, FY2020–FY2025⁹

	FY2020–FY2021	FY2022–FY2023	FY2024–FY2025
Grant program’s target population¹⁰	400 people	850 people	1,350 people
Emergency department visits	-97	-207	-329
Jail bookings	-891	-1,894	-3,009

INVESTMENTS

In the first biennium, the Grant Review Committee will select several locations to receive IMPACTS funding, allowing approximately 400 people who are high utilizers to be served across the state. Based on the results, the grant program will expand statewide in future years, requiring continued state investments that will be matched with

meaningful, local in-kind or monetary contributions (see Figure 2). Growth in investments to build up the continuum of care available to support people who are high utilizers will result in a reduction in jail bookings and emergency department visits, thereby ensuring that these resources are prioritized for other acute and pressing issues.

FIGURE 2. IMPACTS GRANT PROGRAM INVESTMENTS FY2020–FY2025

	FY2020–FY2021	FY2022–FY2023	FY2024–FY2025
Target population	400 people	850 people	1,350 people
TOTAL state investments¹¹	\$10.6M	\$39.2M	\$53.7M

IMPACTS GRANT PROGRAM DETAILS

The following table (Figure 3) describes the details of the IMPACTS grant program that were presented to the BHJR Steering Committee and that were subsequently enacted in legislation. IMPACTS includes funding for grants to local

communities, program administration, statewide support for grant recipients, and program evaluation, as well as the authority for a one-time information technology investment to support program evaluation.

FIGURE 3. FY2020–FY2021 IMPACTS GRANT PROGRAM FUNDING BREAKDOWN

CATEGORY	FUNDING	DESCRIPTION
Community-based supports and services	\$7.7M	This financing is for supports and services for the target population not funded through Medicaid or other means. Examples of supports and services jurisdictions could propose include staffing costs for care coordination and case management; tenant-based rental assistance; and peer-delivered services, transportation, medication, and community-based restoration services and consultation with the courts.
Statewide program supports	\$2M	Up to 20 percent of funds can be dedicated to statewide technical assistance for jurisdictions developing grant proposals and implementation assistance for grantees, including troubleshooting program data collection requirements and information sharing between relevant parties.
Program evaluation	\$300K	Three percent of the total allocation will fund ongoing costs related to the program evaluation, reporting, and delivery of data to inform and improve local practice.
Program administration	\$639K	This money will be set aside for state staffing to administer the program.
TOTAL grant program funding	\$10.6M	This includes costs for supports and services for the target population, statewide grant program supports, program evaluation, and program administration.

OVERSIGHT STRUCTURE

The Grant Review Committee, co-chaired by the Oregon CJC and OHA, includes representatives from a federally recognized Oregon tribal nation, the Oregon Housing and Community Services Department, the Oregon Department of Corrections, Oregon Judicial Department, a community-based mental health treatment facility, a community-based substance addiction treatment facility, a district attorney, an attorney specializing in defense of people with mental illnesses or substance addictions, a sheriff, a police chief, a county commissioner, a director of a hospital that provides acute mental health treatment, a state representative, and a state senator.

The Grant Review Committee's overall administration of the grant includes defining a set of approved supports and services that are authorized for IMPACTS funding, administering fiscal and data reporting, and monitoring processes.

A Quality Improvement Subcommittee will be created within the Grant Review Committee to establish clear, meaningful outcome measures and reporting metrics to demonstrate how pilot sites meet program goals; create a state-level system for collecting information about people who are high utilizers; and develop a program evaluation to understand how IMPACTS is working and improving public safety and health outcomes in Oregon communities.

GRANT STRUCTURE AND REQUIREMENTS

Although the IMPACTS Oversight Committee is responsible for finalizing the details of the application process, SB 973 requires communities that receive grants to meet the following criteria. At least one IMPACTS grant project will be prioritized for tribal nations.

- **Multiagency signatories.** Each proposal must have affirmed multiagency support from courts, law enforcement, sheriff's departments, community corrections, behavioral health providers, agencies that work with people who are homeless, coordinated care organizations, and local hospitals.
- **Program workforce requirements.** Grant proposals must include an assessment of behavioral health workforce needs and current availability of staff, as well as a plan to address any workforce shortages that takes into account recruitment, retention, staff development, and training.
- **Supportive housing requirements.** The proposal must provide an assessment of locally available supportive housing, appropriate supports and services for the grantee's program population, and detailed plans to develop appropriate levels of supportive housing inventory.
- **Ability to share data.** There must be a local commitment and ability to share data among the jail, hospitals, and coordinated care organizations in the service area to triage treatment, support, and services for the target population, as well as produce data on desired grant outcome metrics.
- **Local support.** There must be a commitment to provide local resources, in-kind contributions, and/or match funding to establish, enhance, or sustain supports and services for the IMPACTS target population.
- **Assessment and screening.** There must be a stated agreement to screen participants for OHP eligibility and help eligible people enroll.

COORDINATED CARE ORGANIZATION PILOT

In addition to IMPACTS, SB 973 established a voluntary pilot program to encourage Coordinated Care Organizations (CCOs) to partner with county jails to improve coordination of health care delivery for people cycling through county jails, including people who are high utilizers. This pilot program would be separate from the county and tribal nation grant processes.

CCOs are the networks of health care providers that work together in communities to serve people in the OHP, the state's Medicaid program. CCO networks include physical health, substance addiction, mental health, and dental care providers. The most common health care coverage for people admitted to county jails is OHP. However, OHP coverage is suspended when people are incarcerated and resumes only once they are released back into the community¹² because federal Medicaid dollars cannot be used to cover health care for incarcerated people.

Health care for people held in county jails is paid for by Oregon county governments using only non-federal dollars. Counties contract with private companies to provide health care to people in jail or dedicate county health care employees to the jails to provide services. These county jail health services are separate from the Medicaid and private insurance providers who serve people in the community. Typically,

incarceration-based care does not have case management platforms or mutual data-sharing agreements to link to the Medicaid and private insurance managed community-based care, often resulting in a disjointed continuum of health care service delivery from the facilities to the community.

The voluntary pilot program encourages a CCO to partner with local jail(s) to manage the health care contract for the jail facility, thereby integrating a county jail health care system into the community-based CCO system. County dollars currently being used for health care services in the jail would be redirected to the CCO as part of its new contract. Like the existing county contracts with private vendors, the CCO would manage the primary and behavioral health care of all people who are admitted into the jail. People who are incarcerated in jail will have improved health care coordination within the jail facility, as well as during reentry.

The Grant Review Committee and OHA will consider pilot proposals. Both entities will also consider establishing additional incentive-based payments delivered to CCOs through the IMPACTS grant program, based on positive outcome metrics for people identified as high utilizers, including fewer visits to emergency departments, the OSH, and jails.

CASE STUDY: A HIGH UTILIZER'S HEALTH CARE CHALLENGES IN JAIL

John frequently cycles in and out of the local jail, emergency department, and, occasionally, the OSH. He is an OHP member with schizophrenia who has a prescription for an antipsychotic medication from his community-based psychiatrist. When John is initially admitted to jail, the jail health care team does not have access to his OHP member medical record and does not know his diagnosis or what medication he has been prescribed. Over the course of a few jail admissions, the jail health care team is able to reach his community-based psychiatrist via phone and learn about his medical history; however, the jail's formulary does not cover his specific antipsychotic prescription. Without access to his medication while in jail, John experiences withdrawal and decompensates before he is released back into the community.

The CCO pilot would prevent this outcome by ensuring that the jail health care team has access to John's electronic health care records upon intake so that they immediately know about his diagnosis and most recent prescriptions. John would continue to have access to appropriate medications while in jail, and the jail health care team could communicate with a community-based doctor during incarceration and in preparation for reentry. This critical information sharing within John's health care team would help improve the delivery of health care services both in the jail and in the community and help reduce John's chances of returning to the emergency department, state hospital, or jail.

Looking Ahead

Oregon applied for, and received, additional one-time funding for technical assistance from BJA. The CSG Justice Center will provide this technical assistance to help the state implement the grant program and other Justice Reinvestment policies.

CSG Justice Center staff worked closely with Oregon officials to identify implementation priorities for IMPACTS. Moving forward, CSG Justice Center staff will provide intensive technical assistance and support to Oregon's IMPACTS stakeholders in the following five priority areas:

- Support CJC, OHA, and the Grant Review Committee in their IMPACTS administrative roles.
- Assist the IMPACTS Grant Review Committee with creating an infrastructure of policies, procedures, and outcome measures for the grant program and with allocating grant funding according to statutory requirements.
- Strategize with Quality Improvement Subcommittee members and assist CJC with facilitating conversations to: (1) establish metrics for services delivered through IMPACTS, (2) track outcome measures and reductions in jail bookings and visits to emergency departments by program participants, (3) build a statewide data management system to improve the type of information available about high utilizers, and (4) evaluate the overall and long-term effectiveness of programs funded through IMPACTS.
- Provide direct implementation technical assistance to pilot sites, as necessary and as determined to be useful by CJC, OHA, and the IMPACTS Grant Review Committee.
- Work with CJC, OHA, and tribal nations in Oregon to ensure that IMPACTS tribal set-aside dollars are distributed according to tribal nation policies and practices.

Notes

1. The State of Mental Health in America 2017 (Alexandria: Mental Health America, 2017); “Suicide Mortality by State,” National Center for Health Statistics, <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>.
2. Oregon State Hospital (OSH) Average Daily Population by Month (January), (Salem, OR: Oregon Health Authority (OHA), 2009–2018).
3. The Oregon Behavioral Health Justice Reinvestment (BHJR) grant program adapts concepts that are similar to Justice Reinvestment legislation passed in states such as Arkansas, Missouri, and North Dakota, but Oregon’s legislation is more innovative and larger in scale. In Oregon, counties are already bringing together behavioral health and criminal justice systems. Nineteen counties have signed Stepping Up resolutions to reduce the number of people with mental illnesses in jail, and 13 counties have completed sequential intercept maps to increase diversion opportunities for people with behavioral health needs. The BHJR grant program is designed to leverage this existing collaboration.
4. The Oregon Health Plan (OHP) is Oregon’s state Medicaid program. Only 65 percent (3,257) of people who were booked into jail four or more times in 2017 were OHP members. These 3,257 OHP members were 71 percent more likely to have a mental health diagnosis, 650 percent more likely to have a substance use disorder, and 533 percent more likely to have a dual diagnosis when compared to the overall OHP population. CSG Justice Center analysis of 2017 jail bookings data from 12 Oregon counties.
5. A lack of community-based alternatives to jail and emergency rooms for people who are high utilizers, including supportive housing and detox centers, was a common theme in behavioral health and public safety stakeholder meetings the CSG Justice Center staff held with 8 tribal nations and 27 counties.
6. Oregon Integrated Client Services and OHA analysis of 2017 jail bookings data matched with 2017 Oregon Health Plan records and OSH admission/release records.
7. Local communities struggling to financially sustain community-based programs and services through time-limited grants and local revenue was a common theme in behavioral health and public safety stakeholder meetings the CSG Justice Center staff held with 8 tribal nations and 27 counties.
8. Limited information sharing was a common theme in behavioral health and public safety stakeholder meetings the CSG Justice Center staff held with 8 tribal nations and 27 counties.
9. The grant’s target population for FY2020–FY2021 was based on legislative funding allocations. FY2022–FY2023 and FY2024–FY2025 target populations were estimated based on assumptions about how fast local communities could scale up services, provide supportive housing for this population, and continue to be supported through increases in legislative funding to IMPACTS. The reduction of jail and emergency department usage estimates were based on an assumption of a 20-percent reduction in jail and emergency department usage for the people being served by IMPACTS grants. The estimates of jail and emergency department usage were based on the Oregon Integrated Client Services and OHA analysis of 2017 jail bookings data matched with 2017 OHP records, focusing on people booked into jail at least four times in 2017.
10. Target population size is based on an estimate of the number of people served by the total state investment.
11. During the 2019 legislative session, Governor Brown issued four bills (Senate Bill [SB] 5512, House Bill [HB] 2003, HB 2006, and the controversial HB 2001) to increase Oregon housing opportunities. While none of these housing investments were targeted toward high utilizers, it was determined by the BHJR Steering Committee that any budget recommendation for housing and other capital costs should be pushed to a future biennium when the impact of the governor’s immediate housing investment on this community will be understood.
12. The majority of people that the IMPACTS grant program will target are also covered by OHP. The Oregon Justice Reinvestment data analysis found that at least two-thirds of people who were identified as high utilizers of public safety and health care resources have coverage under the OHP when they are not incarcerated. Based on Medicaid enrollment studies in other jurisdictions, it is likely that there is an opportunity in Oregon to enroll more people in Medicaid who are leaving jail, as these studies show that approximately 80 to 90 percent of people cycling through jails are Medicaid and/or Medicare recipients or are eligible once they are released back into the community. SB 973 mandates aggressive screening and Medicaid enrollment of eligible IMPACTS participants to help increase enrollment in OHP.



This project was supported by Grant No. 2015-ZB-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice. To learn more about the Bureau of Justice Assistance, please visit bjj.gov.

The Council of State Governments (CSG) Justice Center is a national nonprofit, nonpartisan organization that combines the power of a membership association, representing state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities. 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. These efforts have provided data-driven analyses and policy options to policymakers in more than 30 states. For additional information about Justice Reinvestment, please visit csjusticecenter.org/projects/justice-reinvestment/.

Research and analysis described in this report has been funded in part by The Pew Charitable Trusts’ public safety performance project. Since 2006, Pew’s public safety performance project has helped states advance data-driven, fiscally sound policies and practices in the adult and juvenile justice systems that protect public safety, ensure accountability, and control corrections costs. To learn more about the project, please visit pewtrusts.org/publicsafety.

Project Contact: Cassandra Warney, Senior Policy Analyst, cwarney@csj.org