

# Behavioral Health Justice Reinvestment in Oregon

## Steering Committee

Thursday, February 7

**Steve Allen**, Senior Policy Advisor

**Cassandra Warney**, Senior Policy Analyst



**Justice Center**

THE COUNCIL OF STATE GOVERNMENTS



---

## **Overview of the Project**

The Behavioral Health Justice Reinvestment (BHJR) project is grounded in the shared interest among local, regional, tribal, and state governments in addressing challenges related to people with serious behavioral health conditions who cycle through Oregon's criminal justice and health systems.

## **Summary of December and January Meetings**

The late December presentation to Oregon's BHJR Steering Committee prompted discussion that enabled the committee to reach agreement on a project framework. The January presentation allowed the steering committee to discuss and agree on policy specifics within the framework.

---

**Through data analysis and stakeholder engagement, CSG Justice Center staff reached the following conclusions about challenges in Oregon.**

A small but significant group of people repeatedly cycle through Oregon's public safety and health systems with broad system and personal impacts.

In the 12 Oregon counties that shared jail data, **9 percent** of people booked into the county jail accounted for **29 percent** of all booking events. These 5,397 people, who cycled in and out of the jail throughout the year as many as 4 to 15 or more times, accounted for **30,052 separate admissions**.

Only **2 percent** of people with Frequent Criminal Justice Involvement (FCJI) booked into jail were booked on felony level offenses against persons.

People with FCJI\* are **650 percent more likely to have an SUD diagnosis and 150 percent more likely to have been to the emergency department** than other Oregon adults enrolled in the Oregon Health Plan.

\*FCJI is defined as 4 or more jail bookings within a calendar year.

---

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 with performance measurement strategies:

- 1 Support and services.** Establish comprehensive community programming to improve outcomes for this population.
- 2 Evaluation, accountability, and innovation.** Build a statewide system of continuous program quality improvement.
- 3 Funding strategies.** Establish a system of shared financing to sustainably support these programs.

---

## The Behavioral Health Justice Reinvestment Process in Oregon

- Visits to 27 counties
- Conversations with 8 tribal nations
- Jail data from 12 counties and statewide community corrections received
- Collaboration with OHA and the Oregon Integrated Client Services on matching criminal justice data to Medicaid and OHA information.

### 1. Supports and Services

- Define effective services.
- Understand the workforce and workforce challenges.
- Develop statewide assistance.
- Establish oversight structure.

### 2. Evaluation, Accountability, and Innovation

- Establish a statewide system of tracking outcome measures.
- Create policy that requires appropriate program information sharing.
- Develop IT infrastructure.
- Establish a system of continuous quality improvement and promote ongoing innovation.

### 3. Funding Strategies

- Leverage Medicaid.
- Promote increased flexibility within existing funding streams.
- Establish additional state funding.
- Create a formula to match state general funds with local and regional investments.

---

**Our goal today is to advance the project framework to policy recommendations.**

**Create a State-Run Grant Program**



Increases access to stabilizing services

Improves workforce and retention

Increases the effectiveness of treatment

Incentivizes working with high utilizers

Increases assessments of BH needs in jail

Improves collaboration between local agencies

**Establish the Oversight Structure**



Approves applications

Generates reports to the legislature

Coordinates with other relevant task forces

Oversees subcommittees

Establishes grant priorities and requirements

**Codify Data Sharing Across Participating Agencies**



Invests in data-sharing

Compels relevant agencies to share data

Specifies protections for data that is shared

## Discussion for Today

---

### Medicaid and State Hospital analysis results from criminal justice and health care match

Remaining policy areas within the BHJR framework

- Tribal nation recommendations
- Court and peer support related study recommendations

- 1** Support and services
  - Establishing oversight structure
  - Supportive housing

- 2** Evaluation, accountability, and innovation
  - Developing IT structure
  - Data sharing

- 3** Funding strategies

Review of steering committee's policy recommendations

Next steps

---

**Medicaid and State Hospital analysis results from criminal justice and health care match: *collaboration with 9 county jails, Community Corrections, the Oregon State Hospital, and the Oregon Integrated Client Services and the Oregon Health Authority***

1. Overview of county jails that participated in data analysis
2. Overview of frequent criminal justice involvement (FCJI) population versus other populations
3. Corrections utilization patterns of people who are FCJI
4. Health care utilization patterns of people who are FCJI
5. Percent of people who are FCJI and homeless
6. FCJI population impacts on state hospital, local hospitals, jail bookings

\*Frequent Criminal Justice Involvement (FCJI) is defined as 4 or more jail bookings within a calendar year.



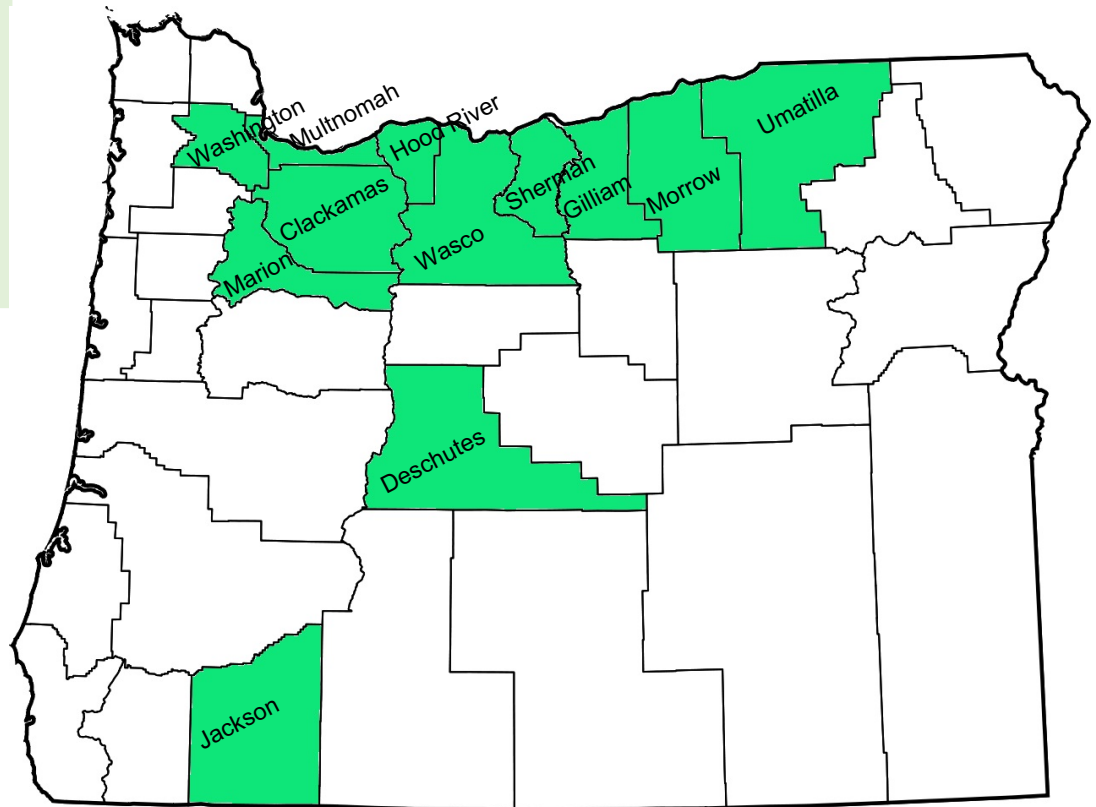
---

**Twelve counties, representing 65 percent of Oregon's resident population, provided jail data for this project.**

**6 Urban Counties** (Clackamas, Deschutes, Jackson, Marion, Multnomah, Washington)

**6 Rural and Frontier Counties** (Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco)

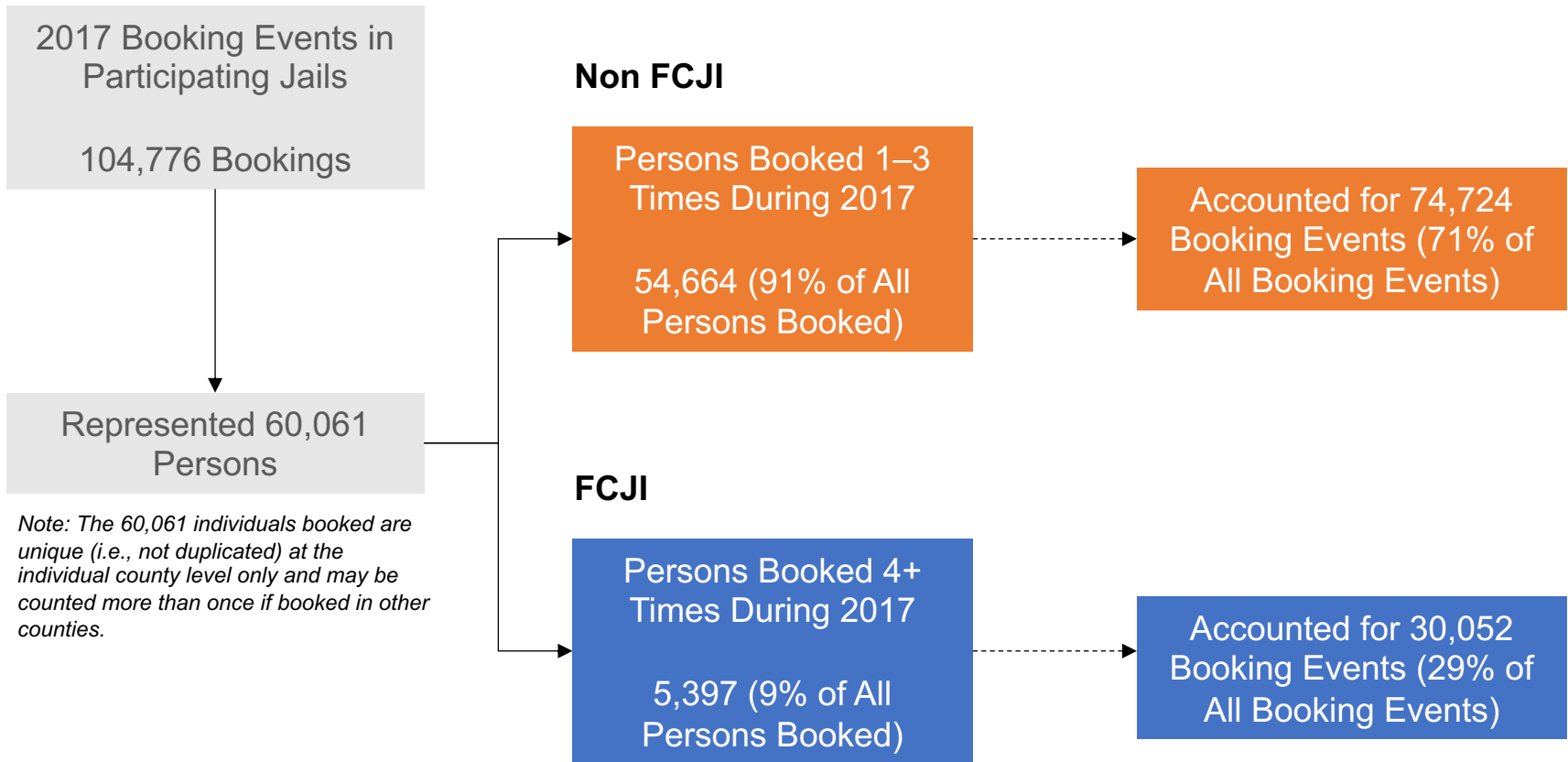
*Collectively, these 12 counties represent 9 jail facilities with 3,758 operational jail beds in capacity, representing 58 percent of the statewide operational jail bed capacity.*



Source: Oregon Population Research Center estimate as of 7/1/2017; Oregon Sheriff's Jail Command Council, 2017 Jail Statistics by County (numbers only include those reported by jail as 'Beds in Use – Operational Capacity').

---

**While representing only 9 percent of people booked into Oregon jails, people with FCJI account for 29 percent of all bookings.**



\*Frequent Criminal Justice Involvement (FCJI) is defined as 4 or more jail bookings within a calendar year.

Source: CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail.

**Compared to Oregon’s resident population, people booked into jail tend to be younger and much more likely to be male.**

Demographics		Oregon Resident Population	2017 Jail Bookings	
			All Booking Events	FCJI Booking Events
Age	<i>Median:</i>	39.2 yrs	33.5 yrs	32.4 yrs
Sex	<i>% Male:</i>	49.3%	75.3%	76.7%
Race	<i>% White:</i>	84.4%	83.6%	83.2%
	<i>% Black:</i>	1.9%	9.3%	10.4%
	<i>% Asian:</i>	4.4%	1.6%	1.4%
	<i>% Native American:</i>	1.2%	1.7%	1.8%
	<i>% Other</i>	8.2%	3.9%	3.1%

*Current practice for entering demographic information about people booked into jail may vary from county to county.*

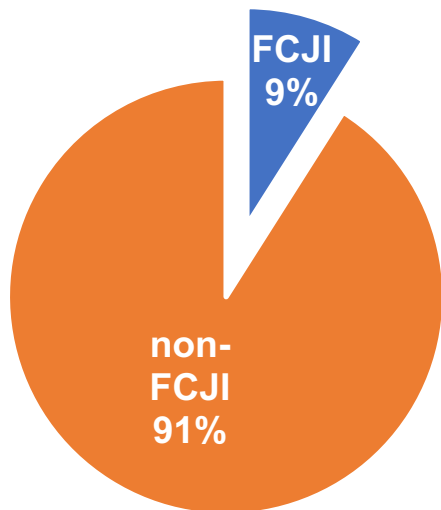
*While the proportion of white people booked into jail is similar to the overall resident population, the composition of non-white race groups is disproportionate compared to the resident population and overrepresents those who identify as black and as Native American.*

\*Frequent Criminal Justice Involvement (FCJI) is defined as 4 or more jail bookings within a calendar year.

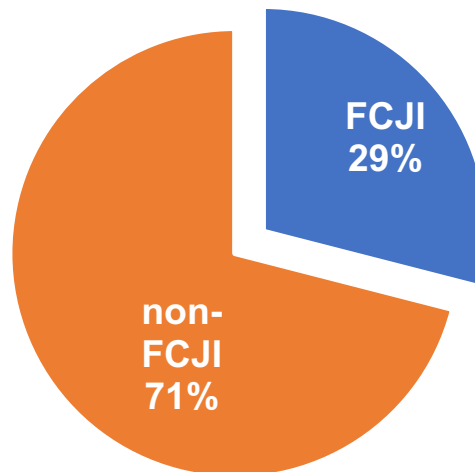
Source: Portland State University, Population Research Center; American Community Survey 2017, US Census Bureau; CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail.

In 2017, people with FCJI\* represented 9 percent of people booked into Oregon jails and accounted for 29 percent of all bookings and an estimated 16 percent of all bed days.

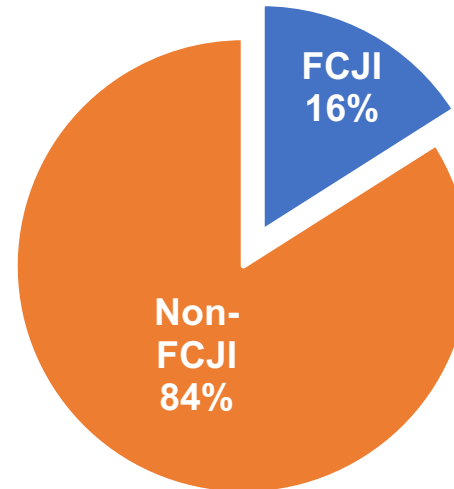
**60,061 Booked Individuals in 2017**



**104,776 Booking Events in 2017**



**Estimated Jail Bed Days**



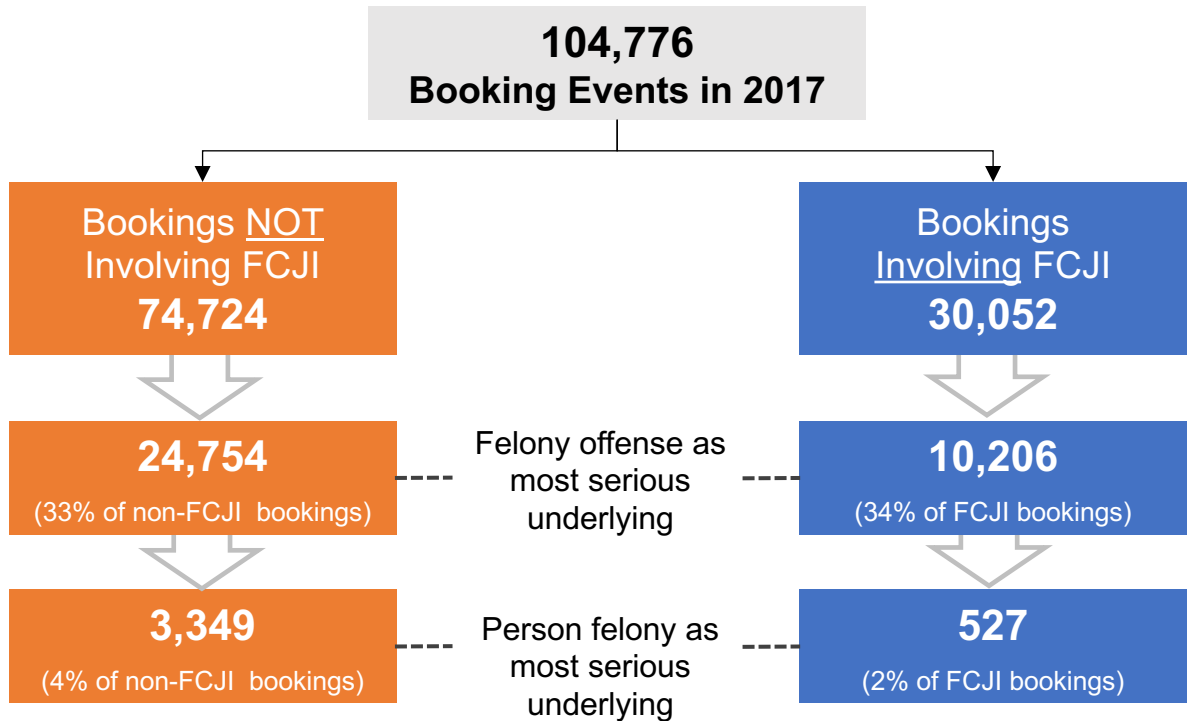
*Estimate of jail bed days consumption based on average length of stay in jail of 10 days for FCJI persons compared to 14 days overall.*

*Note: The 60,061 individuals booked are unique (i.e., not duplicated) at the individual county level only and may be counted more than once if booked in other counties.*

\*Frequent Criminal Justice Involvement (FCJI) is defined as 4 or more jail bookings within a calendar year.

Source: CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail.

**Only 2 percent of people with FCJI\* booked into jail were booked on felony level offenses against persons.**

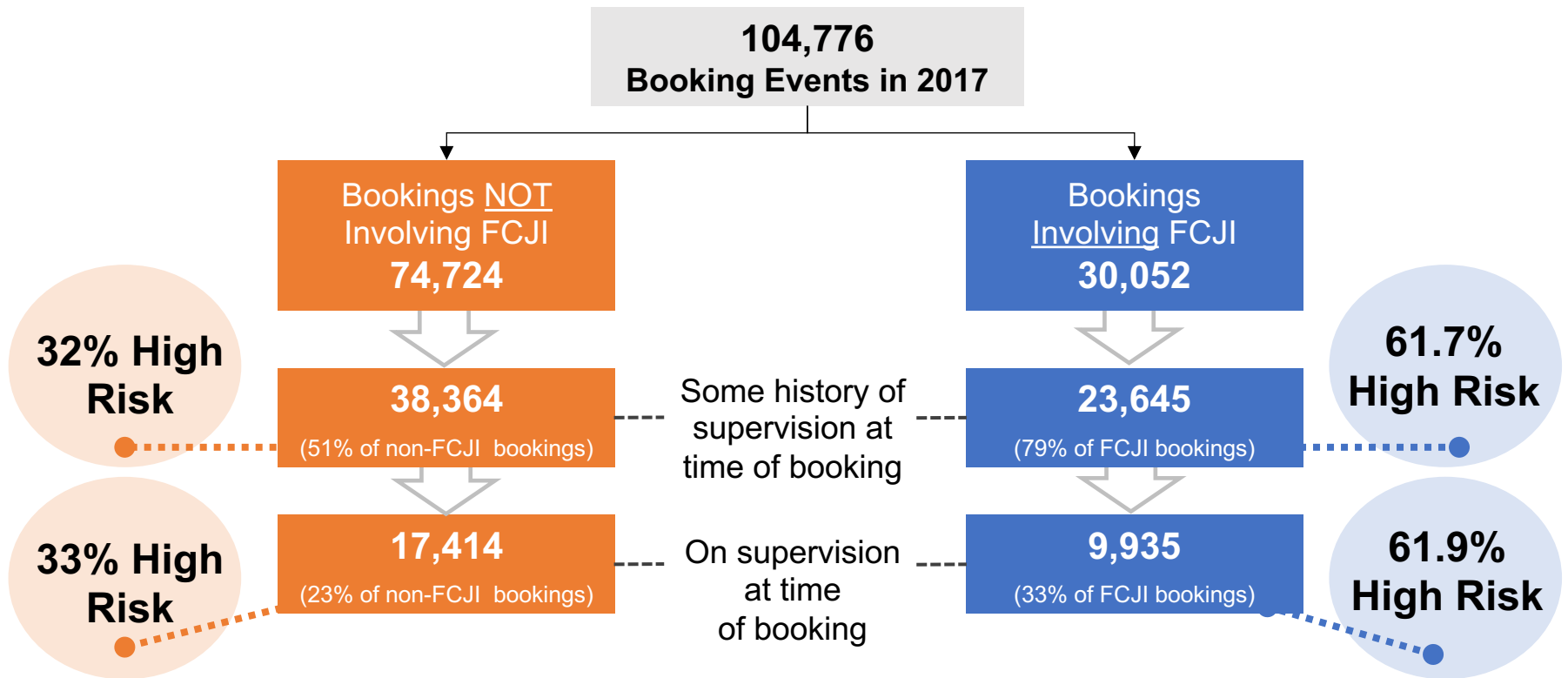


*The felony level offenses for which the people with FCJI are booked are overwhelmingly property and drug related offenses.*

\*Frequent Criminal Justice Involvement (FCJI) is defined as 4 or more jail bookings within a calendar year.

Source: CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail.

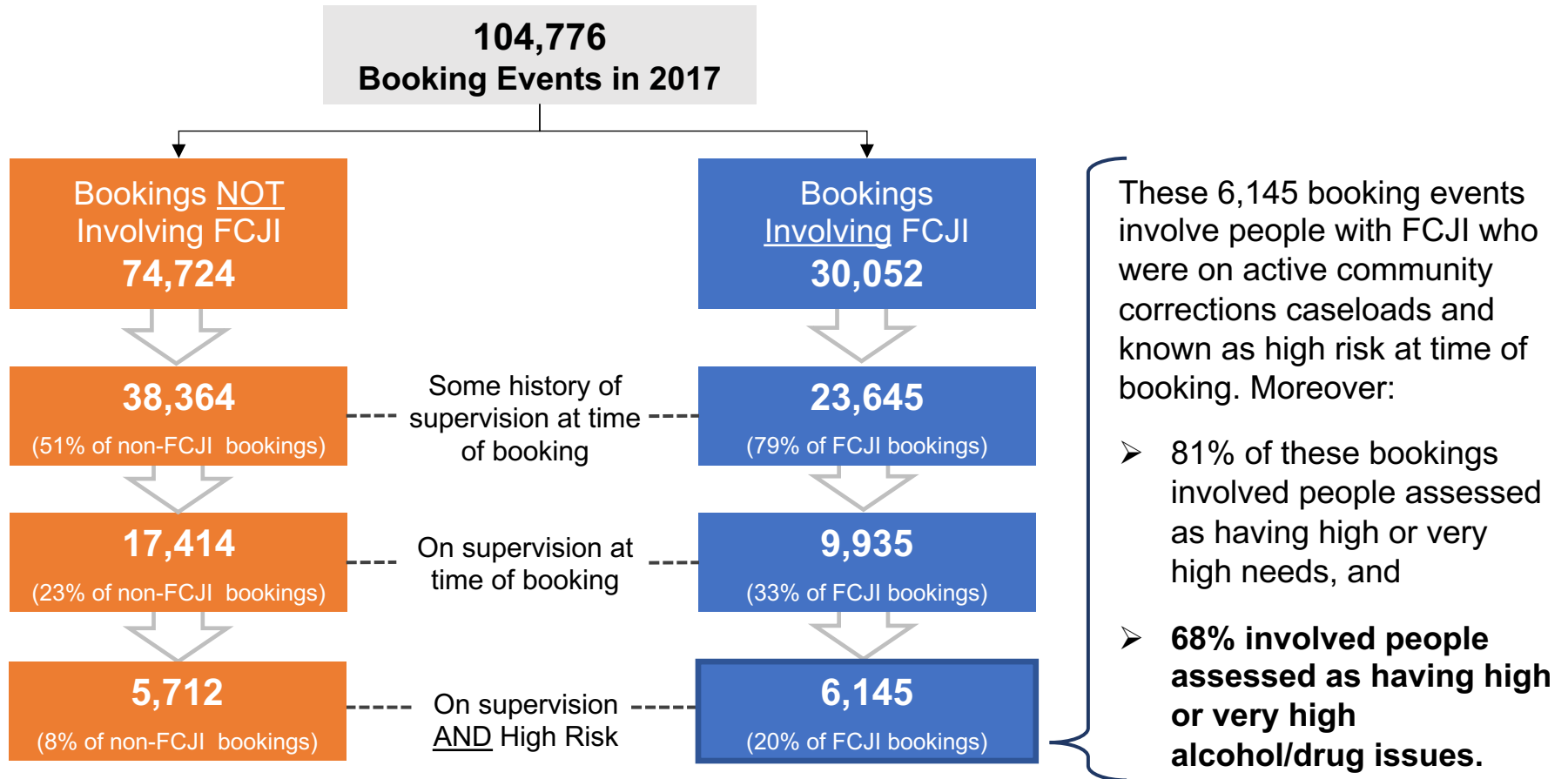
In Oregon county jail and community corrections analysis, people with FCJI\* booked into jail who are also on an active supervision caseload are likely to be at a high risk of recidivating.



Source: CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail; CSG analysis of calendar years 2013-17 Community Corrections data from ODOC.

\*Frequent Criminal Justice Involvement (FCJI) is defined as 4 or more jail bookings within a calendar year.

In Oregon county jail and community corrections analysis, people with FCJI\* booked into jail who are known to Community Corrections are also likely to have very high needs, particularly with alcohol and drug use.

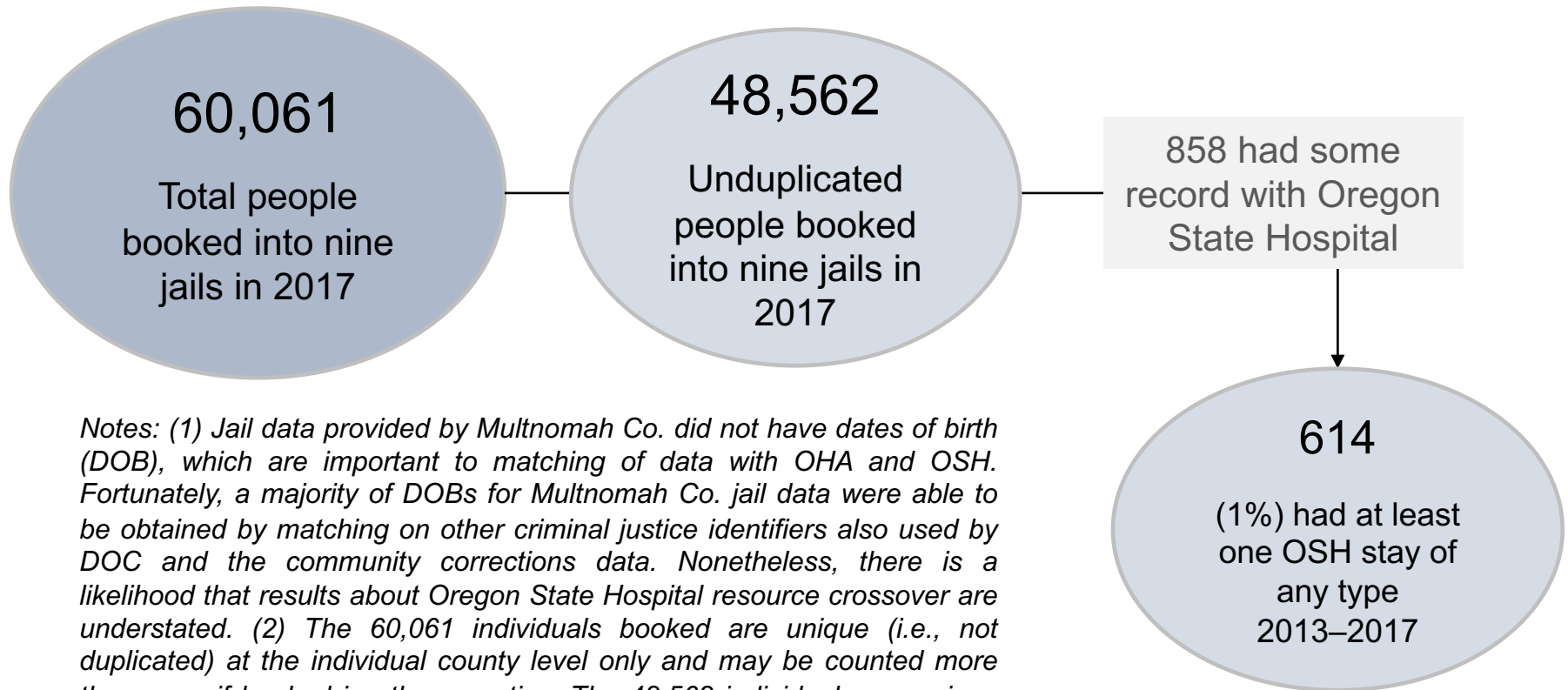


Source: CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail; CSG analysis of calendar years 2013-17 Community Corrections data from ODOC.

\*Frequent Criminal Justice Involvement (FCJI) is defined as 4 or more jail bookings within a calendar year.

---

**More than 600 people with FCJI\* from the 12 counties studied had a stay at the Oregon State Hospital (OSH) in recent years.**



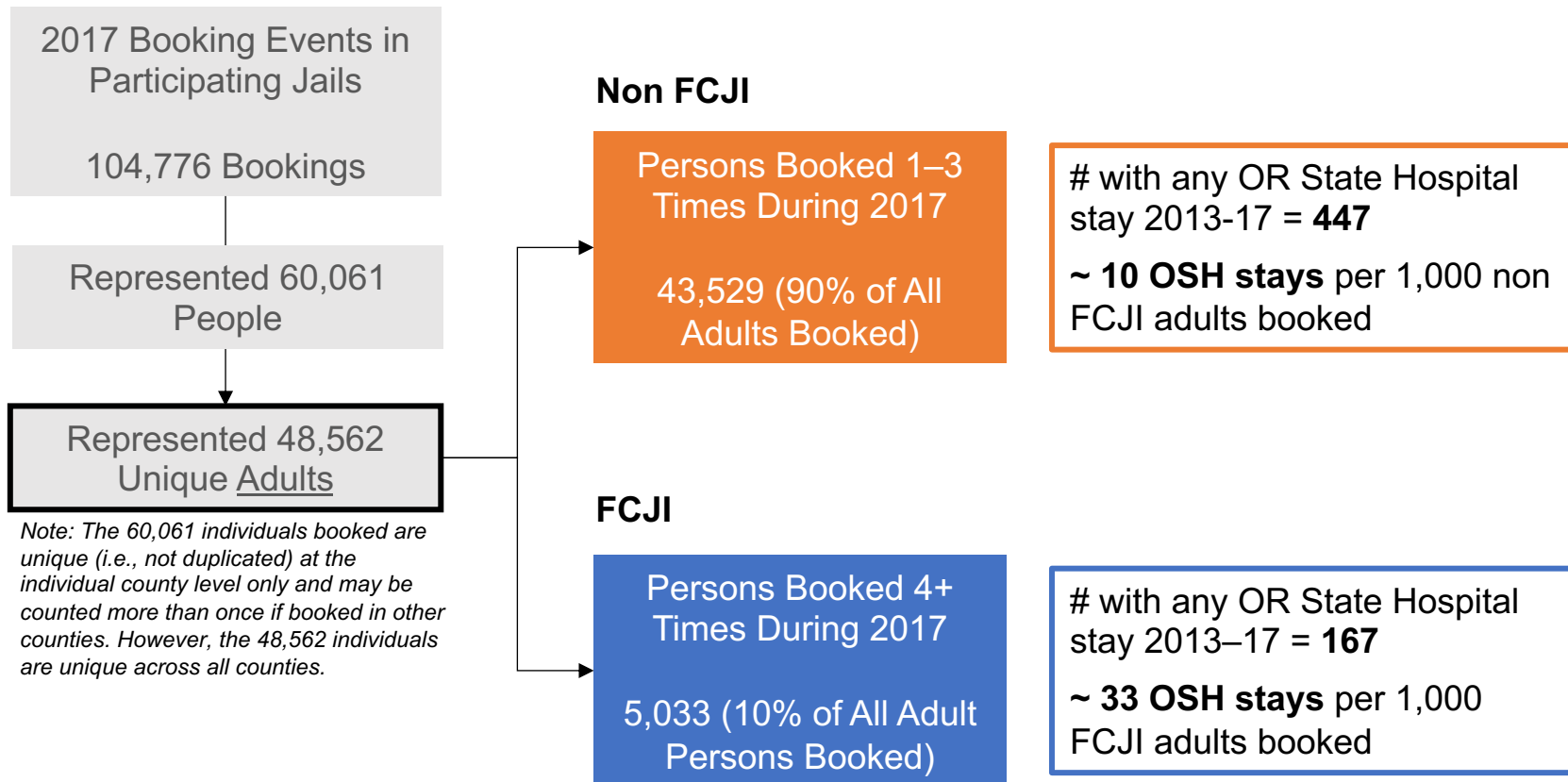
*Notes: (1) Jail data provided by Multnomah Co. did not have dates of birth (DOB), which are important to matching of data with OHA and OSH. Fortunately, a majority of DOBs for Multnomah Co. jail data were able to be obtained by matching on other criminal justice identifiers also used by DOC and the community corrections data. Nonetheless, there is a likelihood that results about Oregon State Hospital resource crossover are understated. (2) The 60,061 individuals booked are unique (i.e., not duplicated) at the individual county level only and may be counted more than once if booked in other counties. The 48,562 individuals are unique across the counties involved in this study.*

\*Frequent Criminal Justice Involvement (FCJI) is defined as 4 or more jail bookings within a calendar year.

Source: CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail; Oregon State Hospital analysis of 2017 jail bookings data matched with OSH admission/release records matched by Integrated Client Services (ICS) of the Oregon Health Authority.



## People with FCJI\* are more than three times as likely to have had a stay at the Oregon State Hospital compared to people who are not FCJI.

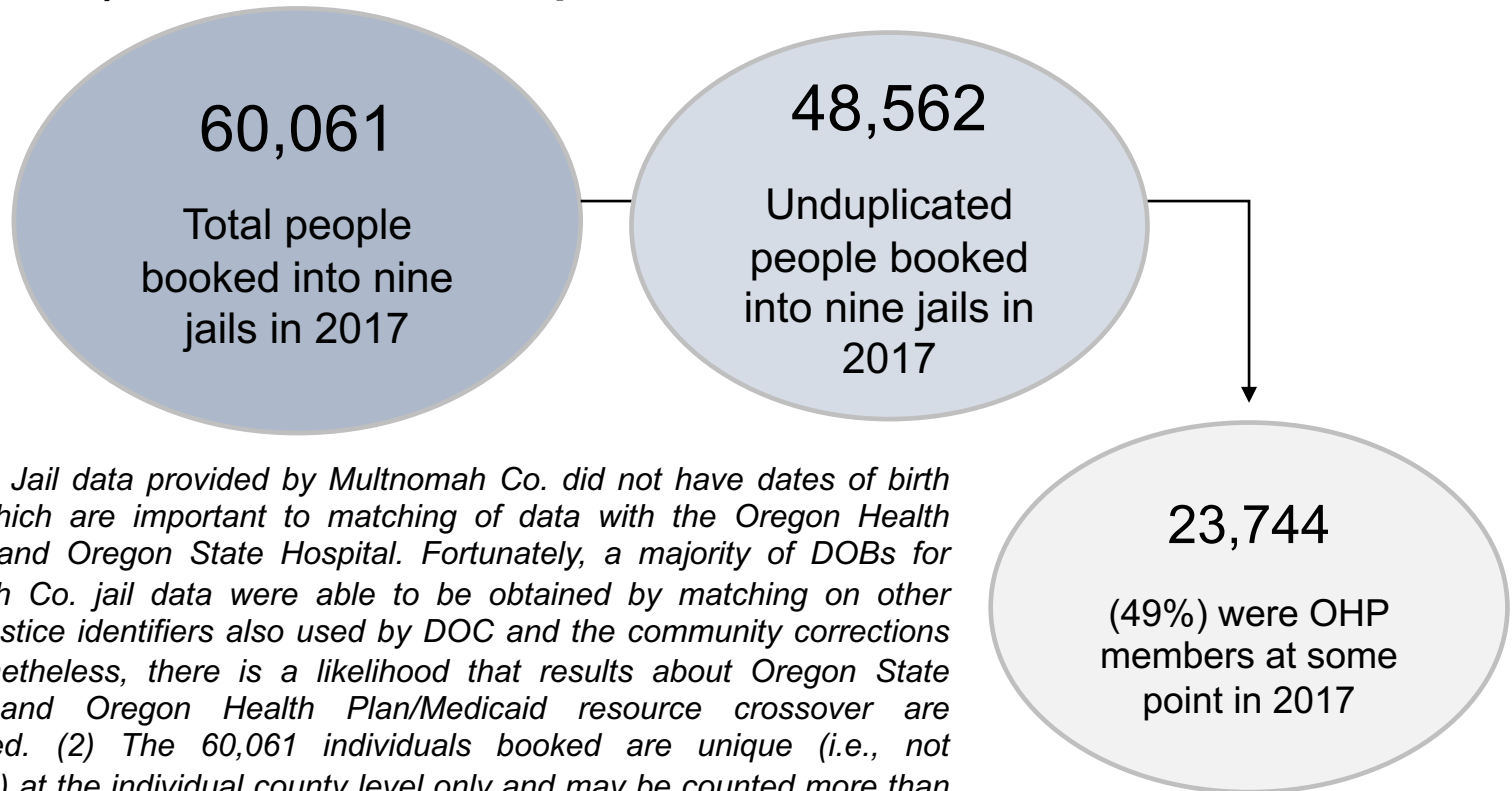


\*Frequent Criminal Justice Involvement (FCJI) is defined as 4 or more jail bookings within a calendar year.

Source: CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail; Oregon State Hospital analysis of 2017 jail bookings data matched with OSH admission/release records matched by Integrated Client Services (ICS) of the Oregon Health Authority.

---

## Half of the people booked into the jails in the study were Oregon Health Plan (OHP) members at some point in 2017.



*Notes: (1) Jail data provided by Multnomah Co. did not have dates of birth (DOB), which are important to matching of data with the Oregon Health Authority and Oregon State Hospital. Fortunately, a majority of DOBs for Multnomah Co. jail data were able to be obtained by matching on other criminal justice identifiers also used by DOC and the community corrections data. Nonetheless, there is a likelihood that results about Oregon State Hospital and Oregon Health Plan/Medicaid resource crossover are understated. (2) The 60,061 individuals booked are unique (i.e., not duplicated) at the individual county level only and may be counted more than once if booked in other counties. The 48,562 individuals are unique across the counties involved in this study.*

Source: CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail; Oregon Health Authority analysis of 2017 jail bookings data matched with 2017 OHP records matched by Integrated Client Services (ICS) of the Oregon Health Authority.

**People who have FCJI\* are more likely to be OHP members than either adults in Oregon generally or other people booked into Oregon jails.**

**12 Counties/9 Jails**

OHP (Medicaid) Membership	2017 Oregon Adult (18+) Population	2017 Jail Bookings (Adults)	
		All Booked Persons	FCJI Persons
Number in Pool	2,096,121	48,562	5,033
OHP Member	539,767	23,744	3,257
<i>OHP Member as % of Pool</i>	26%	49%	65%
<i>Expansion Medicaid as % of OHP Member</i>	59%	78%	83%
<i>Medicaid &amp; Medicare as % of OHP Member</i>	16%	6%	6%

Source: Oregon Population Research Center estimate as of 7/1/2017; CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail; Oregon Health Authority analysis of 2017 jail bookings data matched with 2017 OHP records matched by Integrated Client Services (ICS) of the Oregon Health Authority.

\*Frequent Criminal Justice Involvement (FCJI) is defined as 4 or more jail bookings within a calendar year.

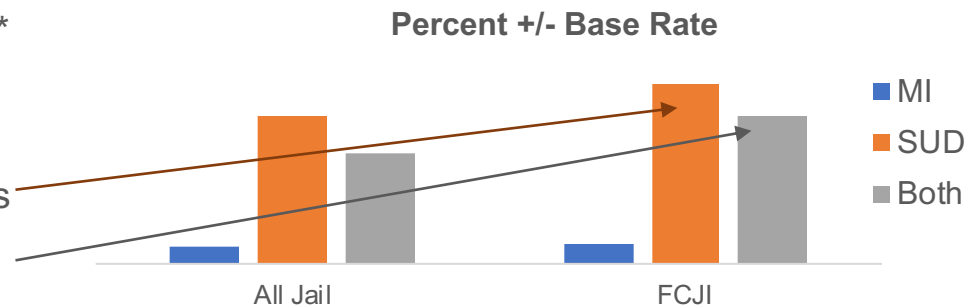
# People with FCJI\* are more likely to have a mental illness or substance use disorder diagnosis than all OHP members or other people booked into Oregon jails.

## 12 Counties/9 Jails

Medicaid Encounter Diagnosis	2017 Oregon Adult (18+) Population	2017 Jail Bookings (Adults)	
		All Booked Persons	FCJI Persons
OHP Member	539,767	23,744	3,257
<i>Mental Illness (MI)</i>	17%	27%	29%
<i>Substance Use Disorder (SUD)</i>	6%	38%	45%
<i>MI &amp; SUD</i>	3%	15%	19%

Compared to the overall OHP population, FCJI\* persons are:

- 71% more likely to have a MI diagnosis
- 650% more likely to have an SUD diagnosis
- 533% more likely to have a Dual Diagnosis



Source: Oregon Population Research Center estimate as of 7/1/2017; CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail; Oregon Health Authority analysis of 2017 jail bookings data matched with 2017 OHP records matched by Integrated Client Services (ICS) of the Oregon Health Authority.

\*Frequent Criminal Justice Involvement (FCJI) is defined as 4 or more jail bookings within a calendar year.

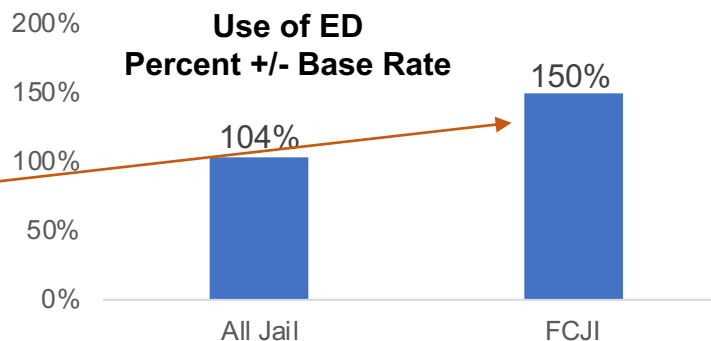
## People with FCJI are more likely to have visits to emergency departments (ED) than all OHP members or other people booked into Oregon jails.

### 12 Counties/9 Jails

Medicaid Billed Emergency Department Visits	2017 Oregon Adult (18+) Population	2017 Jail Bookings	
		All Booked Persons	FCJI Persons
OHP Member	539,767	23,744	3,257
<i>At least 1 ED visit</i>	24%	49%	60%
<i>Total ED visits</i>	130,973	11,969	2,037
<i>Total visits per 1,000 Member Months</i>	26	59	84

Compared to the overall adult population, FCJI persons were:

- 150% more likely to have been to an emergency department in 2017



Source: Oregon Population Research Center estimate as of 7/1/2017; CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail; Oregon Health Authority analysis of 2017 jail bookings data matched with 2017 OHP records matched by Integrated Client Services (ICS) of the Oregon Health Authority.

---

**People with FCJI\* are more likely to have an opioid use disorder diagnosis than all OHP members or other people booked into Oregon jails.**

**12 Counties/9 Jails**

Opioid Use Disorder (OUD)	2017 Oregon Adult (18+) Population	2017 Jail Bookings (Adults)	
		All Booked Persons	FCJI Persons
OHP Member	539,767	23,744	3,257
<i>% w/ OUD Diagnosis</i>	<i>2%</i>	<i>13%</i>	<i>16%</i>
<i>% w/ Opioid Related ED Visit</i>	<i>1%</i>	<i>8%</i>	<i>11%</i>
<i>% w/ MAT</i>	<i>&lt; 1%</i>	<i>3%</i>	<i>3%</i>

Source: Oregon Population Research Center estimate as of 7/1/2017; CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail; Oregon Health Authority analysis of 2017 jail bookings data matched with 2017 OHP records matched by Integrated Client Services (ICS) of the Oregon Health Authority.

\*Frequent Criminal Justice Involvement (FCJI) is defined as 4 or more jail bookings within a calendar year.

---

**There is a consistent pattern of increased homelessness among people with FCJI.\***

Jail	2017 Booking Events	Non FCJI Booking Events	% Homeless	FCJI Booking Events	% Homeless
Clackamas	15,181	12,333	9%	2,848	21%
Jackson	13,991	7,685	20%	6,306	42%
Morrow	373	313	8%	60	13%
NORCOR	2,778	2,226	7%	552	31%
Umatilla	4,463	3,100	7%	1,363	23%
Washington	17,105	13,888	16%	3,217	33%

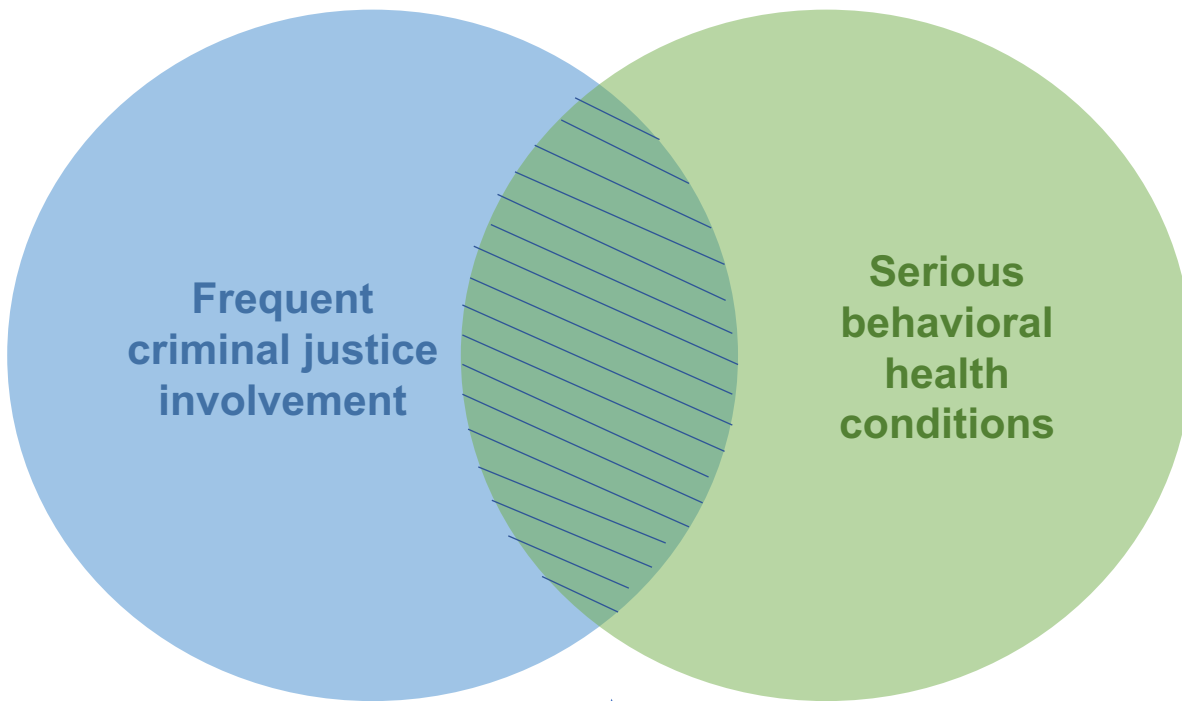
Note: Deschutes, Marion and Multnomah Counties excluded from analysis due to incomplete data on housing/residence.

\*Frequent Criminal Justice Involvement (FCJI) is defined as 4 or more jail bookings within a calendar year.

Source: CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail.

---

Because the target population of the BHJR process involves people who are deeply involved in both Oregon's criminal justice and health care systems, it will be important to structure program oversight to leverage expertise and administrative authority from both systems.



- Booked into jail 4+ times a year
- Almost 80% with some history of community supervision
- 2/3 are high risk/needs
- 2/3 are OHP members
- Much more likely to have MI and SUD diagnoses than general OHP members
- Much more likely to visit EDs
- Much more likely to be homeless





## Discussion for Today

---

Medicaid and State Hospital analysis results from criminal justice and health care match

### Remaining policy areas within the BHJR framework

- Tribal nation recommendations
- Court and peer support related study recommendations

- 1** Support and services
  - Establishing oversight structure
  - Supportive housing

- 2** Evaluation, accountability, and innovation
  - Developing IT structure
  - Data sharing

- 3** Funding strategies

Review of steering committee's policy recommendations

Next steps

---

**The following recommendations are being vetted with Oregon’s tribal governments to ensure the needs of tribal nations are incorporated into the design, implementation, and administration of the project.**



- Tribal nation representation should be included on key program committee(s).
- Local tribal nation input should be required, reported and, to the extent feasible, incorporated in service design and grant applications when endorsed by relevant grant applicant parties.
- Local county and/or regional consortiums input should be required, reported and, to the extent feasible, incorporated in service design and grant applications by tribal nations.
- At least one pilot project should prioritize tribal nation engagement.
- A notification system should be developed wherein Oregon jails and hospitals located within jurisdictions receiving grant funding as part of this program agree to (a) provide information at admission/intake about the potential risks and benefits of tribal notification and (b) offer tribal members the opportunity to disclose their status and situation to the tribe of their choosing.

---

## Possible recommendations that are based on conversations with court and peer support professionals on the steering committee



- Establish a task force to continue exploration of policy areas recommended for further consideration by Oregon's BHJR Steering Committee with the goal to deliver a report with further recommendations for the 2020 legislative session.
- Recommend that the Oregon Traditional Health Worker Commission explore opportunities to improve the certification process for peer supports.

# 1 Support and services

---

## **Establish comprehensive community programming to improve outcomes for people with FCJI.**

1. Invest in a strong and 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. Strengthen Oregon's workforce to provide the professionals and para-professionals needed for programming, supports, and services.

# 1 Support and services

---

The BHJR Steering Committee agreed the BHJR program will be overseen by a standing committee that receives assistance from new standing and task-specific subcommittees.

## § BHJR Committee

Standing multiagency committee charged with project oversight

- Reviews, approves applications
- Generates reports to legislature
- Links with existing committees and task forces
- Oversees standing and interim subcommittees
- Establishes program priorities

**Quality Improvement  
Subcommittee 1**

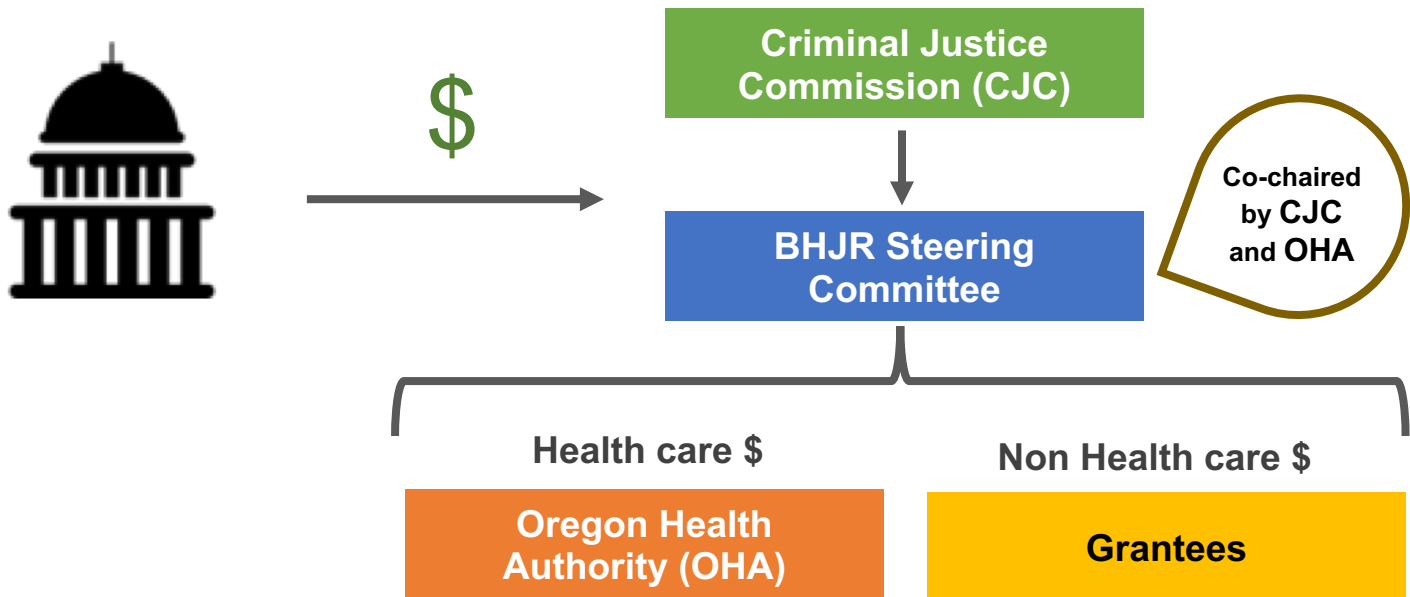
**Subcommittee 2**

**Subcommittee 3**

\*Behavioral Health Justice Reinvestment (BHJR)

# 1 Support and services

A joint agency is recommended to ensure that both criminal justice and health care are deeply integrated in the design and implementation of this project.



*In this model, the BHJR Steering Committee would disperse monies earmarked for health care costs through OHA and directly disperse non-health care monies to grantees*

**The new program oversight structures, granting authority, and process should be established in legislation along with funding necessary to accomplish these functions.**



- The Criminal Justice Commission shall establish and implement a behavioral health program to provide comprehensive local services for the high utilizer population.
- The CJC shall collaborate with OHA to create a grant program and:
  - a. Establish a referral and evaluation process
  - b. Establish eligibility criteria
  - c. Establish discharge criteria
  - d. Develop program oversight, auditing, and evaluation processes
  - e. Establish a system through which OHA
    - (a) Contracts with and pays behavioral health service providers; and
    - (b) Supervises, supports, and monitors referral caseloads and the provision of services by contract behavioral health service providers
  - f. CJC and OHA co-chair and administer the BHJR Oversight Committee

# 1 Support and services

---

The following are known required elements at this time:

Multi-agency* support for each proposal	Plan to leverage Medicaid resources	Data-sharing agreements with partners
Tribal nation consultation for each proposal	Training requirements for staff at funded projects	Ability to share data
Local workforce assessment	Continuing education requirements	Ability to ensure client confidentiality
Local housing assessment	Project partners will have assessments at jails	Ability to track services
Supportive housing part of each proposal	Project partners will have assessments at hospitals	MOAs between project partners
Required local investment	Required case coordination meetings	Required training on BH EBP for each partner

\*Examples of required agency involvement include courts, law enforcement, sheriff's department, community corrections, behavioral health providers, CCOs and local hospital.



# 1 Support and services

---

**Steering committee members have expressed strong support for including supportive housing as part of the BHJR program.**

Supportive housing is an intervention that pairs affordable housing with intensive wrap-around case management services that are designed and tailored to best meet individual needs. *Support services are offered to tenants but are voluntary and are not mandated as a requirement of obtaining and keeping tenancy.*

## Examples of Pre-tenancy Services

- Client receives help to engage possible landlords, apply for housing, identify resources to cover move-in costs, including security deposits.
- Client receives move-in assistance and teaching or coaching on acquiring furnishings/supplies, budgeting, and maintaining a household.
- Client receives an orientation to the neighborhood and transportation options.

## Examples of Tenancy Services

- Housing navigators help with outreach and advocacy with housing providers to help client participate and remain in a rental program (federal, state, or local).
- Client receives education and support on eviction prevention (paying rent on time, meeting other lease requirements, conflict resolution).
- Peer supports are available to client to help address their needs.

Sources: <https://www.thenationalcouncil.org/wp-content/uploads/2016/03/Using-Medicaid-to-Finance-and-Deliver-Services-in-Supportive-Housing.pdf> and the Oregon Statewide Supportive Housing Strategy Workgroup Permanent Supportive Housing Framework and Recommendations

---

# 1 Support and services

Providing supportive housing requires aligning financing and funding from housing and services sectors, often at the local level.

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

*Operating and supportive service most difficult to finance in Oregon*

# 1 Support and services

---

Some communities will need technical assistance to help develop and implement the housing portion of proposal.

## Common Supportive Housing Barriers

### 1 Capital Financing

- Lack of available lots or units for purchase
- Difficulty in funding such a purchase
- Understanding existing resources that could support a community in purchasing
- Municipal land use requirements

### 2 Operating Funding/Rental Assistance

- Local housing vouchers don't qualify (criminal justice history barriers)
- Lack of knowledge on how to leverage federal/state funds

### 3 Supportive Services

- Challenges with workforce recruitment/retention
- Lack of knowledge on what services might be Medicaid eligible/billable
- Transportation challenges

#### Pre-proposal BHJR's Technical Assistance

Discussing with jurisdictions different PSH models, specific services needs of the high utilizer population and what existing financing is available to leverage within a proposal

#### Post-approval BHJR's Technical Assistance

Housing specific technical assistance available to interested jurisdictions to help with implementation

## Supportive housing recommendations



- Grantee applications for BHJR funds shall include an assessment of local supportive housing needs, including housing inventory along with appropriate supports and services for the grantee’s program population.
- Grantee proposals shall include detailed plans and associated commitments required to develop appropriate levels of housing inventory for the grantee’s program population, including requests for technical and financial assistance needed to plan for and develop the needed additional housing inventory.
- Grantees may request funding for supportive housing through the BHJR program.

## Discussion for Today

---

Medicaid and State Hospital analysis results from criminal justice and health care match

### Remaining policy areas within the BHJR framework

- Tribal nation recommendations
- Court and peer support related study recommendations

- 1** Support and services
  - Establishing oversight structure
  - Supportive housing

- 2** **Evaluation, accountability, and innovation**
  - **Developing IT structure**
  - **Data sharing**

- 3** Funding strategies

Review of steering committee's policy recommendations

Next steps

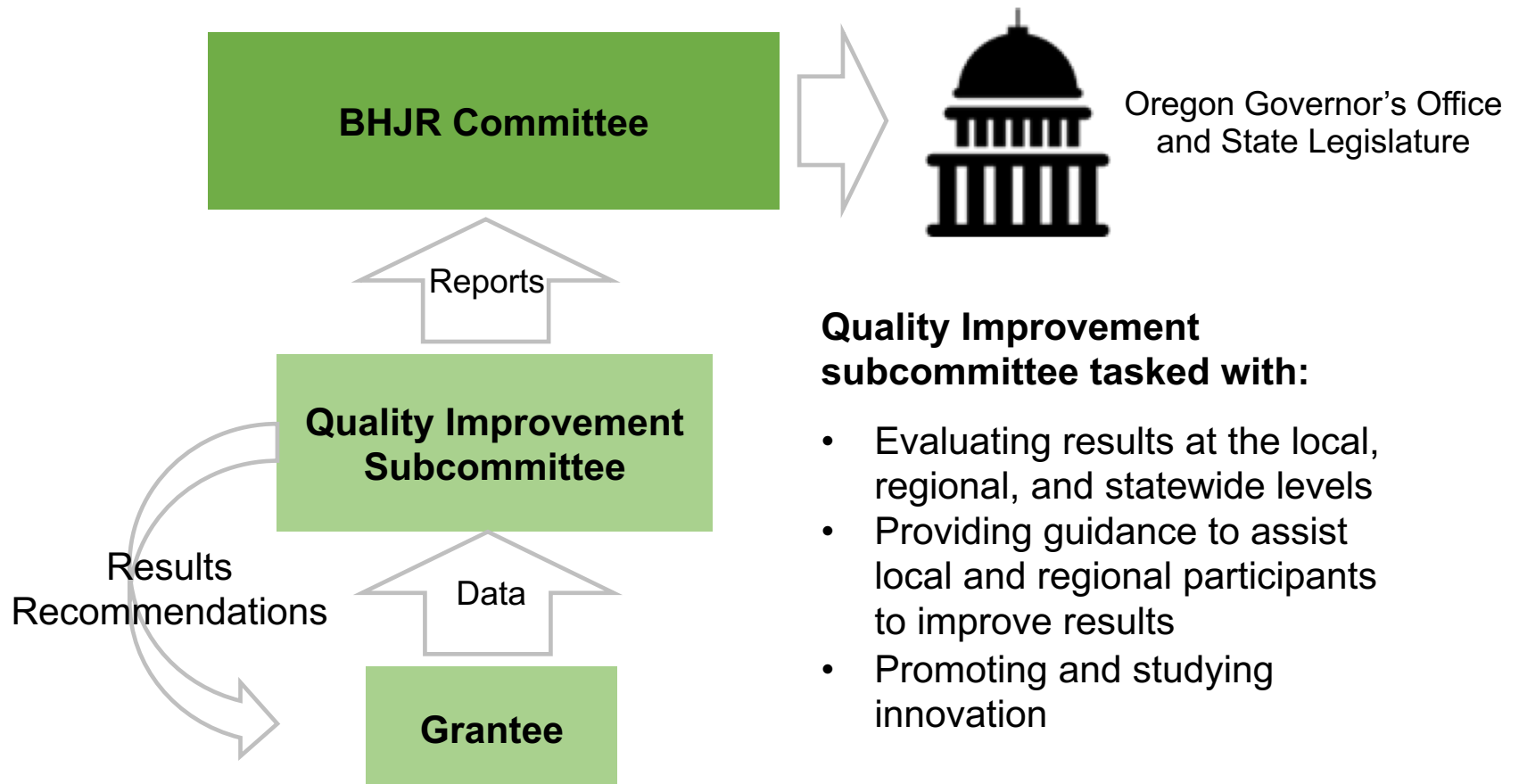
**Build a statewide system of continuous quality improvement.**

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 to remove 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.

## 2

## Evaluation, accountability, and innovation

The BHJR Steering Committee supports establishing a system of accountability and continuous quality improvement as an integral part of the BHJR program.



\*Behavioral Health Justice Reinvestment (BHJR)

## The BHJR Steering Committee agreed in January to establish a Quality Improvement (QI) Subcommittee.



- Establish a system of meaningful, clear, and consistent program metrics.
- Structure the QI Subcommittee to report to the BHJR Steering Committee.
- Require the QI Subcommittee to report at least annually to the BHJR Steering Committee and legislature on its activities and spending.



- Set aside 5 percent of overall program funding to support QI functions with funding distributed to the lead agency.



## 2

## Evaluation, accountability, and innovation

The BHJR Steering Committee has agreed that the QI Subcommittee would establish a set of simple, clear, and meaningful performance metrics to be used consistently throughout the program.

Outcome Measure	Recidivism Risk Factors	SDOH** & Recovery Factors	Driver of System Costs
Jail Bookings +	X	X	\$\$
Emergency Department Visits +		X	\$\$\$\$
State Hospital		X	\$\$\$\$
Housing Stability	*	X	\$\$
Employment Stability	X	X	\$\$
Recovery Management	X	X	\$\$

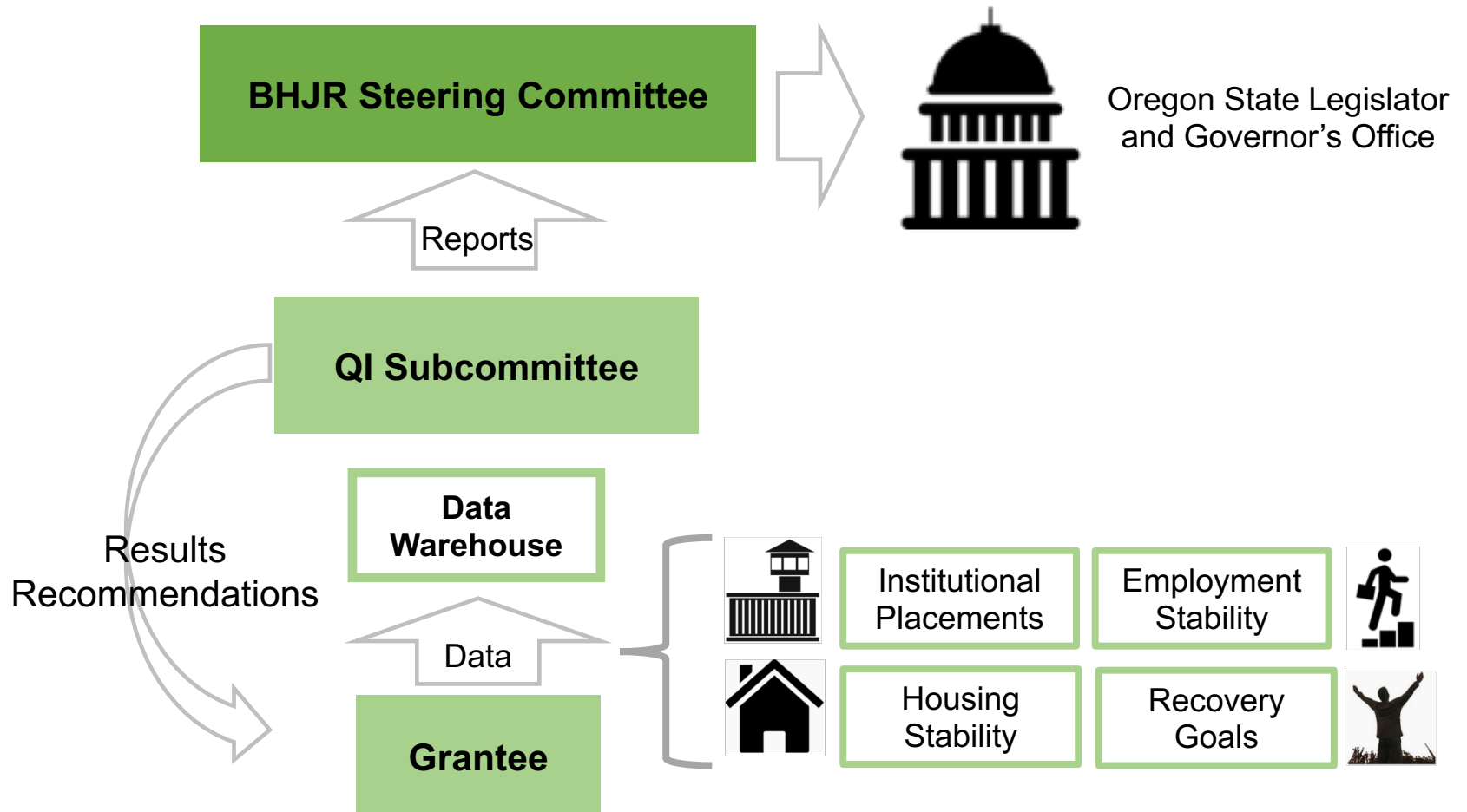
Some evidence of correlation with recidivism

\*\* Social Determinants of Health

## 2

## Evaluation, accountability, and innovation

The data would flow into a common data center, allowing integration, analysis, and reporting.



## 2

## Evaluation, accountability, and innovation

Outcome metrics data coming from different sources would have differing protection requirements, creating data sharing challenges.

Outcome Measure	Potential Data Source	Classification	Regulations
Jail Bookings + Emergency Department Visits + State Hospital	Jail Booking Database  Hospital EHR  State EHR	Public  Private Health Information  Private Health Information	CJIS*  HIPAA  HIPAA
Housing Stability	Housing Provider	Private	SAA**
Employment Stability	Employment Provider	Confidential	N/A
Recovery Management	Treatment Provider	May include PHI	42 CFR Pt2 HIPAA

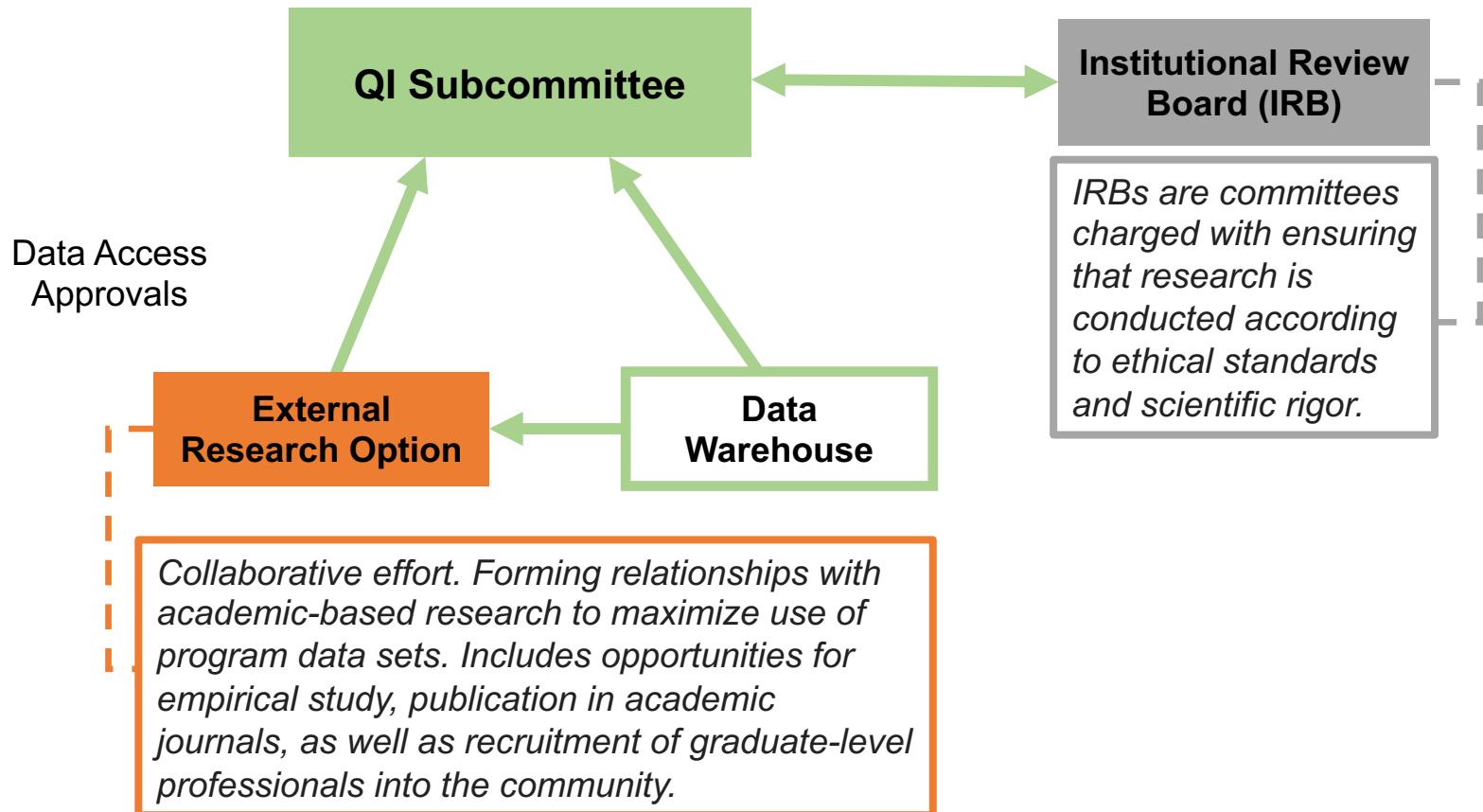
\* Some counties rely on state police to complete their records which then triggers compliance with state police regulations, and those may invoke Oregon State Police's Criminal Justice Information System (CJIS).

\*\* There will be at least prohibitions on the pieces of employment data that allow for matching, i.e. the SSN.

## 2

## Evaluation, accountability, and innovation

Utilize an existing Institutional Review Board to ensure that project data is handled appropriately.



## 2

## Evaluation, accountability, and innovation

---

Information sharing among providers at the service delivery level is fundamental to program effectiveness but presents additional challenges.



This project will benefit from progress made in the 2017 session to promote information sharing across health care provider teams.

Template: [Save As](#) | [Reset](#) | [Print](#)  
 Show instruction pages  
 Hide instruction pages

**Authorization for Disclosure, Sharing and Use of Individual Information**

The purpose of this form includes referring, coordinating and monitoring your services with providers, as described below.

Legal last name of individual:	First name:	MI:	Date of birth:
Other names used by individual:			
Address:	City:	State:	ZIP:
Phone:	Email address:		
Identification type: Choose one			
Legal last name of representative (if any):	First name:	MI:	
Relationship to individual:			
Address:	City:	State:	ZIP:
Phone:	Email address:		

By signing this form, I authorize the named record holder(s) to disclose the following specific confidential information about me. Whenever "mutual exchange" is checked, those named agencies will be able to share information back and forth to better provide services to me.

**REQUESTING AGENCY, BUSINESS, ORGANIZATION OR INDIVIDUAL**

Purpose of the requested disclosure, sharing and use:

Entity name: Choose one

Date of records: Choose one

Contact person: Address:

City, state and ZIP:

Phone number: Email address:

Expiration date or event\*: Mutual exchange:  Yes  No

Are you requesting special health information to be released?  Yes  No

Is there any specific information not to release?  Yes  No

**RELEASING AGENCY(IES), BUSINESS(ES), ORGANIZATION(S) OR INDIVIDUAL(S)**

Purpose of the requested disclosure, sharing and use:

Entity name: Choose one

Date of records: Choose one

Contact person: Address:

City, state and ZIP:

Phone number: Email address:

Expiration date or event\*: Mutual exchange:  Yes  No

Is there any specific information not to release?  Yes  No

[ADD a releasing entity](#) [REMOVE this releasing entity \(above\)](#)

Not valid without signature page. Page 1 of 2 MSC 3610 (Pilot, 12.21.2016)

**Common Confidentiality Release form developed by Oregon's Health and Human Services**

Senate Bill 397 (2017) aims to improve the delivery of human services throughout Oregon by improving information sharing between state and local agencies.

The legislation directed Oregon Health and Human Services to develop a common release form (on the left) and for the Oregon Department of Justice (DOJ) to develop information sharing guidelines to help navigate state and federal laws governing the release of a range of health and criminal justice information.

A working group continues to meet on this and is open to receiving feedback and making appropriate changes to the release form as well as adding to the DOJ guidelines.

**The technology and expertise needed to integrate project performance already exists in Oregon.**

**Oregon's Integrated Client Services** contains individual-level data about clients served by most major DHS and OHA programs, including demographic, geographic, and employment information. Maintaining a single, consistent, interagency view of clients and services saves staff time and allows for more accurate and extensive data sharing.

**Oregon Criminal Justice Commission's** mission is to improve the legitimacy, efficiency, and effectiveness of state and local criminal justice systems. Their work includes analyzing capacity and use of state prisons and local jails, implementing community corrections programs and methods to reduce future criminal conduct, evaluating Oregon drug courts, conducting research, and providing a statistical and data clearinghouse for criminal justice information.

**Oregon Health and Science University's Center for Health Systems Effectiveness** provides analyses, evidence, and economic expertise focused on building a better and more sustainable health care system. Their research is Medicaid focused and includes analyses on Oregon's Coordinated Care Organizations.

## 2

Evaluation, accountability, and innovation

---

Oregon may wish to ultimately create a broader data integration system to help inform this program and other related initiatives.

Sources used during the 2018–2019 BHJR Project	Additional ongoing sources of data that may be useful to the program’s effectiveness in the future
12 Jails	All Jails
Community Corrections	All Payer All Claims (APAC)
Oregon State Hospital	Data on Veterans
Medicaid	Homeless Management Information System (HMIS)



## IT Infrastructure Recommendations



- Develop the technology systems needed to perform program data analysis and reporting functions.
- All data-management systems receiving and reporting person identifiable program data must comply with applicable state and federal regulations relating to sharing of data and confidentiality.
- Data collection and reporting must be timely and easily accessed in order to inform practice and improve outcomes at the individual level.
- To the extent practical, data system development shall leverage already existing technology and expertise.
- These data systems shall, to the extent possible, allow access to these data sets for research purposes with appropriate protections.



- Ongoing program expenditures for technology and data analysis shall not exceed 5 percent of the total BHJR budget.
- The BHJR Steering Committee, however, is authorized to expend a portion of first-year program funds to establish needed IT infrastructure.

## Information Sharing Recommendations



- Grantees shall be responsible for ensuring that all participating agencies establish appropriate case information and data sharing agreements, both for the purpose of program data analysis and care coordination.
- Appropriate case information and data sharing agreements must be approved and in place prior to an agency's eligibility to receive program reimbursements.
- The scope and content of all case information and data sharing agreements must be approved by the QI Subcommittee.
- Any agency providing supports and services as part of this program must require participants receiving supports and services to sign universal releases of information approved by the BHJR Steering Committee.



- Program expenditures for information sharing are included in the 5 percent of the program evaluation and data sharing allocation.

## Discussion for Today

---

Medicaid and State Hospital analysis results from criminal justice and health care match

### Remaining policy areas within the BHJR framework

- Tribal nation recommendations
- Court and peer support related study recommendations

- 1** Support and services
  - Establishing oversight structure
  - Supportive housing

- 2** Evaluation, accountability, and innovation
  - Developing IT structure
  - Data sharing

- 3** **Funding strategies**

Review of steering committee's policy recommendations

Next steps

**Establish a system of shared financing between the state and local jurisdictions to sustainably support these programs.**

1. Create a formula to match state general funds with local and regional investments.
2. Promote increased flexibility within existing funding streams to reduce unhelpful administrative burden.
3. Work aggressively to leverage federal participation for supports and services reimbursable through Medicaid.
4. Establish additional state funding.

### 3 Funding strategies

In this model, local and tribal governments have the opportunity to evaluate the potential for local cost savings, cost avoidance, and other community benefits in weighing the opportunity to leverage additional state funds through increased local commitments.

The “reinvestment” in this BHJR project is a partnership between state, local, and tribal governments to avert costs across multiple systems.



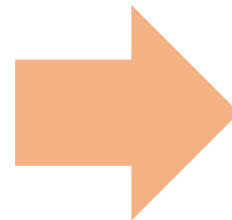
### 3 Funding strategies

---

The financing strategy harnesses county and tribal governments' role as "conveners" to establish new local commitments that strengthen the program and are eligible to leverage additional state program funding.

#### Local Government Flexible Investment Options

- County or tribal government funds
- Financial contributions by other local stakeholders (hospital, CCO, municipalities, etc.)
- The value of newly dedicated/donated items for use in the program, such as:
  - Land
  - Building
  - Remodeling
  - Program space
  - Vehicles



#### State Match

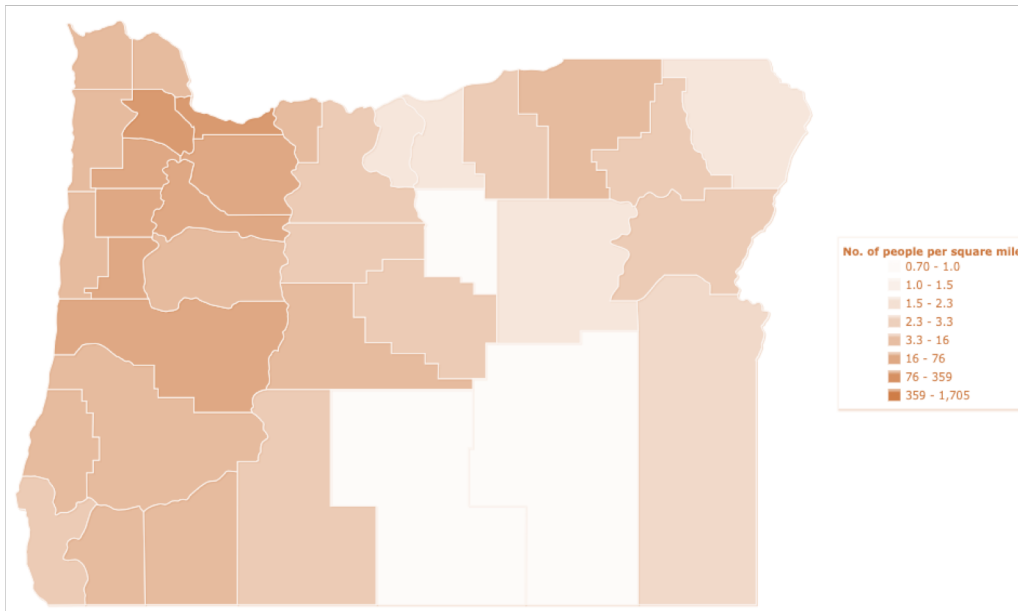


Using state-funded programs or program funds to leverage additional state funds would not be permitted.

### 3 Funding strategies

## Size and location of local and tribal governments in Oregon are linked to important differences in economies of scale and access to resources.

Discussions with stakeholders have highlighted unique challenges associated with Oregon’s rural and frontier counties. In addition to complex challenges in these communities, the tools and funding available to address them are more limited than in urban areas.



Components of Per Capita Personal Income in Oregon Counties, 2015

	Per Capita Personal Income	Per Capita Net Earnings	Per Capita Personal Current Transfer Receipts	Per Capita Dividends, Interest, and Rent
Sherman	\$57,526	\$35,465	\$12,862	\$9,199
Washington	\$51,909	\$35,543	\$6,527	\$9,839
Clackamas	\$49,565	\$32,582	\$7,072	\$9,910
Multnomah	\$49,230	\$32,150	\$7,633	\$9,447
Hood River	\$45,856	\$27,352	\$7,451	\$11,052
Deschutes	\$44,435	\$25,189	\$9,337	\$9,908
Morrow	\$44,281	\$30,732	\$8,439	\$5,111
<b>Oregon</b>	<b>\$43,783</b>	<b>\$26,467</b>	<b>\$8,861</b>	<b>\$8,455</b>
Gilliam	\$43,694	\$24,119	\$10,807	\$8,768
Wallowa	\$41,949	\$19,579	\$11,993	\$10,377
Benton	\$41,676	\$25,179	\$6,275	\$10,222
Wasco	\$40,989	\$23,811	\$10,479	\$6,699
Jackson	\$40,698	\$21,158	\$10,643	\$8,897
Clatsop	\$40,278	\$21,953	\$10,461	\$7,864
Lane	\$39,871	\$22,177	\$9,679	\$8,015
Lincoln	\$38,968	\$19,112	\$11,333	\$8,523
Yamhill	\$38,920	\$23,134	\$8,755	\$7,031
Columbia	\$38,845	\$23,608	\$9,637	\$5,400
Curry	\$38,707	\$16,104	\$13,568	\$9,035
Grant	\$38,647	\$19,240	\$10,974	\$8,433
Coos	\$38,475	\$18,317	\$13,156	\$7,002
Tillamook	\$38,276	\$18,572	\$11,436	\$8,267
Harney	\$38,253	\$20,434	\$10,718	\$7,101
Linn	\$37,355	\$20,217	\$11,289	\$5,849
Marion	\$37,199	\$21,128	\$9,811	\$6,260
Lake	\$36,944	\$18,038	\$10,556	\$8,350
Polk	\$36,797	\$21,507	\$8,628	\$6,662
Umatilla	\$36,434	\$21,584	\$9,268	\$5,583
Wheeler	\$36,294	\$15,697	\$12,113	\$8,483
Union	\$36,268	\$19,047	\$10,643	\$6,578
Crook	\$36,153	\$17,325	\$11,718	\$7,110
Josephine	\$36,013	\$16,169	\$12,848	\$6,997
Douglas	\$35,977	\$16,839	\$12,284	\$6,854
Klamath	\$35,216	\$17,295	\$11,656	\$6,265
Baker	\$35,153	\$15,135	\$11,449	\$8,569
Jefferson	\$32,178	\$15,979	\$11,089	\$5,110
Malheur	\$30,255	\$14,511	\$10,423	\$5,321

Source: U.S. Bureau of Economic Analysis

### 3 Funding strategies

The economic challenges in smaller Oregon communities can be offset with differences in local and tribal matching rates. A more favorable match rate would be offered when counties submit joint applications that include robust regional partnerships.

County Size	Population	Number	Proposed Match Ratio Local to State	Enhanced Ratio For Regional Grants
Small	Less than 50,000	19	\$1 to \$9	\$0.50 to \$9.50
Medium	50,000 - 150,000	10	\$3 to \$7	\$1 to \$9
Large	150,000 – 400,000	4	\$4 to \$6	\$3 to \$7
Extra Large	400,000 +	3	\$5 to \$5	\$4 to \$6
Tribal Governments	Any	9	\$1 to \$9	\$.50 to \$9.50



## 3

## Funding strategies

**Only non-Medicaid reimbursable program operations or start-up funding would be eligible for state matching.**

Categories	Examples	Proposed Strategy
Non-Medicaid supports or services	<ul style="list-style-type: none"> <li>• Non-emergency medical transport</li> <li>• Housing navigation</li> <li>• Employment supports</li> <li>• Rental assistance</li> <li>• Training, recruitment and retention</li> </ul>	Variable match rate
One-time, non-capital investment, start-up funds	<ul style="list-style-type: none"> <li>• IT equipment for telemedicine</li> <li>• Technology needed to comply with program data reporting</li> <li>• Van to transport program participants</li> </ul>	Variable match rate
Medicaid reimbursable supports and services	<ul style="list-style-type: none"> <li>• Health care services</li> </ul>	No match needed
Capital Investment	<ul style="list-style-type: none"> <li>• Housing development</li> <li>• Remodeling</li> <li>• Treatment facility construction</li> </ul>	Housing grants Low interest loans*

## 3 Funding strategies

---

### **Project element example:** **Regional Crisis Stabilization Unit**

A rural multi-county and tribal investment in a regional crisis unit (CSU), accessible by all governments in the region.

A suitable building is located in a central location. The owner (city) will donate the building and land with the expectation that the project assists with local law enforcement and homelessness challenges. The property is currently valued at \$750K. It requires an additional \$1M in remodeling costs to make it functional for this project.

Hospitals in the region are interested in the project's potential to reduce pressures on their emergency departments and are willing to commit to an initial two years of financing support at a combined \$100K/yr with an additional commitment to ongoing funding so long as the project meets its projected goals by the end of the first two years.

Hospitals are also willing to rotate on-call support for the CSU. Those costs will be covered through health care reimbursements so do not count as match but do represent significant support.

The regional CCO agrees to help ensure that all Medicaid reimbursable services are covered and to evaluate how best to allocate flexible health care funds for the project once gaps in funding are more apparent, including the CSU per diem rate.

**Project element example:**  
**Supportive Housing**

A large county commits to development of 100 units of supportive housing inventory earmarked for the target population. The project includes an array of both scattered and integrated housing options along with an array of housing supports and services.

This requires the county to coordinate with the local housing authority, landlords, municipalities where the supportive housing will be established, and identifying appropriate capital to cover any new construction or remodeling that is necessary.

There will also need to be ongoing funding streams identified to support subsidizing rental vouchers for residents, as well as wrap-around services that will be available to support residents. Some of the services provided will be Medicaid reimbursable.

Pre-proposal technical assistance will be available to help the county understand what existing capital and other funding resources may be available to them, as well as implementation technical assistance.

## Local government investment recommendations



With approval from the BHJR Committee, Oregon counties, tribal nations, or combinations of counties and/or tribal nations are eligible to apply for matching state funds as part of the financing strategy to establish, enhance, or sustain supports and services for the BHJR target population.

A formula for the matching program should include the following considerations:

- Authority of the BHJR Steering Committee to prioritize projects for match funding and to establish the maximum available for each project within the overall state allocation for this program
- Cap on the maximum amount available for matching through the BHJR program
- County population size
- Tribal nations
- Enhanced match to encourage regional program projects

Funds used as local investment must not supplant any existing sources of funding that could be used for the BHJR program, including but not limited to;

- Medicaid or other third-party health care reimbursements; federal grants; relevant county or local program funding or other state grants or programs (except such that these funds are not adequate to meet the need).

## Local government investment recommendations



The county, tribal, or regional investment may include:

- County government or tribal nation funds
- Financial commitments by non-county or tribal entities that are specifically designated for the purpose of the BHJR program
- The value of newly dedicated or donated real estate or other tangible property, including but not limited to:
  - Land
  - Buildings
  - Remodeling costs specific to the purpose of the BHJR program
  - Donated program space
  - Vehicles
- Interest on loans specific to BHJR housing, treatment facilities, or related construction

### 3 Funding strategies

---

**The BHJR Steering Committee recognizes that new financial resources needed to sustain the BHJR program are reduced to the extent that federally-matched health care resources are leveraged.**



- Require program providers to inquire about program participant's OHP status and enroll all eligible program participants in Medicaid.
- Require grantees to routinely gather and report OHP status and enrollment data.
- Require OHA and grantees to work collaboratively to streamline enrollment and to minimize the length of time eligible program participants lack active coverage.
- Require program providers, when appropriate, to demonstrate their eligibility to provide Medicaid reimbursable services and to seek reimbursement for all Medicaid eligible services.
- Require OHA to review program service data at least annually with the goal of developing action steps that maximize health care service integration and federal financial participation (FFP).

## Promote increased flexibility within existing funding streams to reduce unhelpful administrative burden.



- BHJR grantee proposals may include requests to use existing state funding more flexibly as part of the overall grantee approach to funding services for the target population.
- The BHJR Committee shall evaluate such grantee requests and shall act on the grantee's behalf to request financing flexibility with the appropriate state agency when doing so (a) appears to be an effective and appropriate use of state funding and (b) is likely to significantly reduce overall administrative reporting burdens while (c), maintaining financial integrity. The requested state agency shall respond in writing to the grantee and BHJR committee within 60 days. The state agency may also develop policy to address repeated requests from grantees.
- The BHJR Steering Committee, in coordination with the administering state agency, shall develop appropriate financial reporting requirements for grantee recipients.

## Discussion for Today

---

Medicaid and State Hospital analysis results from criminal justice and health care match

### Remaining policy areas within the BHJR framework

- Tribal nation recommendations
- Court and peer support related study recommendations

- 1** Support and services
  - Establishing oversight structure
  - Supportive housing

- 2** Evaluation, accountability, and innovation
  - Developing IT structure
  - Data sharing

- 3** Funding strategies

### Review of steering committee's policy recommendations

Next steps



---

**Our goal today is to advance the project framework to policy recommendations.**

**Create a State-Run Grant Program**



- Increases access to stabilizing services
- Improves workforce and retention
- Increases the effectiveness of treatment
- Incentivizes working with high utilizers
- Increases assessments of BH needs in jail
- Improves collaboration between local agencies

**Establish the Oversight Structure**



- Approves applications
- Generates reports to the legislature
- Coordinates with other relevant task forces
- Oversees subcommittees
- Establishes grant priorities and requirements

**Codify Data Sharing Across Participating Agencies**

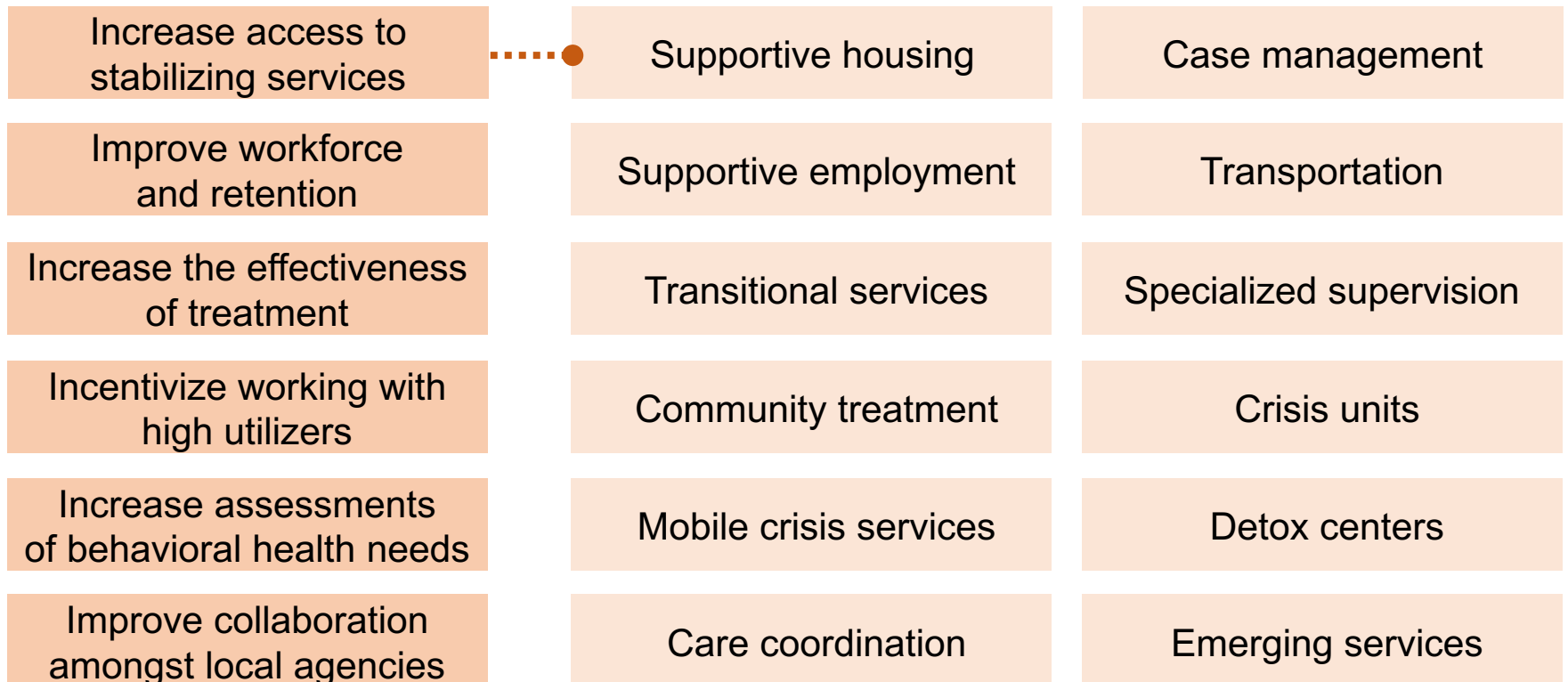


- Invests in data sharing
- Compels relevant agencies to share data
- Specifies protections for data that is shared

---

Each of the core policy options addresses goals of the BHJR project.

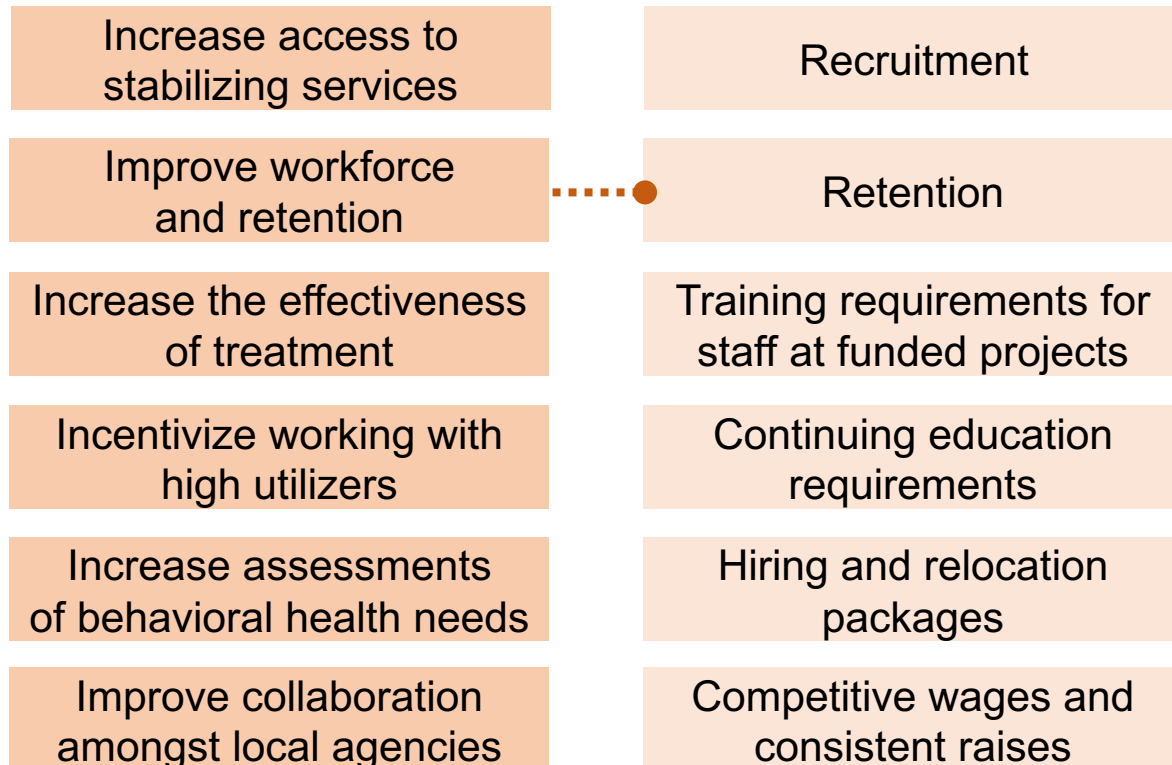
**Create a State-Run  
Grant Program**



---

Each of the core policy options addresses goals of the BHJR project.

**Create a State-Run  
Grant Program**



---

Each of the core policy options addresses goals of the BHJR project.

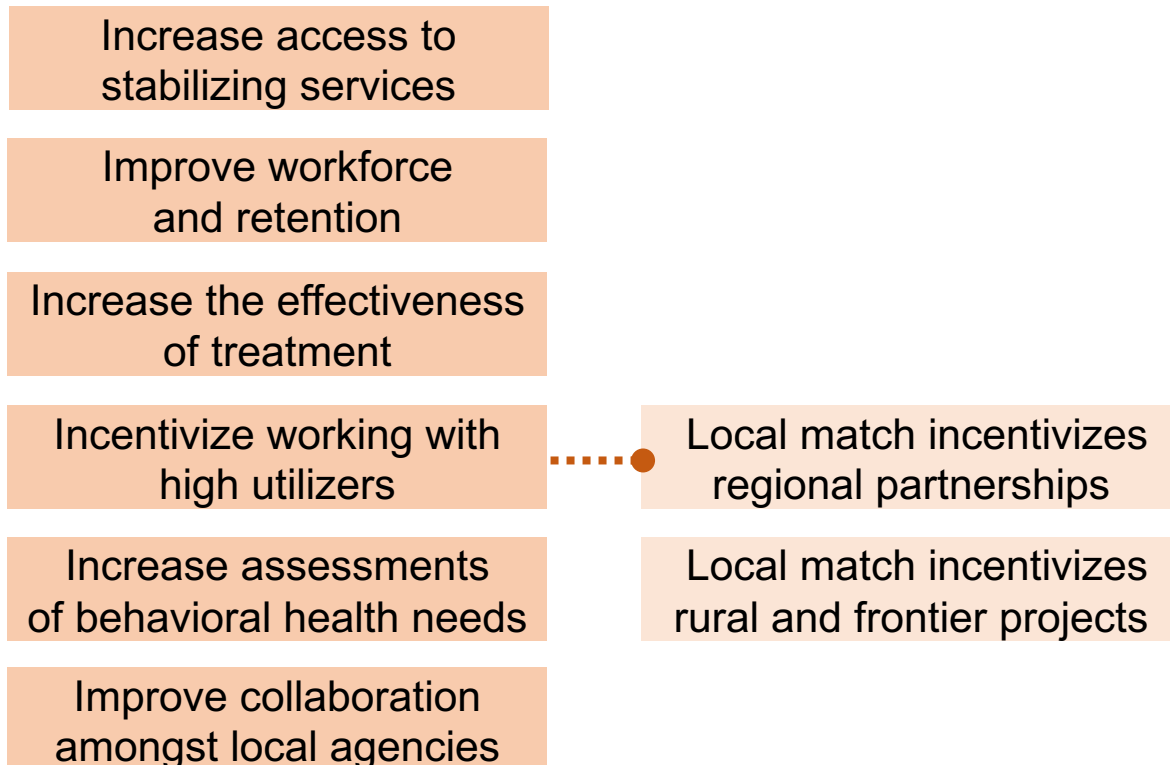
**Create a State-Run  
Grant Program**



---

Each of the core policy options addresses goals of the BHJR project.

**Create a State-Run  
Grant Program**



---

Each of the core policy options addresses goals of the BHJR project.

**Create a State-Run  
Grant Program**



Increase access to  
stabilizing services

Improve workforce  
and retention

Increase the effectiveness  
of treatment

Incentivize working with  
high utilizers

Increase assessments  
of behavioral health needs

Improve collaboration  
amongst local agencies

Project partners will have  
assessments at jails

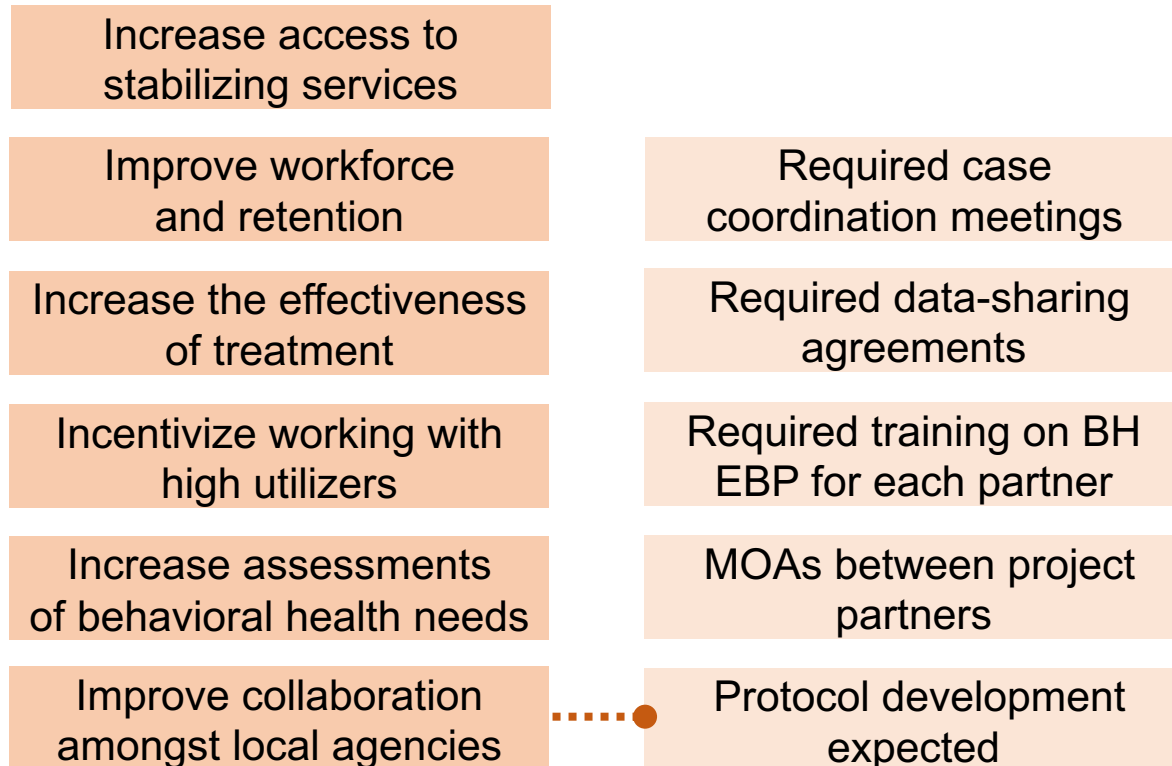
Project partners will have  
assessments at hospitals



---

Each of the core policy options addresses goals of the BHJR project.

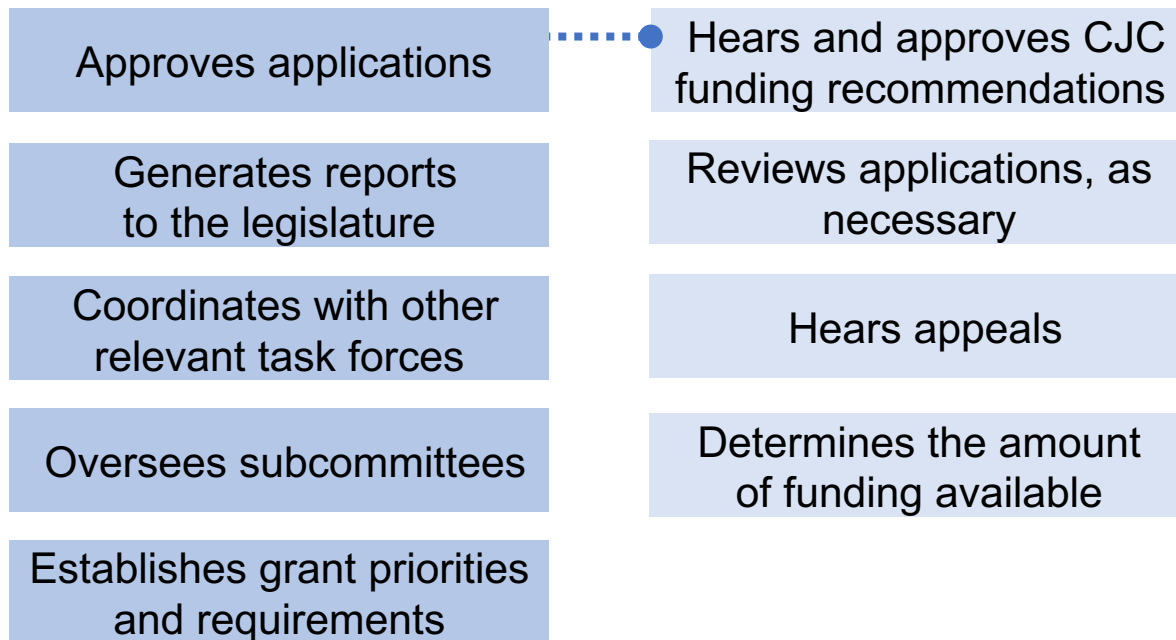
**Create a State-Run  
Grant Program**



---

Each of the core policy options addresses goals of the BHJR project.

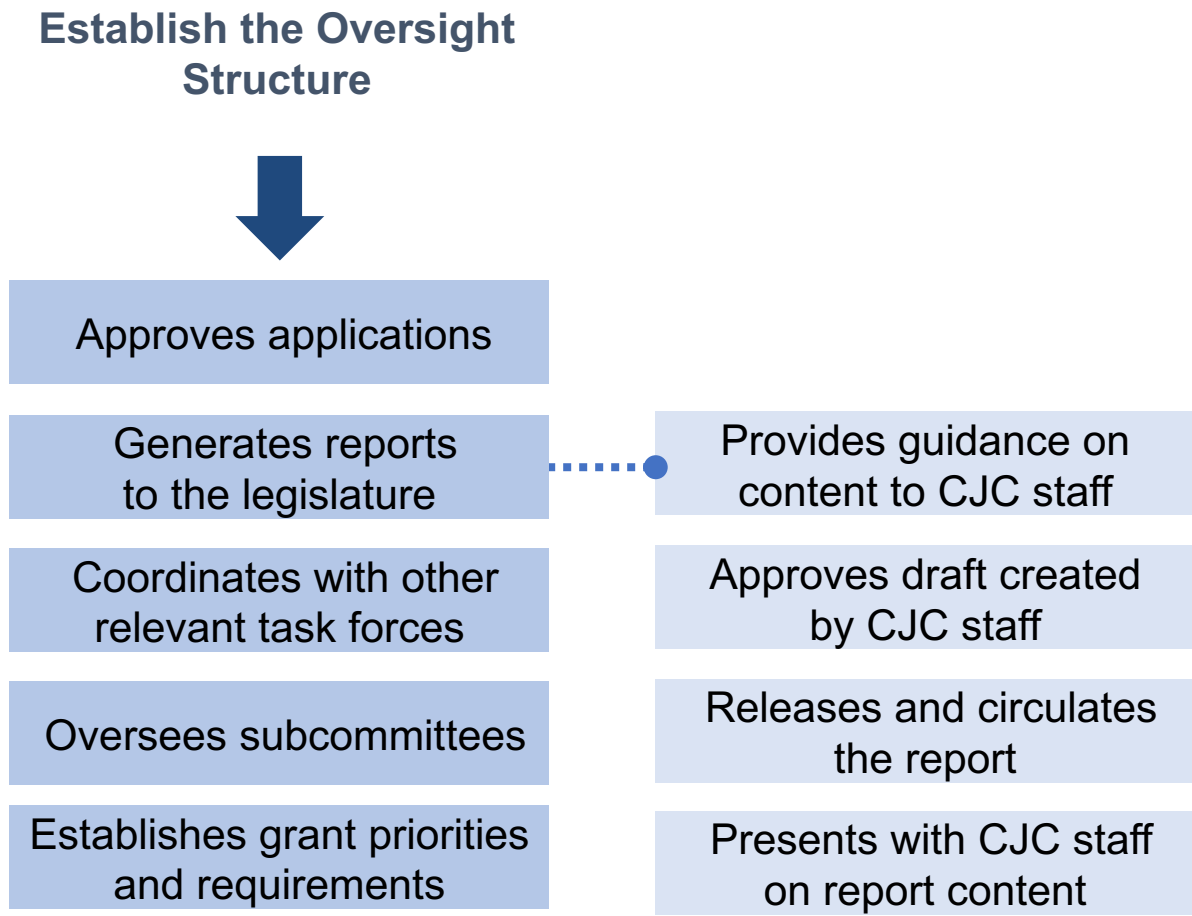
**Establish the Oversight  
Structure**





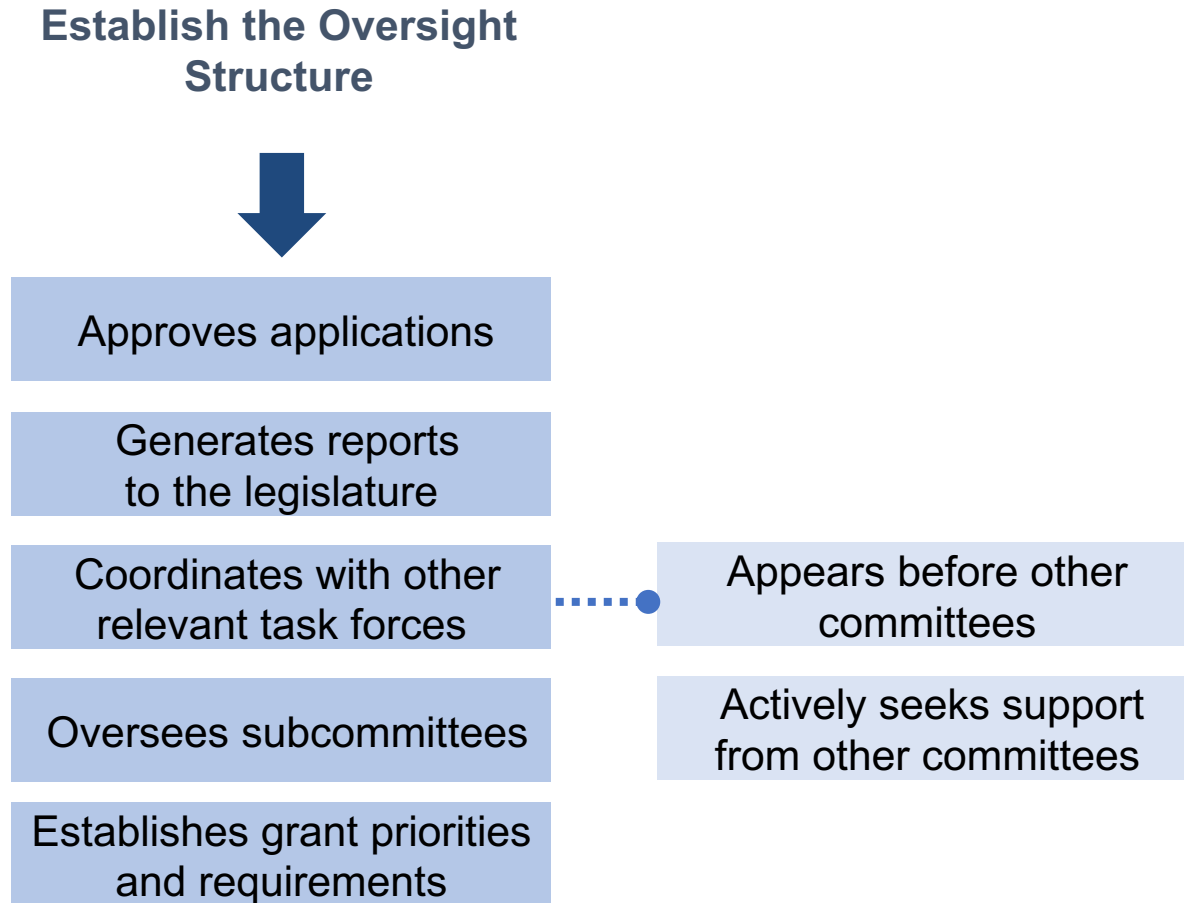
---

Each of the core policy options addresses goals of the BHJR project.



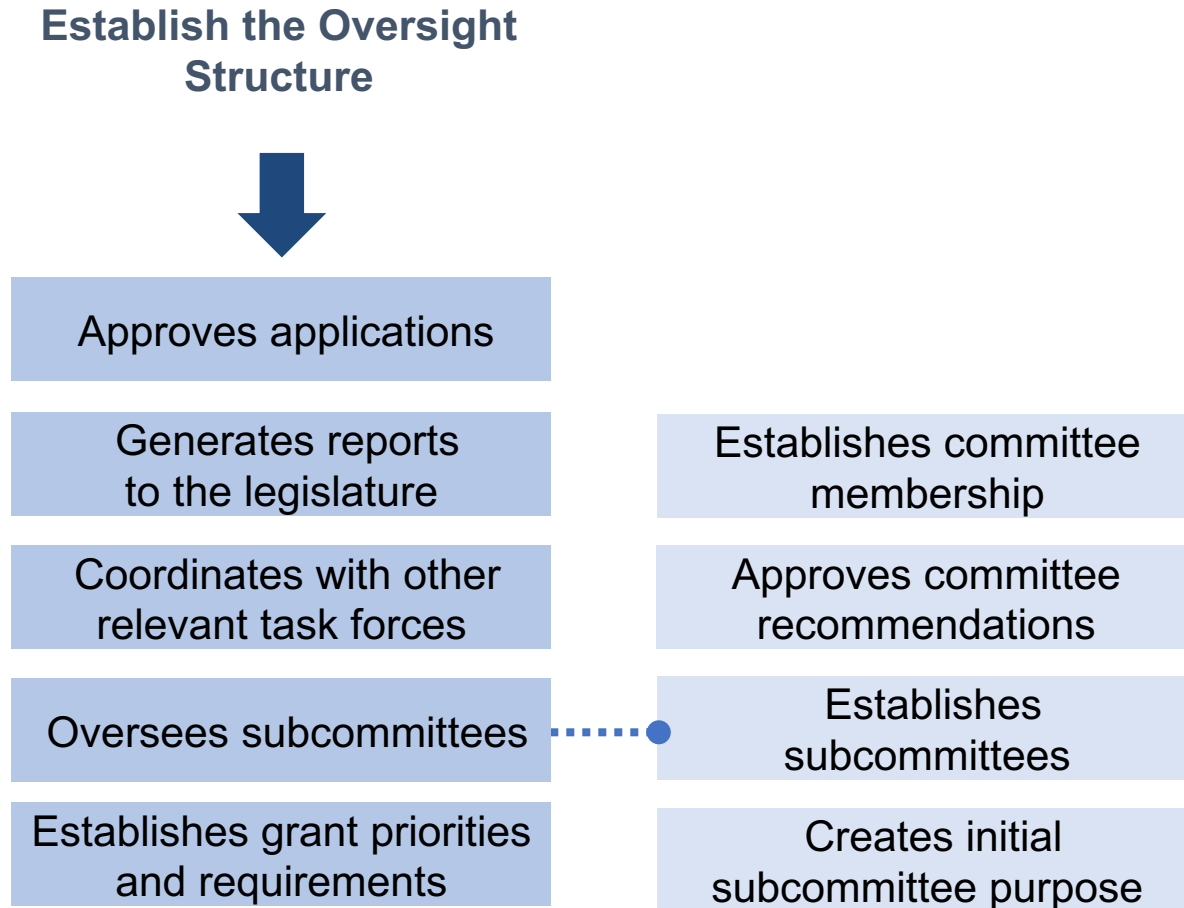
---

Each of the core policy options addresses goals of the BHJR project.



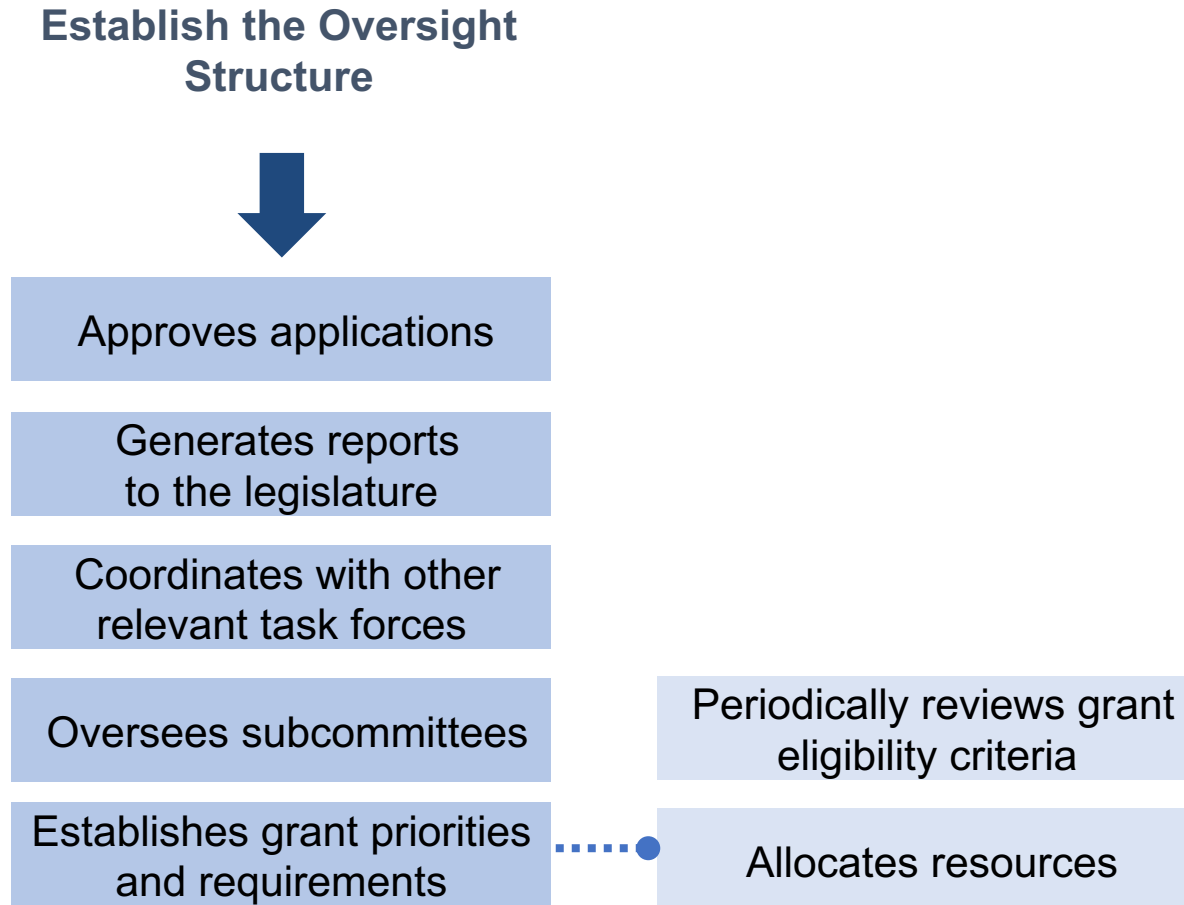
---

Each of the core policy options addresses goals of the BHJR project.



---

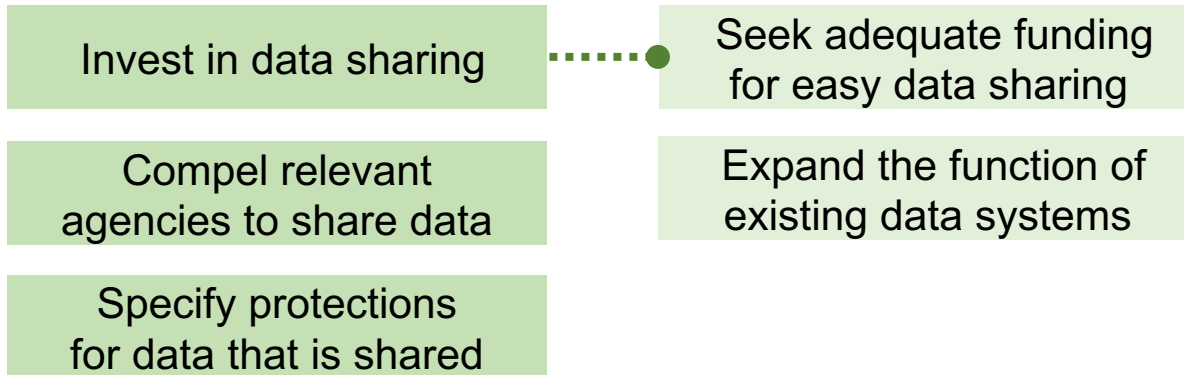
Each of the core policy options addresses goals of the BHJR project.



---

Each of the core policy options addresses goals of the BHJR project.

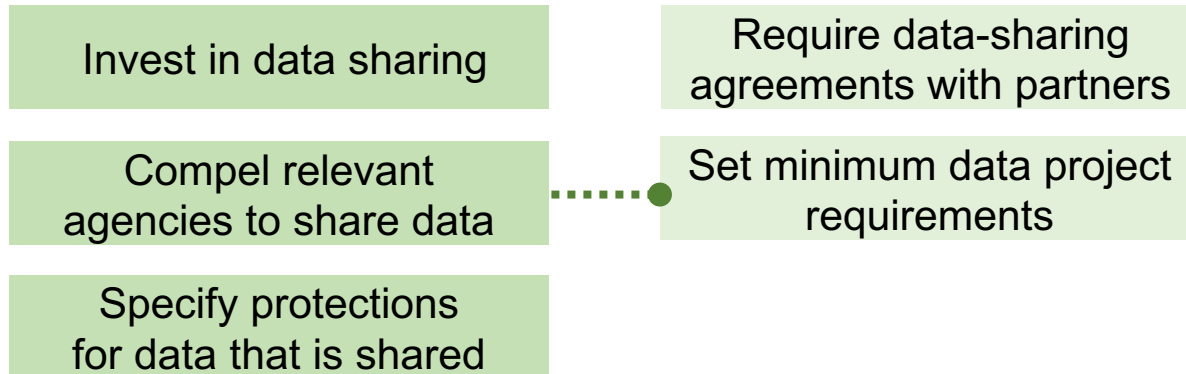
**Codify Data Sharing Across  
Participating Agencies**



---

Each of the core policy options addresses goals of the BHJR project.

**Codify Data Sharing Across  
Participating Agencies**



---

Each of the core policy options addresses goals of the BHJR project.

**Codify Data Sharing Across  
Participating Agencies**



Invest in data sharing

Compel relevant  
agencies to share data

Specify protections  
for data that is shared

Develop adequate  
confidentiality forms

Legislate protections for  
data sharing



---

## How many people with FCJI can be served through this collaborative approach?

This study of 2017 jail bookings from 12 counties reveals:

- 22.3 persons booked per capita
- 9% of booked persons = FCJI

### Key findings for people who have FCJI and are OHP members:

- 62% are high risk
- 65% are OHP members
- 29% have MI diagnosis
- 45% have SUD diagnosis
- 60% have ED visits
- 20% or more are homeless

Extrapolating the jail booking per capita using Oregon's resident population, the statewide estimate of people with FCJI is 8,298 booked individuals.\*\*

In order to better target this statewide group of FCJI individuals, this estimate is further reduced to the *high-risk* group, which yields an estimated **5,145 high-risk FCJI people booked statewide.**

\*Frequent Criminal Justice Involvement (FCJI) is defined as 4 or more jail bookings within a calendar year. \*\*For the statewide FCJI estimate, the Oregon resident population estimate (4,141,100 residents in 2017) was used. For the 2017 jail data received, 22.3 bookings per capita yields 92,346 residents booked into jail annually and 9% FCJI yields **8,298 booked individuals.**



---

**Project funding supports necessary services, infrastructure, and capital investment to ensure wrap-around services for people who are high utilizers.**

<b>Category</b>	<b>Description</b>
Supports and Services	The supports and services for the target population not funded through Medicaid or other means
Supportive Housing	Bundled package that includes financial components for capital construction, rental assistance, and wrap-around services
Program Administration	A percentage of the total allocation set aside for state staffing to administer the program
Statewide Program Supports	Up to 20 percent of the total allocation to fund statewide access to specific program technical assistance, supporting the BHJR program
Program Evaluation	5 percent of the total allocation to fund ongoing costs related to the program evaluation, reporting, and delivery of data to drive local practice

---

## Summary of Legislative FY2020–FY2021 Funding Request

	FY20–21	FY22–23	FY24–25
Cohort	500 people	2,000 people	5,145 people
Program	\$5.5M	\$21.9M	\$56.7M
Supportive Housing	\$17.6M	\$40.5M	\$84.9M

## Discussion for Today

---

Medicaid and State Hospital analysis results from criminal justice and health care match

### Remaining policy areas within the BHJR framework

- Tribal nation recommendations
- Court and peer support related study recommendations

- 1** Support and services
  - Establishing oversight structure
  - Supportive housing

- 2** Evaluation, accountability, and innovation
  - Developing IT structure
  - Data sharing

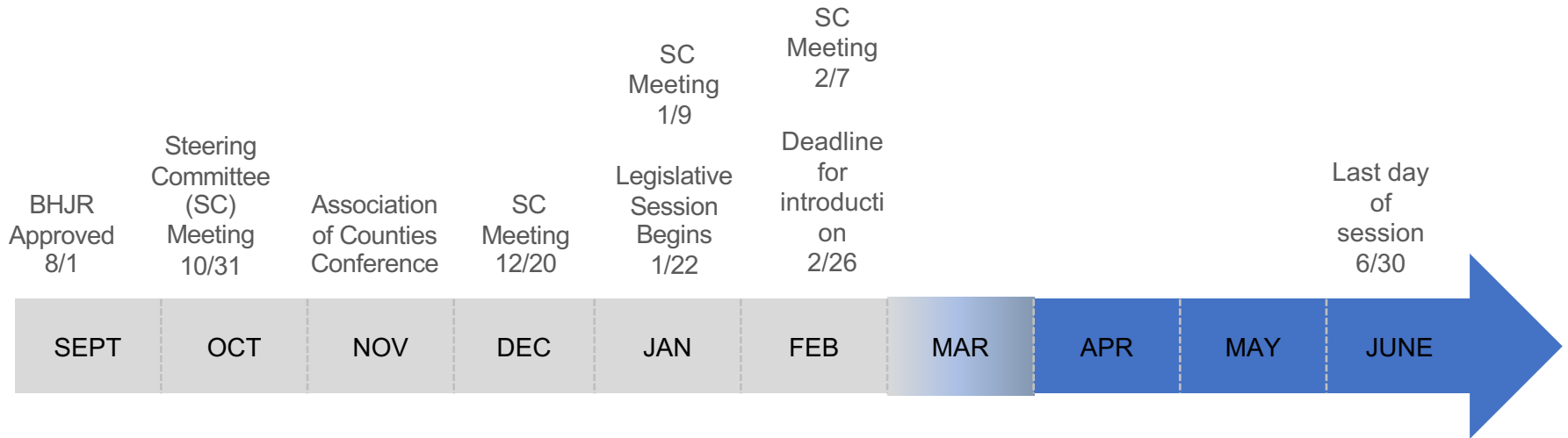
- 3** Funding strategies

Review of steering committee's policy recommendations

### Next steps

---

# Behavioral Health Justice Reinvestment



## Phase I

*Analyze data to design policy changes*

- Collect and examine data.
- Engage stakeholders.
- Develop policy options.

*Advance policy options*

- Draft legislation.
- Plan for implementation of policy goals.

# Thank You

**Cassandra Warney**  
Senior Policy Analyst  
[cwarney@csg.org](mailto:cwarney@csg.org)



**Justice Center**

THE COUNCIL OF STATE GOVERNMENTS

Receive monthly updates about justice reinvestment states across the country as well as other CSG Justice Center Programs.

Sign up at:

[csgjusticecenter.org/subscribe](https://csgjusticecenter.org/subscribe)

This material was prepared for the State of Oregon. The presentation was developed by members of The Council of State Governments Justice Center staff. Because presentations are not subject to the same rigorous review process as other printed materials, the statements made reflect the views of the authors, and should not be considered the official position of the Justice Center, the members of The Council of State Governments, or the funding agency supporting the work.

Cover image by M.O. Stevens at en.wikipedia [Public domain], via Wikimedia Commons.

---

## **Appendix**

### Additional jail and community correction analyses

# Booking and FCJI characteristics for the 12 counties (9 jails) that participated

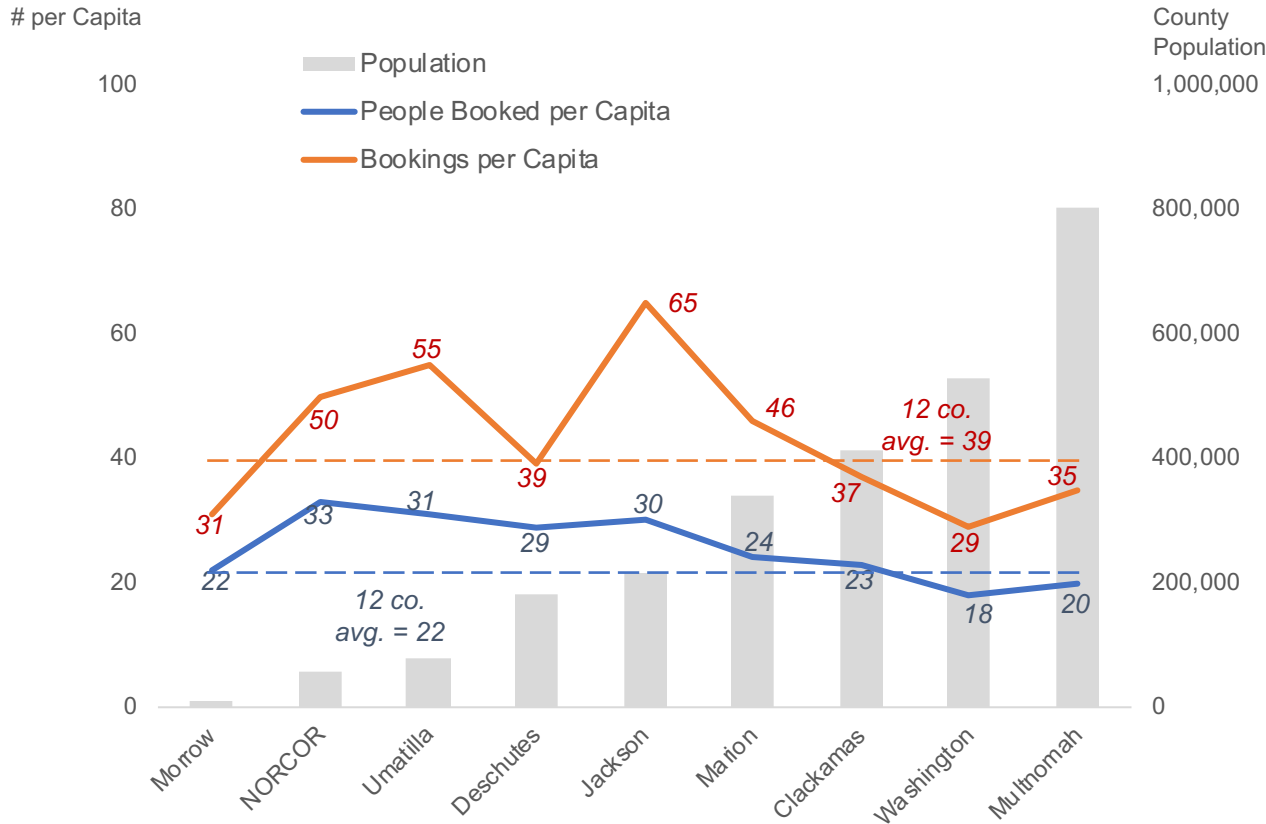
Jail	County Pop.	Unique Persons Booked – CY2017			Jail Booking Events – CY2017		
		# Persons Booked	Persons per capita*	% FCJI**	# Bookings	Bookings per capita*	% FCJI**
Clackamas	413,000	9,641	23	6%	15,181	37	19%
Deschutes	182,930	4,643	29	5%	7,184	39	18%
Jackson	216,900	6,590	30	15%	13,991	65	45%
Marion	339,200	8,006	24	12%	15,453	46	35%
Morrow	11,890	263	22	5%	373	31	16%
Multnomah	803,000	15,773	20	10%	28,248	35	32%
NORCOR	56,040	1,863	33	5%	2,778	50	20%
Umatilla	80,500	2,477	31	10%	4,463	55	31%
Washington	529,710	10,805	18	6%	17,105	29	19%
<b>12 counties</b>	<b>2,699,320</b>	<b>60,061</b>	<b>22</b>	<b>9%</b>	<b>104,776</b>	<b>39</b>	<b>29%</b>

\* Per capita defined as per 1,000 county residents.

\*\* Defined as 4+ booking events/calendar year.

- Source: Oregon Population Research Center estimate as of 7/1/2017; CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail.

There is considerable variance among the 12 counties in terms of booking events per capita, but less in terms of persons booked per capita.

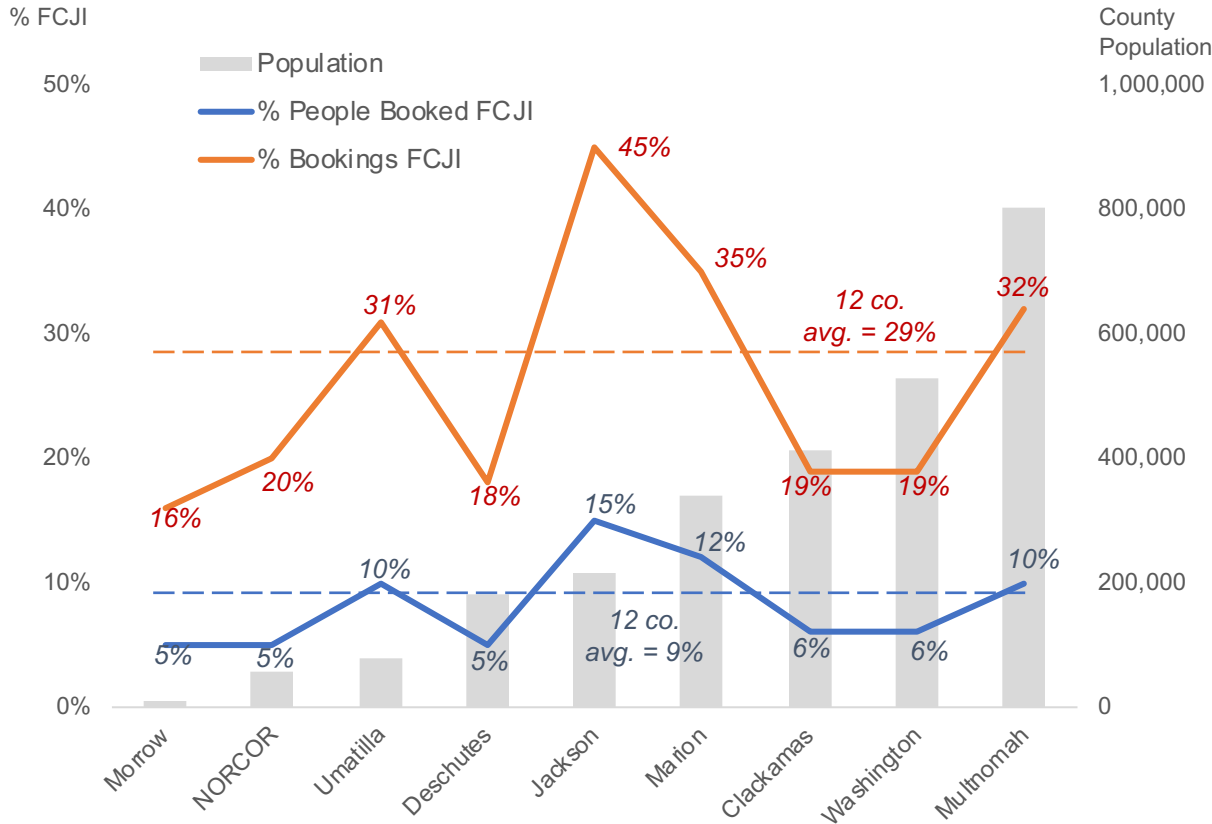


Whereas Multnomah has over twice the population as Marion, both counties have similar per capita rates of people booked and booking events involving an FCJI person.

• Source: Oregon Population Research Center estimate as of 7/1/2017; CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail.



# Rate of prevalence of FCJI isn't simply a function of county population.



Multnomah has twice the population of Marion, but both counties have similar per capita rates of people booked and booking events involving an FCJI person.

• Source: Oregon Population Research Center estimate as of 7/1/2017; CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail.

# Demographic breakdown of people booked in CY2017

Jail	All Persons Booked in 2017						FCJI Persons Booked in 2017					
	Total Persons Booked	Total White	Total Black	Total Asian/ Pac. Isl.	Total Native American	Total Other	FCJI Persons Booked	FCJI White	FCJI Black	FCJI Asian/ Pac. Isl.	FCJI Native American	FCJI Other
Clackamas	9,641	8,770	640	110	63	58	569	532	24	7	5	1
Deschutes	4,643	4,157	89	36	84	277*	251	226	7	3	8	7*
Jackson	6,590	6,155	242	40	55	98*	999	935	38	5	12	9*
Marion	8,006	7,438	355	134	50	29	961	884	51	14	5	7
Morrow	263	187	4	0	7	65*	12	10	0	0	0	2*
Multnomah	15,773	10,483	3,009	439	286	1,556*	1,603	1,053	360	31	34	125*
NORCOR	1,863	1,680	27	21	99	36	99	91	0	2	6	0
Umatilla	2,477	1,792	65	9	228	383*	249	179	8	2	33	27*
Washington	10,805	9,474	888	330	69	44	654	577	59	13	3	2
12 counties	60,061	50,136	5,319	1,119	941	2,546*	5,397	4,487	547	77	106	180*

\* Includes records designated as 'Hispanic' which is an ethnicity as opposed to a race.

*Note: Current practice for entering demographic information on people booked into jail may vary from county to county.*

- Source: CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail.

Thirty-three percent of FCJI booking events involve someone who was on community corrections at the time of booking.

Jail	2017 Booking Events	% Comm. Corrections Past 5 Yrs	% Active Supv. At Booking	2017 FCJI Booking Events	% Comm. Corrections Past 5 Yrs	% Active Supv. At Booking
Clackamas	15,181	68%	32%	2,848	84%	36%
Deschutes	7,184	44%	18%	1,266	85%	36%
Jackson	13,991	59%	22%	6,306	81%	28%
Marion	15,453	57%	29%	5,405	72%	37%
Morrow	373	59%	29%	60	93%	65%
Multnomah	28,248	62%	28%	9,035	76%	32%
NORCOR	2,778	57%	28%	552	90%	48%
Umatilla	4,463	59%	26%	1,363	82%	37%
Washington	17,105	56%	23%	3,217	82%	31%
12 counties	104,776	59%	26%	30,052	79%	33%

• Source: CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail; CSG analysis of calendar years 2013-17 Community Corrections data from ODOC.

The prevalence of individuals being booked into jail in multiple counties varies across the state.

Jail	2017 Booking Events	% Booked in Other Counties	2017 FCJI Booking Events	% Booked in Other Counties
Clackamas	15,181	38%	2,848	56%
Deschutes	7,184	12%	1,266	25%
Jackson	13,991	3%	6,306	3%
Marion	15,453	14%	5,405	17%
Morrow	373	64%	60	92%
Multnomah	28,248	32%	9,035	46%
NORCOR	2,778	23%	552	36%
Umatilla	4,463	13%	1,363	12%
Washington	17,105	24%	3,217	36%
12 counties	104,776	23%	30,052	29%

Fewer than 5 percent of bookings in Jackson Co. in 2017 involved someone who had also been booked in at least one of the other eight jails accounted for in this project.

By contrast, roughly half of Clackamas and Multnomah counties' jail bookings of FCJI individuals involved people who had also been booked into one of the other counties' jails.

• Source: CSG analysis of calendar year 2017 jail bookings data from Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, and Washington counties. Hood River, Gilliam, Sherman and Wasco counties are represented by NORCOR jail.

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 Department of Justice's 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.