# **Behavioral Health Justice Reinvestment** in Oregon

# Presentation to the Steering Committee

Wednesday, October 31





The Council of State Governments is a national nonprofit, nonpartisan membership association of state government officials that engage members of all three branches of state government.

The CSG Justice Center provides practical, nonpartisan advice informed by the best available evidence.

















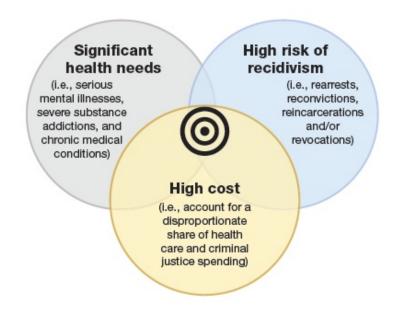
Oregon county and state leaders gathered for a one-day forum on the criminal justice and behavioral health systems.



People came together in May because of this critical problem.



Without access to effective community-based health care for substance addictions and mental illnesses, too many Oregonians wind up in crisis and then in emergency rooms or jail, leading to high costs and poor health and public safety outcomes.



Oregon state and county leadership requested and have been approved for ongoing technical assistance through the Justice Reinvestment Initiative.

Commissioner Craig Pope

President, Association of Oregon Counties

May 31, 2018 Heather Tub man-Carbone, Ph.D. Senior Policy Advisor Bureau of Justice Assistance 810 Seventh Street NW Washington, DC, 20531 Adam Gelb Project Director Pew Center on the States 901 E Street, NW, 10th Floor Washington, DC, 20004 In Oregon, we have a long history of working across branches of government and party lines to Dear Dr. Tub man-Carbone and Mr. Gelb: muregon, we nave a long tractive working across stranches of government and party first study systemic challenges and improve outcomes, the wish to continue this work by mengaging and study systemic challenges and improve outcomes. study systemic challenges and improve outcomes, we wish to continue this work by recipilar in the data-driven Justice Reinvestment (n/8) by the reity statewide behavioral health. 111 VIC MARKOWS SECTION 2016. PROVIDENCE TO SECTION SECTION (2016) A CONTROL OF SECTION SECTIO ansi recumanim-recus sun sur ampes to support columns in improving access to ano effectiveness of behavioral health services for people in the criminal Justice system. renument to the principles of the original notal unest entered to basis of shortest renument to shape the additions of the U.S. Department of histories of the u.S. Department of the u.S. ment Grant Program funds have been Since 2013. nearly \$100 million is harder Redunestment, Grant, Program funds have been distributed to Oregon countries, and the state that are less avoided building a new progen, JR is projected by the program of the

Support from state and county government to seek criminal justice and behavioral health systems improvements through a data-driven approach

criminal justice reforms that maximize public safety, reduce recidivism, and wisely spend tax resources. We welcome and appreciate your support to launch a behavioral health justice reinvestment partnership. Sincerely, Chief Justice, Supreme Court Governor Tina Kotek Peter Courtney Senate President Speaker of the House Jackie Winters House Minority Whip Senate Minority Leader Colette S. Peters Director of the Oregon Health Authority Director of the Oregon Department of Corrections

Oregon's Behavioral Health Justice Reinvestment Initiative (BHJR) will result in the development of a statewide policy framework to improve outcomes for people in the criminal justice system with behavioral health conditions.

## Challenge

There is a small but important group of people who repeatedly cycle through Oregon's public safety and health systems, with broad system and personal impacts. Stakeholders have expressed strong interest in improving state and local policies and practices in ways that reduce this cycle and its associated costs.

#### Goal

Improve health outcomes and reduce recidivism for people in Oregon's criminal justice system who have serious behavioral health conditions.

## Project Strategy

- Use data to identify systemic gaps and opportunities.
- Leverage strong commitments from Oregonians at all levels of state, local, and tribal governments.
- Develop and implement consistent and effective system responses across the state.

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While BHJR and HB 3194 both use a Justice Reinvestment approach, the projects are unique.

### HB 3194 (2013)

- Focused on prison population stabilization
- Leveraged changes in sentencing and county investments to successfully flatten prison growth
- Invested savings from cost avoidance in county initiatives

## **BHJR (2018)**

- Focuses on the outcomes of adults in the criminal justice system who have serious behavioral health conditions
- Driven by collaborative engagement between behavioral health and criminal justice agencies at the county, tribal government, and state levels
- Lowers the costs of behavioral health services by reducing the amount of resources people with serious behavioral health conditions use in the process

# BHJR can help bolster existing public health and safety priorities such as the Oregon Performance Plan.



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

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

- Assertive Community Treatment
- Mobile crisis services
- Supportive housing
- Peer-delivered services
- Robust and timely transitional services
- Acute psychiatric care
- Emergency department boarding
- Criminal justice diversion

## A number of core principles guide the Justice Reinvestment process.

- 1. Each state is unique.
- 2. Data should inform decision-making.
- 3. New initiatives should be relatively cost neutral and should, on balance, improve public safety.
- 4. Bipartisan, interbranch commitment for reform from top policymakers is essential.
- 5. Policy and budgetary changes must result.
- 6. Engagement of stakeholders—in tribal, county, and state government and in community organizations—is critical.
- 7. Sustainability planning and ongoing data analysis and reporting are essential elements to successful reform.

This Justice Reinvestment approach engages key partners with different roles and responsibilities.

#### **Steering Committee**

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

11 county jail data sets + community corrections data

Develop a datadriven policy framework

#### The CSG Justice Center

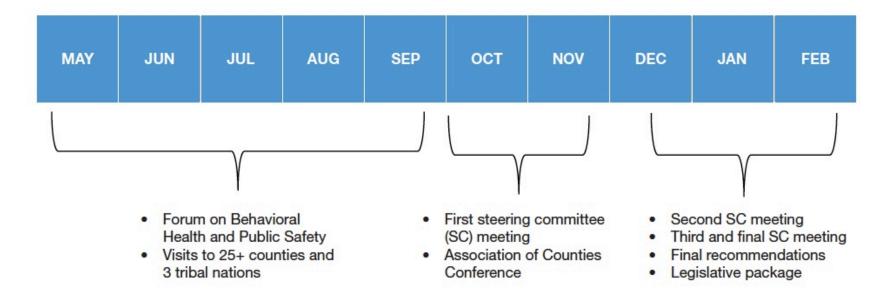
- Serves as a resource to Oregonians
- Analyzes data
- **Engages with** stakeholders
- Delivers presentations

**Oregon Health** Authority / **Integrated Client** Services

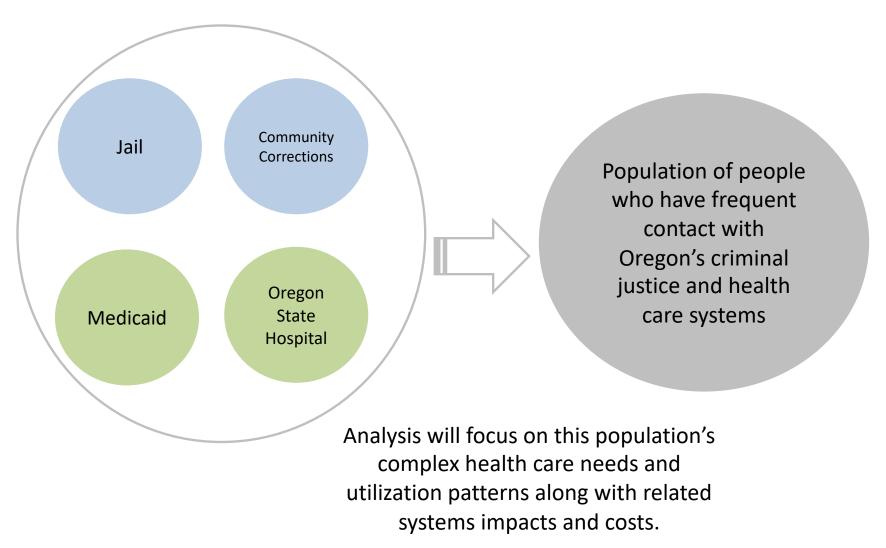
Data matching + **Analytics** 

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

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



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



# The data analysis aims to answer questions related to Oregon Health Plan (OHP) members that can inform smart policy development:

- How many people who are admitted to jail have Oregon Health Plan (OHP) coverage? For people who have had 4+ jail bookings in one year, how many have OHP coverage?
- Do OHP members who have 4+ jail bookings overutilize hospital and emergency department services compared to people with fewer or no jail bookings?
- Do OHP members who have 4+ jail bookings underutilize less expensive routine and outpatient services?
- Are OHP members with 4+ jail bookings more likely to have serious behavioral health conditions compared to the general OHP population? What kind of treatment services are they receiving when not in jail?
- Do OHP members with 4+ jail intakes and serious behavioral health conditions experience longer jail stays than people with similar offense histories without behavioral health conditions?
- How many OHP members with 4+ jail intakes have also been committed under Oregon's "aid and assist" statutes (.315, .365, .370)?

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A wide range of Oregon leaders, policymakers, community representatives, and organization and agency staff have been engaged in the process.

#### **County meetings organized through LPSCCs**

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

# Statewide organizations (behavioral health focus)

- Oregon Health Authority
- Oregon State Hospital
- GOBHI / OCBJHI / DPPST
- OPERA
- CCO Oregon
- Oregon Health and Science University

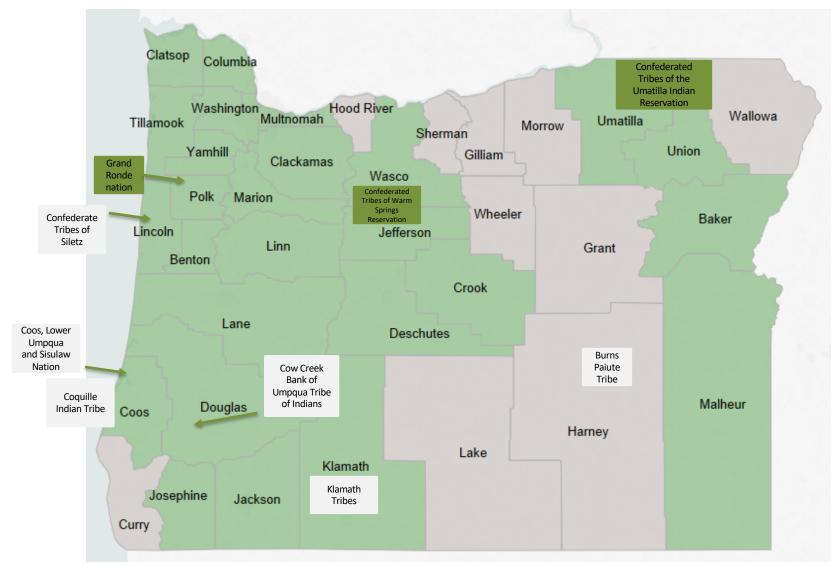
#### Statewide organizations (criminal justice focus)

- Oregon Criminal Justice Commission
- Department of Corrections
- Oregon Judiciary Department
- Oregon Alcohol and Drug Policy Commission
- Association of Oregon Counties
- Oregon District Attorneys Association
- Office of Public Defense Services
- Partnership for Safety and Justice
- Oregon Disability Organization

#### **Tribal engagement**

- Confederated Tribes of Warm Springs
- Confederated Tribes of Umatilla
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Coos, Lower Umpqua, and Sisulaw
- NICWA
- Red Lodge Transitions
- Legislative Commission on Indian Affairs

# CSG Justice Center staff have visited 27 of Oregon's counties in an effort to understand local, county, and tribal challenges.



There are impressive collaborative efforts occurring across Oregon targeted at addressing challenges of people with behavioral health needs who are often in contact with the criminal justice system.

# Oregon Center on Behavioral Health & Justice Integration

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

#### **Justice Reinvestment Program grants**

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

#### **Stepping Up Initiative**

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

#### **Oregon Health Authority OPP grants**

- Mobile crisis services
- Jail diversion
- Assertive Community Treatment (ACT) teams

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

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

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

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

Some CCOs have begun linking data about member outcomes at an individual level.

Approaches to improve outcomes for this frequent utilizer population will need to closely track whether people are receiving interventions and services, and whether there have been reductions in the number of emergency department admissions.

# Overview of public safety and health system challenges

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

Jail data analysis

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

Housing challenges

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

Competency restoration / Oregon State Hospital

What role does Oregon's State Hospital system play in the continuum of care options for people in the criminal justice system, and what alternative options are available?

## Commonly used terms in the BHJR project:



## "Behavioral health"

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

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

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

## "High Utilizers"

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

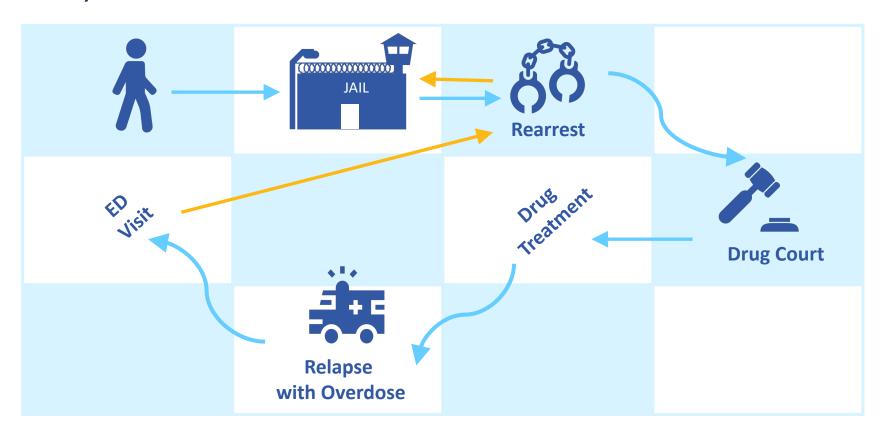
We will use this term when referring to this project's goal of identifying people who frequent these systems and estimating system impacts in the service of exploring alternatives.

Across Oregon, innovative practices and treatment are being supported as part of community-based approaches, but challenges remain.

#### Repeated themes from stakeholder conversations:

- Many mid-level options for treatment or division are absent
- Lack of housing options (raised in nearly every meeting)
- Lack of timely access to forensic evaluators/disagreement among stakeholders on what forensic evaluator to use
- Many requirements/pressures to adopt new strategies at breakneck pace
- Staff recruitment and retention
- Information-sharing barriers
- Lack of formal structures/policy to sustain gains from recent years
- Ability to "scale" up initiatives
- Inability to establish and sustain residential level programs (detox, crisis stabilization)

In stakeholder meetings, we were provided with many examples of people who cycled through Oregon's criminal justice and health care systems.



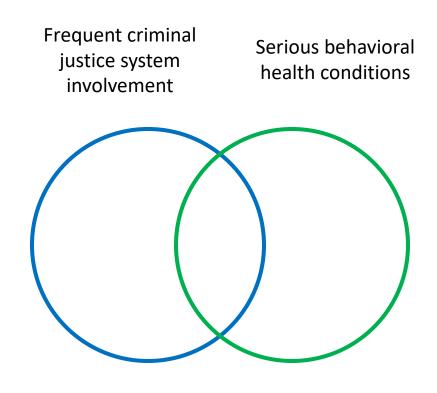
There are a number of steps that are integral to the Oregon BHJR project:

1. IDENTIFY	2. TARGET	3. TRACK
Identify high-utilizer people for whom current approaches aren't working	<ul> <li>Target this population with:</li> <li>Comprehensive supports and services</li> <li>Collaborative approach</li> <li>Workforce</li> </ul>	<ul> <li>Create clear, meaningful, and consistent outcomes</li> <li>Track and incentivize success</li> </ul>

A review of population data is likely to reveal a subgroup of people with atypical utilization patterns for whom current supports and services aren't effective.

# 1. IDENTIFY

Identify high-utilizer people for whom current approaches aren't working



While additional resources and investments may be necessary to improve outcomes, carefully identifying the target population will help ensure that there is a significant cost/benefit advantage to doing so.

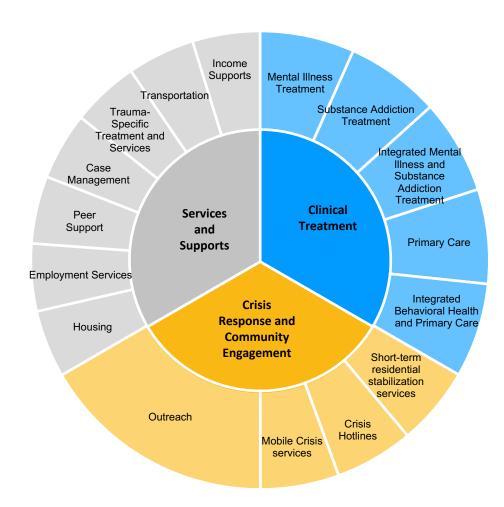
The Council of State Governments Justice Center | 22

Having a broad array of supports and services for this target population is essential to improving outcomes.

# **TARGET**

### **Target population** with:

- Comprehensive supports and services
- Collaborative
- Workforce

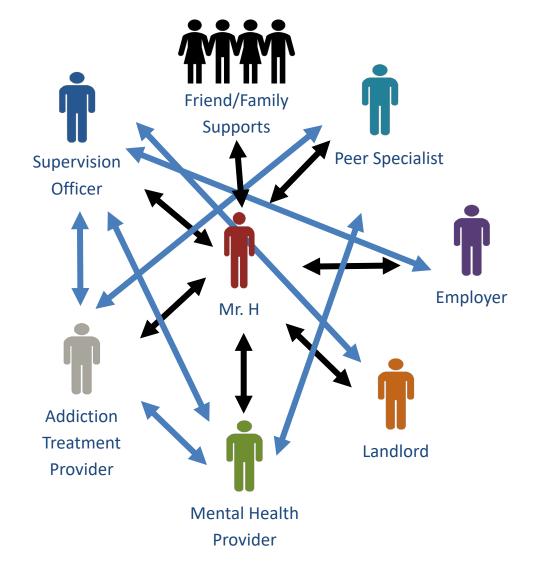


Complex cases require extensive communication and collaboration, but this can be difficult to establish and sustain.

# **TARGET**

### **Target population** with:

- services
- **Collaborative** approach
- Workforce



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

### 2. TARGET

# Target population with:

- Comprehensive supports and services
- Collaborative approach
- Workforce

Ability to develop, recruit, and retain key professional and paraprofessional positions:

- Nursing
- Psychology
- Social work
- Psychiatry
- Addiction specialists
- Peer support specialists
- Case management
- Care coordination

Ability to strengthen effectiveness of available workforce:

- Specialized training
- Team oriented
- Outcomes driven

Outcome measures are most effective for the target population when they include aspects of criminogenic risk along with recovery and social determinants of health.

# TRACK

- Create clear, meaningful, and consistent outcomes

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

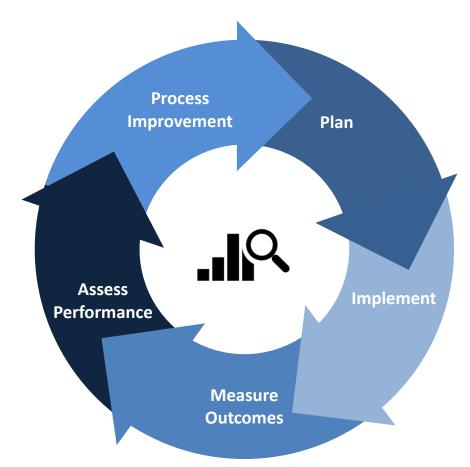
#### Other success metrics:

- Reductions in jail bookings
- ✓ Maintaining employment
- ✓ Adherence to treatment
- ✓ Stability in housing
- Passing drug/alcohol screens
- Reductions in overdoses
- ✓ Reductions in emergency department visits
- Reductions in use of state hospital

Regularly reporting those key metrics enables service and support providers to quickly determine what is and is not working with their approach and to shift as needed.

## 3. TRACK

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



Incentives linked to outcomes help focus efforts on those activities with the strongest impacts on improved outcomes.

Overview of public safety and health system challenges

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

Jail data analysis

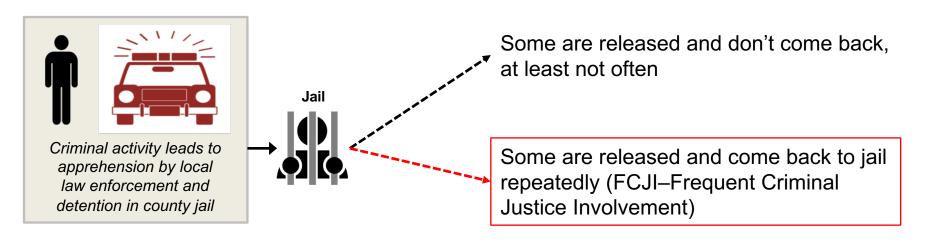
What are the common patterns of jail utilization in Oregon and how do these vary by county type?

Housing challenges

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

Competency restoration / Oregon State Hospital

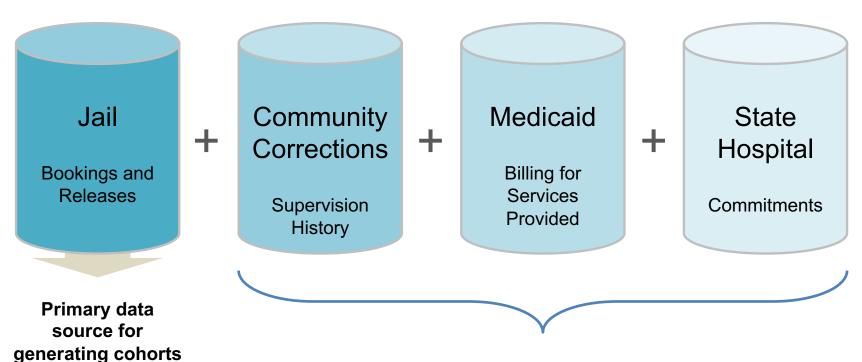
What role does Oregon's State Hospital system play in the continuum of care options for people in the criminal justice system, and what alternative options are available? BHJR requires a better understanding of some key service systems being accessed by people coming into frequent contact with the criminal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



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

- ☐ Community corrections (probation; post-prison supervision)?
- ☐ Behavioral health (mental illness; substance addiction) treatment providers?
- □ Primary health care?
- ☐ State hospital (aid & assist)?

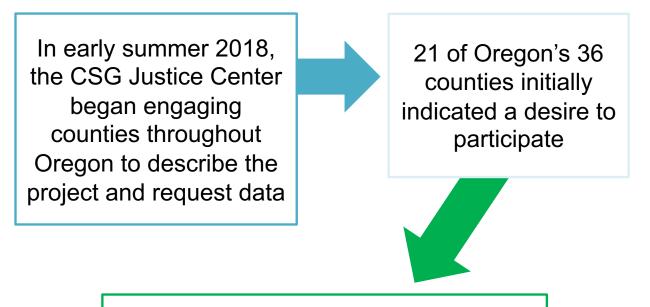
Developing a better understanding of this population requires significant data acquisition, matching, and analysis.



for analysis

Data from these systems will be matched to the jail cohorts to identify who is hitting which systems.

# Twelve counties representing almost two-thirds of Oregon's resident population have provided jail bookings and releases data.



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

(Clackamas, Deschutes, Gilliam, Hood River, Jackson, Marion, Morrow, Multnomah, Sherman, Umatilla, Wasco, Washington)

# While no two counties are the same, there are some common themes arising from the initial analyses of the jail data.

- In a given year, most people booked into jail are booked just one time.
- However, across counties, a small share of people are booked four or more times that same year (FCJI).
- While people booked four or more times in a year account for only 5–10 percent of people booked, they account for 20–30 percent of all booking activity.
- In counties where reliable housing data exist, people booked four or more times in a year are more likely to be homeless compared to people who are booked into jail less frequently.
- People who are booked four or more times in a year are more likely to have felony level charges associated with their underlying case(s).

# Clackamas County jail bookings declined slightly from 2016 to 2017.

Year	Total Booking Events	
2016	16,128	
2017	15,181	

Booking Events per Day
44.1
41.6



Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.

One of the aims of the project is to identify people who are booked into jail more than once in a year.

Year	Total Booking Events	
2016	16,128	
2017	15,181	

Unique People Booked				
9,692				
9,641				

Calculated ratio of booking events per unique person booked:

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

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

## The reality is that most people are booked only once into jail, but some are booked as many as three or more times in a year.

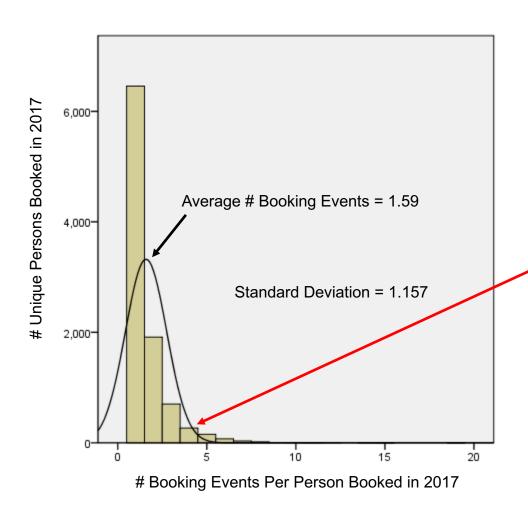
# of Times Booked in 2016	# of Unique Persons		# of Times Booked in 2017	# of Unique People
16,128 Booking Events	9,692 People		15,181 Booking Events	9,641 People
1	6,211		1	6,456
2	1,940		2	1,913
3	764		3	703
4	382		4	267
5	201		5	153
6	81		6	73
7	49		7	35
8	26		8	17
9	17		9	6
10	6		10	4
11	6		11	3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

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

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

Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.

## From a bookings perspective, this project defines FCJI as four or more booking events in a calendar year.



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

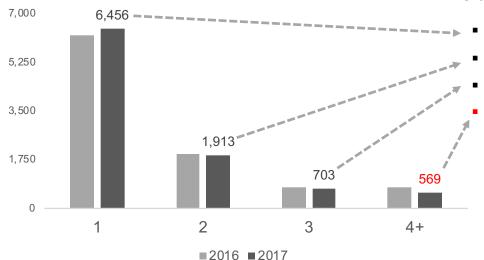
Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.

## Six percent of people booked into jail in Clackamas Co. accounted for 19 percent of all booking events in 2017.

Year	Total Booking Events
2016	16,128
2017	15,181

Unique People Booked		
9,692		
9,641		



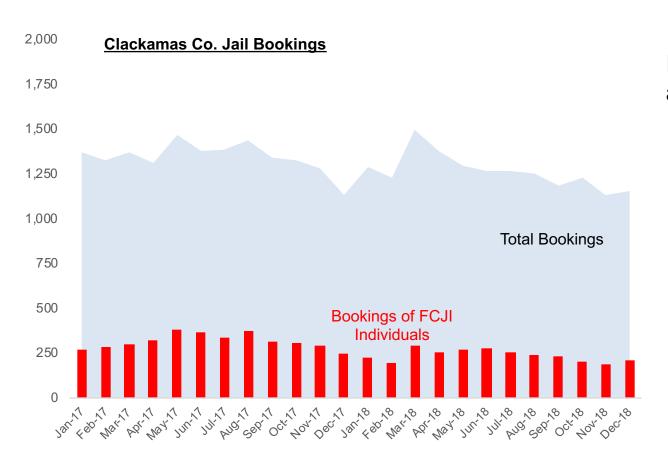


In 2017, of the 9,641 unique people booked into Clackamas Co. Jail:

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

Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.

## As of 2017, almost 1 out of every 5 booking events in Clackamas Co. involved someone who would be booked into that jail 4+ times per year.



In 2017, Clackamas Co. averaged:

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

Source: CSG analysis of Clackamas County Jail Bookings and Releases Data, 2016-17.

Aside from homelessness and offense degree, people who are booked into jail 4+ times per year share similar characteristics as all other people booked into jail.

Clackamas Co. Jail Bookings

2017 Boo	kings	All Individuals Booked	Those with 4+ Booking Events
Age	Average:	36.3 yrs	34.7 yrs
Sex	% Male:	73.5%	77.3%
Race	% White:	91.0%	93.5%
	% Black:	6.6%	4.2%
	% Asian:	1.1%	1.2%
	% Native American:	0.7%	0.9%
Housing	% Reported Homeless:	8.6%	18.8%
Offense	% with Felony Charge:	38.8%	54.1%

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

# People who are booked more frequently into jail in a given year do not have longer lengths of stay in jail when compared to all people booked into jail.

### Clackamas Co. Jail Releases\*

2017 Releases		All Individuals Booked	Those with 4+ Booking Events	
Length	Average	14.2 days	10.2 days	
of Stay in Jail	0 - 14 days	12,291	2,234	88% of all releases were
III Jali	15 - 29 days	1,132	297	within 29 days of booking.
	30 - 59 days	1,036	196	Dooming.
	60 - 89 days	250	30	For people booked 4+
	90 - 179 days	315	23	times that year, 91% were released within 29
	180+ days	158	2	days of booking.
All Releases		15,182	2,782	

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

The initial jail data analysis shows that there is still a need to better understand whether complex behavioral health needs are associated with people who stay in jail a long time.

#### Clackamas Co. Jail Releases\*

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

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

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

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

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

# Analysis reveals that a small number of people are driving a disproportionate amount of jail booking activity and bed consumption.

Metric	Clackamas
Bookings per Capita*	36.8
Persons Booked per Capita	23.3
Share of People = FCJI	6%
Share of Bookings = FCJI	19%
Share of Releases LOS >= 90 Days	3%
Jail Beds Used >= 90 Days	96,492
Share of Releases LOS < 90 Days	97%
Jail Beds Used < 90 Days	117,672

<sup>\*</sup> Per Capita = per 1,000 residents.

# The high-utilizer dynamic of a small number of people accounting for a large percentage of annual jail admissions is a consistent theme across counties.

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

<sup>\*</sup> Per Capita = per 1,000 residents.

## Next steps for the data matching and analysis

- 1. Finish base analyses of jail data and share with counties to ensure accuracy.
- 2. Combine all jail data into one file (necessary for sending to OHA).
- 3. Match community corrections history to individuals' jail records.
- 4. Send jail and matched community corrections data to Integrated Client Services (ICS) for matching of Medicaid and State Hospital data.
- 5. ICS provides fully matched dataset to Oregon Health Authority (OHA) for final analysis of behavioral and primary health, and state hospital admissions associated with FCJI cohorts.

Overview of public safety and health system challenges

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

Jail data analysis

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

Housing challenges

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

Competency restoration / Oregon State Hospital

What role does Oregon's State Hospital system play in the continuum of care options for people in the criminal justice system, and what alternative options are available?

## Housing challenges

- Many high utilizers of jail-health services need not only wrap-around services, but supportive housing to help deliver those services.
- What is supportive housing?
- What is the cost-benefit to supportive housing investments?
- How can this project help counties and statewide efforts understand how many units of supportive housing are needed for this population?

# Research demonstrates there is a jail-homelessness correlation for high utilizers.

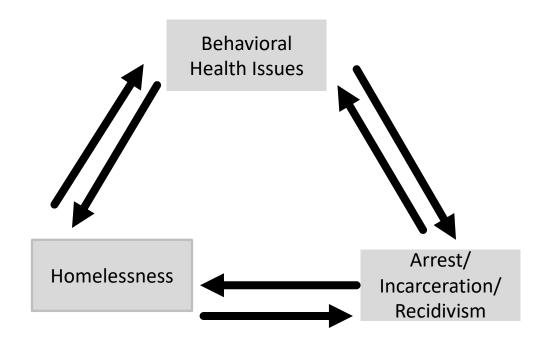


High utilizers need wrap-around behavioral health services.

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

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

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



For people with behavioral health issues who are in and out of jail, homelessness is a common issue that exacerbates the ability to provide effective services, community supervision, and employment opportunities.

With the right services, supportive housing can serve as a "one-stop shop" for addressing housing needs, treating behavioral health conditions, and mitigating criminogenic risks.

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

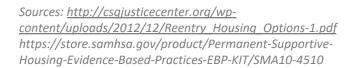
#### **Common Features**

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

It can be offered in different configurations, including:

- Purpose-built (single-site) apartment buildings
- Apartments leased from private landlords
- Designated or set-aside units within existing affordable housing developments

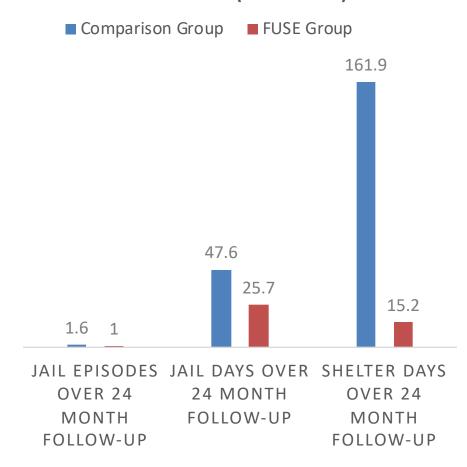
Supportive housing has been identified by SAMHSA as an evidence-based practice.



FUSE is a successful model that uses the supportive housing structure to deliver a range of services for high utilizers in the criminal justice system.

# INTERVENTION EFFECTS FOR SHELTER USE AND INCARCERATION (NYC FUSE)

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



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

### **Cost-analysis from FUSE study**

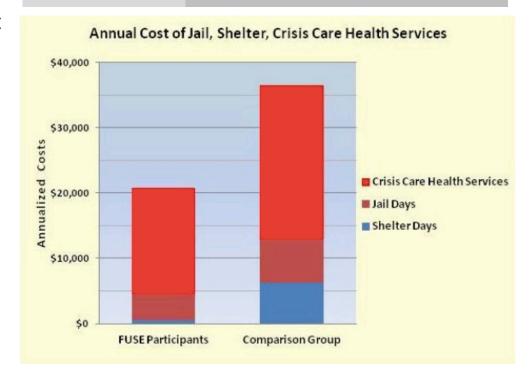
### **FUSE II intervention \$23,290**

 including \$14,624 annual investment in wrap-around supportive service and costs

Overall, FUSE participants had less spending on:

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

\$15,680 less per person in FUSE These cost avoidances virtually offset the entire cost of the wrap-around services.



Several Oregon programs are using supportive housing to deliver a range of services for people within the high utilizer population.

FUSE

Multnomah County

**Lane County** 

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

With support for Corporation for Supportive Housing (CSH)

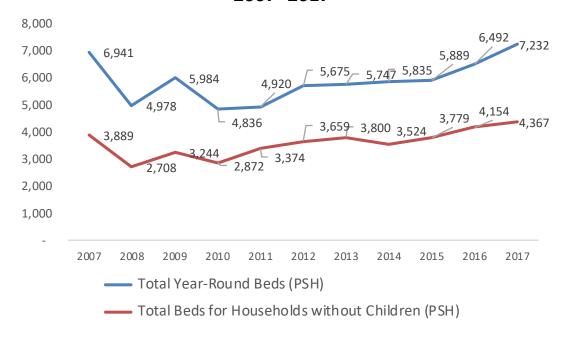
Sponsors, Inc

Eugene (Lane County)

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

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

# Permanent Supportive Housing Beds in Oregon, 2007–2017



#### **PSH Beds for Chronically Homeless**

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

# Oregon has taken steps to increase affordable and supportive housing availability.

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

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

### State and local investment in capital

- HB 4007 (2017) tripled the state's document recording fee, and revenue goes into the state's housing fund. Expected to raise \$90M every biennium to increase the availability of affordable rental and ownership housing and to address homelessness.
- Proposed Portland-area \$652.8M affordable housing bond on ballot in November to fund construction, acquisition, and renovation of affordable housing for approximately 7,500 to 12,000 people.

Governor Brown's \$370M housing package would include \$20M for permanent supportive housing.

Oregon Statewide Supportive Housing Strategy Workgroup is finalizing recommendations that are relevant to the high-utilizer population.

### Joint effort between OHCS and OHA

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

- Expanding permanent supportive housing (PSH) through new and existing housing and services resources. This requires additional capital and rental assistance options and tenancy supports.
- Ensure there is a clearly defined and developing workforce for PSH tenancy support services that includes sufficient training for peer specialists, traditional health workers, recovery mentors, and others.
- Leveraging Medicaid and incorporating elements into CCOs contracts to support the provision of tenancy services and supports, including activities that help attainment of the OPP targets related to PSH.

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

	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

Funding supportive housing typically involves integrated financing and collaboration for capital/operating/services.

Connecticut Supportive Housing Demonstration Program Partners	Type of Funding Sources
<ul> <li>Office of Policy and Management (OPM)</li> <li>Connecticut Housing Finance Authority (CHFA)</li> </ul>	CSH, CHFA,  1 Capital Financing DECD
<ul> <li>Department of Mental Health and Addiction Services (DMHAS)</li> <li>Department of Economic and Community Development (DECD)</li> <li>Department of Social Services (DSS)</li> </ul>	Operating Funding/ HUD, NEF Rental Assistance
<ul> <li>Corporation for Supportive Housing (CSH)</li> <li>U.S. Dept. of Housing and Urban Development (HUD)</li> <li>National Equity Fund (NEF)</li> </ul>	DSS, DMHAS  Supportive Services

The BHJR project will help counties quantify the supportive housing needs for their high utilizer populations.

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

## Housing Challenges: Section Recap

- Supportive housing is a critical need of this population
- Supportive housing is an intervention that pairs affordable or subsidized rental housing with intensive wrap-around case management supportive services.
- Supportive housing can pay for itself as it results in avoided costs from lower use of jails, hospitals, and homeless services.
- This project will help the state quantify the supportive housing needs for their high utilizer populations.

### What can Oregon do?

- Use data to identify shared population and quantify need and system costs.
- Add additional units of supportive housing targeted at homeless jail-health services high utilizers.

Overview of public safety and health system challenges

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

Jail data analysis

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

Housing challenges

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

Competency restoration / Oregon State Hospital

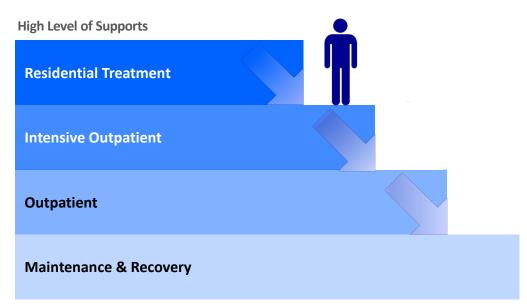
What role does Oregon's State Hospital system play in the continuum of care options for people in the criminal justice system, and what alternative options are available?

## Competency Restoration/Oregon State Hospital

- What are the current legal pathways to support people with severe mental illnesses and or substance addictions?
- What are current Oregon State Hospital system trends?
- What is the aid and assist (.365 and .370) legal process?
- How are the aid and assist versus civil commitment treatment and discharge processes at the Oregon State Hospital different?
- What are the national trends and policy shifts for the competency restoration population?

In order to make effective investments in behavioral health care, states must understand what levels of care are available and where more resources must be directed.

### **Spectrum of Behavioral Health Services Necessary to Improve Outcomes**



People should begin treatment at the level of support they initially require to address their needs.

However, they should also "step down" into lower intensity and lower cost interventions to continue making progress in managing behavioral health conditions.

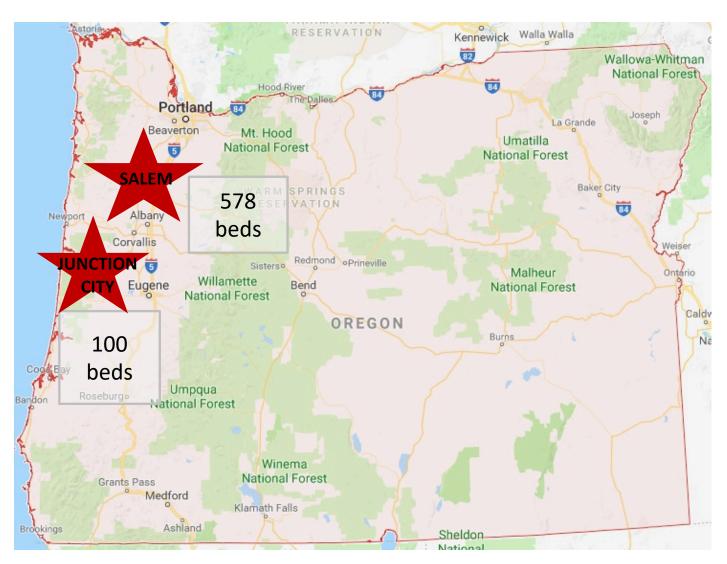
**Low Level of Supports** 

There are six court-led pathways to provide support for people with severe behavioral health conditions who are a danger to themselves and/or others.

### **Civil Pathway Criminal Justice Pathway Assisted Outpatient Treatment (AOT)** Determination of need for 161.370 ORS 426.133 ORS 161.365 **Determination of fitness (Aid & Assist) Commitment to accept mental health** treatment (civil commitment) ORS 161.370 **ORS 426.060** Commitment of "extremely dangerous" person with mental illness ORS 426,701 Includes OSH commitment Guilty except insanity (GEI) Can include time at OSH ORS 161.295

The Oregon State Hospital system has two campuses located in the northwestern portion of the state.

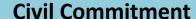
**Both OSH** facilities are off the I-5 corridor



The most commonly used pathways to the Oregon State Hospital are aid and assist and civil commitment. Both types of commitments allow for community options.

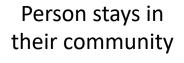
#### **Aid and Assist**

Person is required to receive restorative competency services to help them aid and assist in their own defense



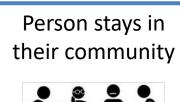
Person is required to **obtain mental health treatment**typically because they are
found to be a danger to
themselves or others









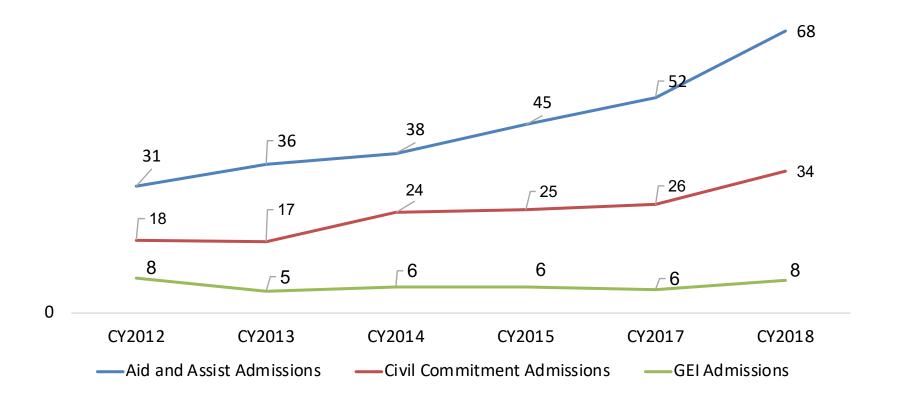




Admissions to OSH under aid and assist have risen dramatically since 2012 and are now double admissions under civil commitments.

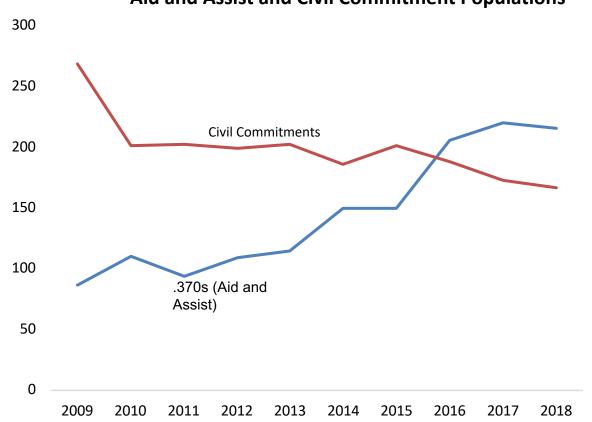
# Annual Monthly Average of Oregon State Hospital System Admissions

Salem + Junction City Facilities, 2012–2018



Aid and assist cases have also now surpassed civil commitment on an average daily population basis and represent \$107.5M in the share of annual OSH costs.



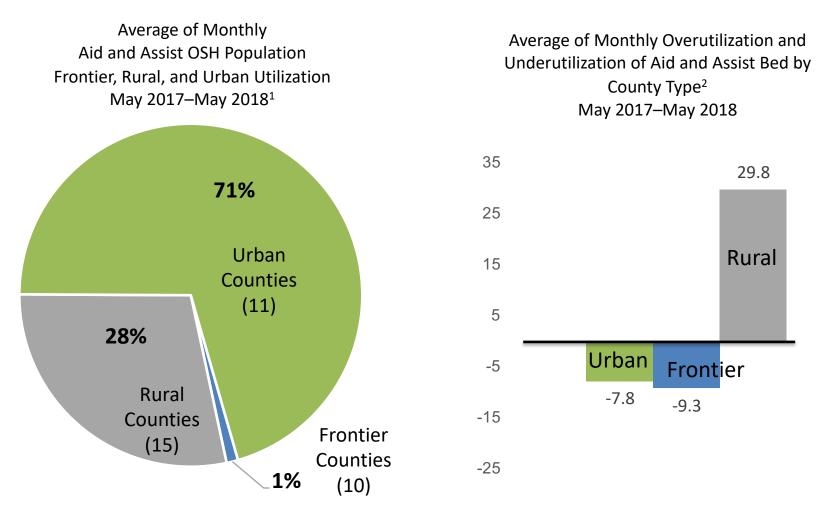


### Since 2009:

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

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

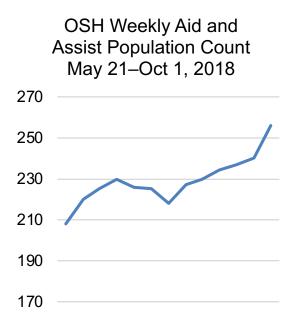
Based on OSH allocated beds for each county, urban counties are the highest utilizers of aid and assist referrals but rural counties are consistently exceeding their allocations.



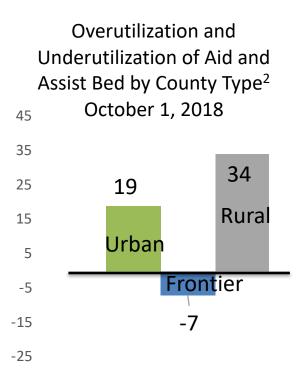
<sup>&</sup>lt;sup>1</sup> OSH data on county aid and assist referrals.

<sup>&</sup>lt;sup>2</sup> Ibid. Average of Monthly Aid and Assist OSH Population versus Expected Census Number for Frontier, Rural and Urban counties

# The aid and assist population has surged in recent months for reasons not yet understood.



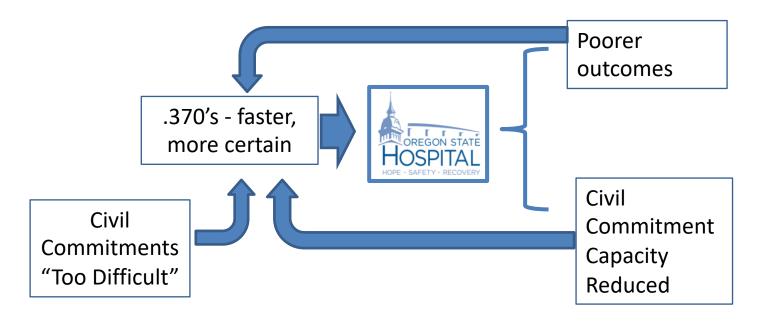
Allocated Bed Space: 210 Census on 10/1/18: 256



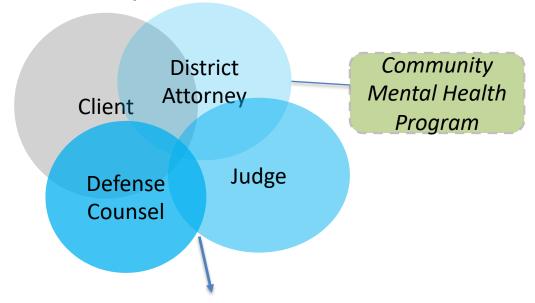
<sup>&</sup>lt;sup>1</sup> OSH data on county aid and assist referrals.

<sup>&</sup>lt;sup>2</sup> Ibid. Average of Monthly Aid and Assist OSH Population versus Expected Census Number for Frontier, Rural and Urban counties

The current process in Oregon makes it more likely that systems will prefer the .370 pathway to the Oregon State Hospital, reducing access for other types of cases.



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



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

# There have been recent revisions to Statutes (ORS) 161.365

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

Stakeholders in most regions report community restoration is rarely used.

For people admitted to OSH on the aid and assist pathway, the focus and type of interventions and discharge services provided are quite different from civil commitments.

**Aid and Assist** 



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

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

**Civil Commitment** 



Civil commitment patients receive psychiatric treatment directed at:

- Psychiatric stabilization
- Possible involuntary psychiatric medication
- Social skills training
- Transition planning

The Council of State Governments Justice Center | 72

People being discharged from OSH as an aid and assist patient are not required to have the same level of transition planning and community support services as those under civil commitment.

**Aid and Assist** 

**Civil Commitment** 

#### **Discharge**

Once competency is restored, the person returns to jail to undergo trial.

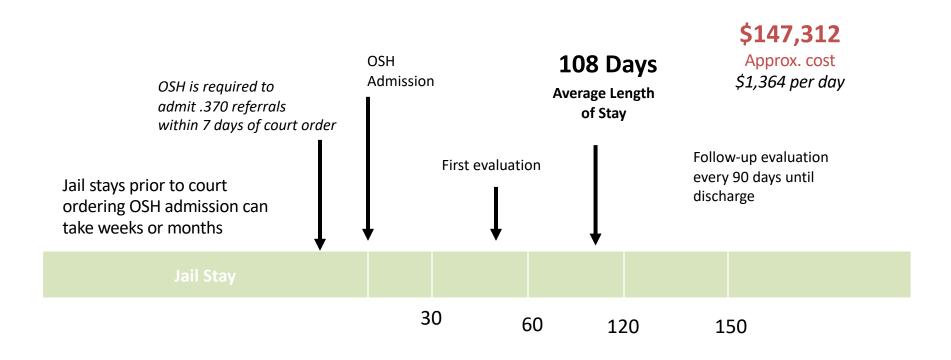
If competency is not restored, if the person is found "never able" to be restored, or if the person has been at OSH for the maximum period of time allowed for the crime they have been charged with, the person is returned to jail and charges are dropped.

#### Discharge

Once someone is determined to be well enough to return to the community, OSH develops a plan to re-integrate the person in the community, and the person is typically discharged to stepdown placement and services.

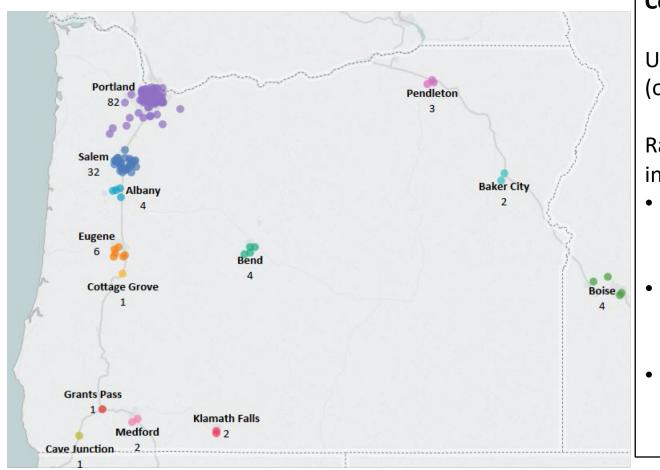
On average, aid and assist cases remain at OSH for 108 days at a cost of approximately \$147,312.





A frequently reported barrier to making the aid and assist process more timely is inconsistent access to certified forensic examiners.

# Number of Certified Forensic Examiners by Location



# Spotlighting Multnomah County's Approach

Uses a centralized docket (one designated judge)

## Rapid Evaluation Process includes:

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

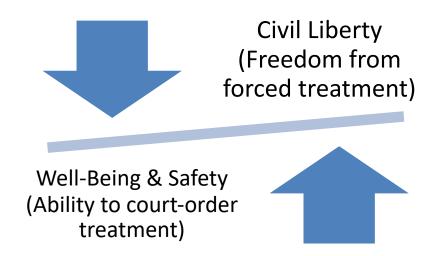
# Stakeholders report that it is very difficult to get patients admitted to OSH under civil commitment, partly due to Oregon's "high bar."

Reflecting on the <u>national</u> legal context for court-ordered treatment:

"The law requires waiting for crisis before acting."

Conference of State Court Administrators

### Striking the right balance?



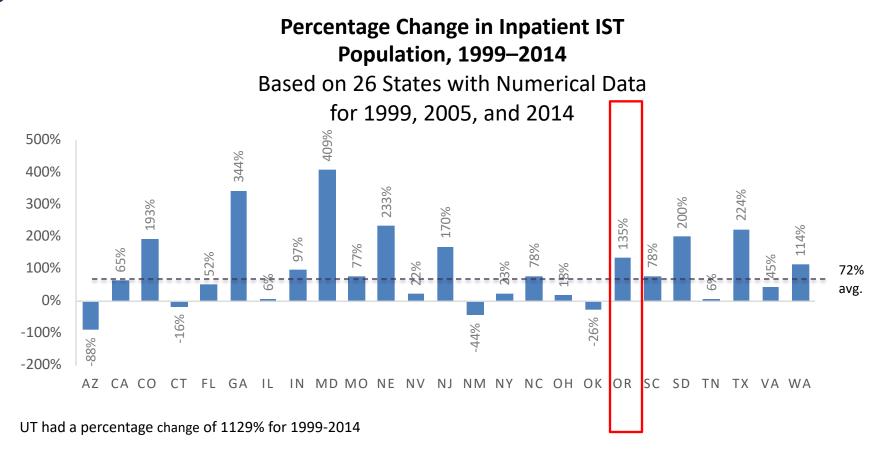
### Interplay between legislature and courts:

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

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

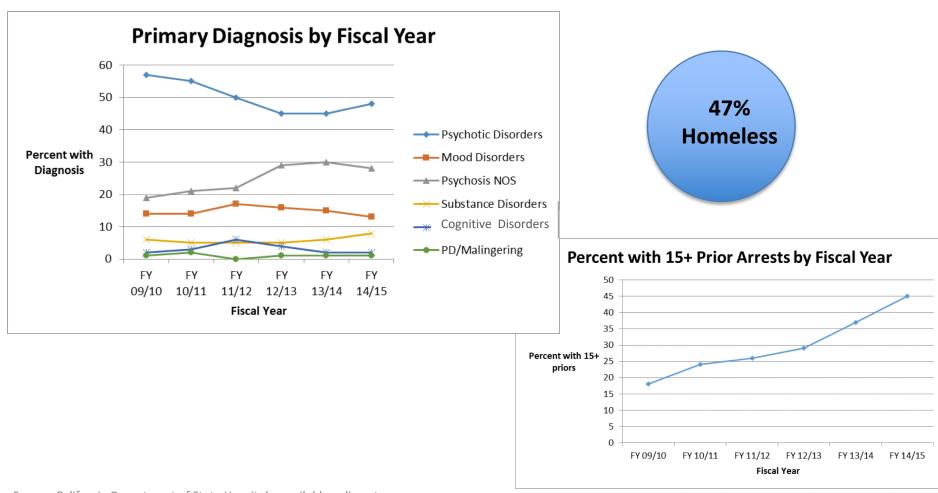
Co-chaired by Judge Wolke and Senator Prozanski, the workgroup is focusing on reviewing civil commitment standards.

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



California data sheds light on some of the characteristics and challenges of people being referred for competency restoration.

#### California Department of State Hospital (Felony) IST referrals



Source: California Department of State Hospitals, available online at: <a href="https://sites.cdcr.ca.gov/ccjbh/wp-content/uploads/sites/4/2018/09/9-20-18-CCJBH-Presentation-final-9-18-18-DSH-Christina-Mark-1.pdf">https://sites.cdcr.ca.gov/ccjbh/wp-content/uploads/sites/4/2018/09/9-20-18-CCJBH-Presentation-final-9-18-18-DSH-Christina-Mark-1.pdf</a>

### Numerous strategies can reduce Incompetent to Stand Trial referrals.

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

- Develop robust systems of community-based treatment and supports.
- Develop alternatives for competency evaluation and restoration.
- Streamline processes and timelines.
- Reserve competency restoration for "serious" offenses.

### Competency Restoration/OSH: Section Recap

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

#### What can Oregon do?

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

### Recap:

**Overview of** public safety and health system challenges Jail data analysis **Housing challenges Competency restoration** / Oregon State Hospital

## **Policy Framework Discussion**

#### **Next Steps**

November: Association of Counties Conference in Eugene

January 9: Second steering committee meeting

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

February: Legislative session

# Thank You

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### Urban, rural, and frontier counties

Urban	Rural	Frontier
5 .	Clahaan	Dalian
Benton	Clatsop	Baker
Clackamas	Coos	Gilliam
Columbia	Crook	Grant
Deschutes	Curry	Harney
Jackson	Douglas	Lake
Lane	Hood River	Malheur
Marion	Jefferson	Morrow
Multnomah	Josephine	Sherman
Polk	Klamath	Wallowa
Washington	Lincoln	Wheeler
Yamhill	Linn	
	Tillamook	
	Umatilla	
	Union	
	Wasco	

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