

**Oregon Health Authority (OHA)
Addictions and Mental Health Division (AMH)**

Report on SB 5529 Budget Note

January 2013

Background

During the 2011 session, a budget note to SB 5529 directed that the Oregon Health Authority convene a statewide workgroup to identify the needs of people who are involved in the criminal justice system for minor violations, who have mental illness and could be placed more appropriately in settings where they could receive mental health treatment. The group was expected to develop recommendations for methods to divert this group for appropriate and effective mental health care in the community. This report is prepared for consideration in the 2013 legislative session.

Workgroup Methodology

The workgroup was comprised of individuals representing addictions and mental health providers, judges, the Psychiatric Security Review Board, Disability Rights Oregon, National Alliance on Mental Illness Oregon, Association of Oregon Community Mental Health Programs, county behavioral health services, municipal police agencies, Oregon State Police, consumers, Oregon Consumer Defense Lawyers Association, Oregon Association of Community Corrections Directors, Oregon Association of Chiefs of Police, and the Oregon Association of Hospitals and Health Systems (please see appendix A for full list of participants).

In order to appropriately respond to the budget note the workgroup focused on recommendations that could be classified in three categories:

- Recommendations related to alternatives to arrest and incarceration.
- Recommendations related to alternatives to incarceration (including 370s, individuals unable to aid and assist in their own defense) once formally charged and/or sentenced
- Recommendations related to services, resources and supports to assist successful transition into the community

Recommendations within these categories were then discussed and placed in the Sequential Intercept Model (SIM) (see Appendix B). The SIM is a visual national model produced by the GAINS Center to aid in the development of a comprehensive plan for mental health and criminal justice collaboration. This model outlines action for system-level change through five intercepts:

- Intercept 1: Law Enforcement

- Intercept 2: Initial Detention/Initial Court Hearings
- Intercept 3: Jails/Courts
- Intercept 4: Reentry
- Intercept 5: Community Corrections

Through each of these intercepts the model aids in outlining the following:

- Understanding the interactions between the criminal justice and mental health systems;
- Identifying where to intercept individuals with mental illness as they move through the criminal justice system;
- Suggests which populations might be targeted at each point of interception
- Highlight likely decision makers who can authorize movement from the criminal justice system; and
- Identify who needs to be at the table to develop interventions at each point of interception

The workgroup identified category headings that would fit into each, or more than one, of the intercepts and the specific recommendations focused on methods, services or programs that would aid in diversion of those with minor violations to other, more appropriate, settings than jail. Please see Appendix C for the full SIM prepared by the workgroup.

Recommendations

As identified in the SIM, each of the recommendations is categorized by the above mentioned intercepts. The recommendations are focused on the overall needs of the person with mental illness as well as of the system. Although in some cases, specific models are identified, none of these models or specific providers are endorsed by the work group. Many of the recommendations are also currently operating in different areas of the state but not on a consistent level. A number of similar recommendations are located in multiple intercepts.

Crisis Services: Many of the recommendations related to crisis services are located in the first two intercepts, this is due to the need to engage in crisis services early to divert an individual from both intercepts two and three, which are focused on the initial detention, court hearing and jail.

- Crisis Outreach Response Team: These teams vary from county to county but can provide a 24-hour Crisis Outreach Response Team consisting of trained

crisis clinicians who are able to respond 24-hours a day to people in need of crisis services. Services can include:

- Crisis evaluations in the community when dispatched by police to eliminate the need of direct involvement by law enforcement;
 - Phone crisis intervention;
 - Phone assessment and referral to appropriate provider(s) based on insurance/payment source;
 - Emergent (same day) or urgent (within 48 hours) intake appointments;
 - Brief treatment sessions for crisis stabilization;
 - Consultation to peace officers and help locating available hospital beds;
 - Meeting with families to initiate a formal pre-commitment investigation; through the 2-Party Petition process;
 - Monitoring committed individuals discharged from the hospital on 'trial visits' (allowed to live in the community under certain conditions);
 - Community consultation, information and referral to other agencies or services; and
 - Consultation with outpatient clinic staff and community members, law enforcement, and local service providers who are involved with individuals in mental health crisis.
- **Mobile Crisis Response:** These cooperative partnerships are designed to provide comprehensive crisis intervention services to persons in a mental health crisis. Mobile Crisis Response pairs a mental health clinician and/or peers with a police officer to provide emergency police response to persons in need of crisis intervention. Some of the goals of this system are to:
 - Create a partnership with the mental health and police systems;
 - Develop an accessible, coordinated and comprehensive system of psychiatric emergency services;
 - Fill service gaps identified in the emergency system;
 - Appropriately divert persons who have mental illness from the 911 emergency system and hospital emergency departments;
 - Link frequent mental health consumers to the mental health system.
 - Reduce police time on calls associated with mental health consumers;
 - Increase disposition and treatment options for police officers responding to crisis calls; and
 - Increase overall treatment satisfaction for mental health consumers.

- Voluntary Mental Health Database: This database originated from HB 3466 (2009) in which an individual with mental illness can voluntarily request to be added to a law enforcement database that presents identifying and helpful information on an individual's needs during an event.
- Assertive Community Treatment (ACT): The ACT team treatment approach is designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness. Clients served by ACT are those who have avoided or not responded well to traditional outpatient mental health care and psychiatric rehabilitation services. Persons served by ACT often have co-existing problems such as homelessness, substance abuse problems, or involvement with the judicial system.
- Respite Centers: These centers are increasingly being focused on as Peer Respite Centers and can provide an alternative to hospitalization, jail and crisis services. They often focus on wellness and the ability to stabilize an individual.

Training: Training is located in Intercept 1 as both Crisis Intervention Training (CIT) and Advanced Crisis Intervention Training. This is a training program developed to help police officers react appropriately to situations involving individuals with mental illness or developmental disabilities. CIT partnerships can lead to changes in existing systems and possible development of new infrastructures for services.

Within Intercept 2 training is identified as judicial training to ensure that there is consistent knowledge of available services, needs of individuals with mental illness.

Transition Services: Elements of transition services are seen throughout each of the intercepts, each adjusting to the transitional needs of the intercept.

- Wraparound Services: This term has been used in reference to children's mental health but has been expanded in reference to an individualized approach to identifying the services one would need, which are including but not limited to:
 - Mental Health Services
 - Alcohol and Drug Services
 - Employment
 - Housing
 - Medication Management
- Supported Employment: Employment is integral to achieving and maintaining independence. Evidence-based Supported Employment helps clients receiving community mental health services to become a part of the competitive labor market. Approximately half of those who enroll in evidence-based Supported

Employment become steady workers and remain competitively employed a decade later.

- **Case Management in Jails:** Many jails have resources for on-site mental health staff. They can be actively involved in assessments, treatment, case management and assist in linking individuals to community mental health services upon and prior to release. These case managers can also facilitate continuation of appropriate medications while incarcerated and assist with elements related to transitional services. While many jails are able to provide this type of care, many are not appropriately funded to fully address the mental health needs of these individuals.

Peer Services: Peer services also appear throughout all five intercepts. These are an important part of the delivery system and prove to be both cost effective and a crucial component of success. Within the SIM, these services are specified through peer navigators, mentoring, in-jail supports and coordination with peer support organizations, however, peer services are also a part of other tools previously identified, including crisis and transitional services.

Assessment & Treatment: This component of the system provides for the overlap within Addictions and Mental Health. Identified are a drop off center which law enforcement can utilize and crisis residential and detox centers.

- **Detox Centers/Sobering Stations:** These centers provide medical detoxification and stabilization. Patients can receive an average of 4-10 days of medical treatment for early withdrawal symptoms. Generally, a team of registered nurses and technicians provide around-the-clock medical care, and a physician provides an examination on admissions. Patients meet with a counselor and are then referred to available treatment services.

Access to Medications: Access to medications is an important component of the first three intercepts. This is related to not only access but also monitoring of medications. It identifies the need for medication stabilization for those in crisis and transition services. There is also an important need for telemedicine in order to assess and address individual needs.

Aid & Assist: Within Intercept 3 there is an overlap with the Oregon State Hospital (OSH) population that if addressed appropriately, could help with some of the system issues currently occurring.

- **Continuity of Care:** Discharge planning is an important piece of the process for an individual leaving OSH. While there are different circumstances surrounding how discharge planning works, a collaborative effort is important in the continuity of care of an individual.
- **Expansion of 370 projects:** The 370 Project was created in 2007 for people in OSH who have been adjudicated as unfit to proceed, or unable to aid and assist in their own defense. The project provides case management services to mentally ill individuals who have been court ordered under Oregon Revised Statute 161.370

for detainment to the Oregon State Hospital or to out-patient restoration in the community to be restored to competency so they may be able to aid and assist in their own defense. Currently there are four counties participating in the 370 Project--Lane, Marion, Multnomah and Douglas.

The case management provided in each county includes the provision of funding for rental assistance; assessments; medications; aid and assist training; the creation of diversion agreements with county courts and jails; and assisting OSH in discharging people.

Housing: There are different types of housing that aid in the stability of an individual within the criminal justice and addictions and mental health system.

- Transitional housing: This is generally designed for people who are newly engaged in treatment and recovery, recently released from incarceration, or who have very recently become homeless. This short-term housing combined with intensive case management, provides the stability and support necessary to begin building a new life.
- Supportive Housing: This is a proven approach for providing behavioral health services in integrated community settings. It presents an alternative to hospitals, shelters, and other settings that segregate people by disability, such as nursing homes, board and care homes, and other residential care facilities, in which residency is tied to receiving the particular services the facility offers.

Diversion: Diversion is identified in Intercept 3 and focuses on the expansion of mental health courts and District Attorney (DA) Diversions.

- Mental Health Courts: These courts vary but generally link offenders who would ordinarily be prison-bound to long-term community-based treatment. They rely on mental health assessments, individualized treatment plans, and ongoing judicial monitoring to address both the mental health needs of offenders and public safety concerns of communities. There are several focal points for the program, including but not limited to:
 - Connecting participants with mental health, drug, and alcohol treatment resources;
 - Reducing self-harm by limiting the amount of time participants spend in jail and in the hospital;
 - Engaging participants in positive life activities, such as school and work; and
 - Encouraging participants to support the community by paying restitution to victims and completing community service

Effective Communication: This is an important component of all intercepts. Individuals with mental illness must be able to effectively communicate with each person in the

criminal justice system including crisis services, law enforcement, the Court, the defense attorney, the District Attorney, the jail/prison staff as well as parole/ probation. For some individuals, this may require a reasonable accommodation pursuant to Title II of the Americans with Disabilities Act (ADA), 42 USC sections 12131-12165. The ADA's guarantee of equal access to state and local government services, programs, and facilities requires: (1) making reasonable modifications in policies, practices and procedures as well as (2) ensuring effective communications. There is a narrowly defined exception if the reasonable accommodation would cause a fundamental alteration or undue burden. Examples of reasonable accommodations for individuals with mental illness include but are not limited to: scheduling a meeting/ hearing at a particular time of day (due to medications), restricting long dialogue, allowing companion animals, modifying the pace and/ or location of the meeting/ hearing, and allowing a support person. Primary consideration must be given to the preference for accommodation as expressed by the individual with a disability, who is most familiar with his or her disability and in the best position to determine what type of aid or service will be effective. See ADA Technical Assistance Manual II-7.1100. People with mental illness may have other disabilities, such as an intellectual disability, that must be accommodated.

Barriers

Some of the barriers related to the implementation of the recommendations above are:

- **Funding:** Many of the recommendations listed would require additional funding to either start, pilot or expand services.
- **Voluntary Participation:** The recommendations listed require an individual to voluntarily participate or engage in the services provided. While additional resources will fundamentally aid this population in finding and accessing services, it would need to be on a voluntary basis.
- **Rural versus Urban:** While the recommendations are meant to be an overall model to aid both the state and counties in possible investments and/or development, the workgroup also identified the discrepancies in the ability or each of these elements to function in a rural versus urban area, even if fully funded. A possible recommendation for assessing regional needs was also discussed.
- **Health Care:** As we move in the direction of the integration of behavioral and physical health care through Health System Transformation, it is important to note that while this workgroup focused on individuals with mental illness who interact with the criminal justice system, there is also opportunity in the collaboration with the physical health system to ensure a person centered approach in its entirety.

Next Steps

AMH will use these recommendations to inform future budget planning, will develop strategies to implement the recommendations identified by the workgroup and continue to engage the participants on the workgroup.

DRAFT

Appendix A

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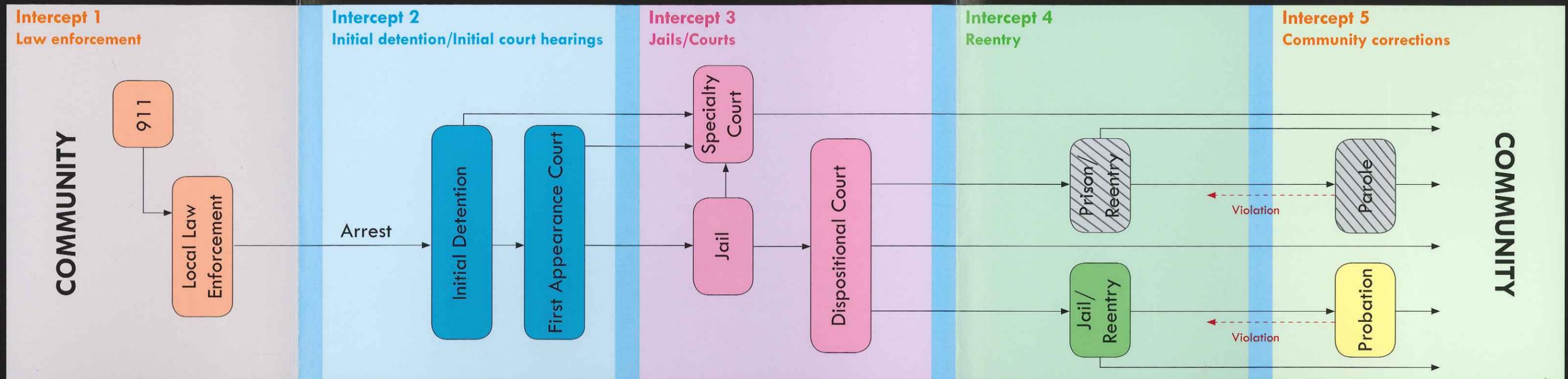
Action for System-Level Change

- Develop a comprehensive state plan for mental health/criminal justice collaboration
- Legislate task forces/commissions comprising mental health, substance abuse, criminal justice, and other stakeholders to legitimize addressing the issues
- Encourage and support collaboration among stakeholders through joint projects, blended funding, information sharing, and cross-training

- Institute statewide crisis intervention services, bringing together stakeholders from mental health, substance abuse, and criminal justice to prevent inappropriate involvement of persons with mental illness in the criminal justice system
- Take legislative action establishing jail diversion programs for people with mental illness
- Improve access to benefits through state-level change; allow retention of Medicaid/SSI by suspending rather than terminating benefits during incarceration; help people who lack benefits apply for same prior to release

- Make housing for persons with mental illness and criminal justice involvement a priority; remove constraints that exclude persons formerly incarcerated from housing or services
- Expand access to treatment; provide comprehensive and evidence-based services; integrate treatment of mental illness and substance use disorders
- Expand supportive services to sustain recovery efforts, such as supported housing, education and training, supportive employment, and peer advocacy

- Ensure constitutionally adequate services in jails and prisons for physical and mental health; individualize transition plans to support individuals in the community
- Ensure all systems and services are culturally competent, gender specific, and trauma informed – with specific interventions for women, men, and veterans



Action Steps for Service-Level Change at Each Intercept

- 911:** Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained respondents
- Police:** Train officers to respond to calls where mental illness may be a factor
- Documentation:** Document police contacts with persons with mental illness
- Emergency/Crisis Response:** Provide police-friendly drop off at local hospital, crisis unit, or triage center
- Follow Up:** Provide service linkages and follow-up services to individuals who are not hospitalized and those leaving the hospital
- Evaluation:** Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement

- Screening:** Screen for mental illness at earliest opportunity; initiate process that identifies those eligible for diversion or needing treatment in jail; use validated, simple instrument or matching management information systems; screen at jail or at court by prosecution, defense, judge/court staff or service providers
- Pre-trial Diversion:** Maximize opportunities for pretrial release and assist defendants with mental illness in complying with conditions of pretrial diversion
- Service Linkage:** Link to comprehensive services, including care coordination, access to medication, integrated dual disorder treatment (IDDT) as appropriate, prompt access to benefits, health care, and housing; IDDT is an essential evidence-based practice (EBP)

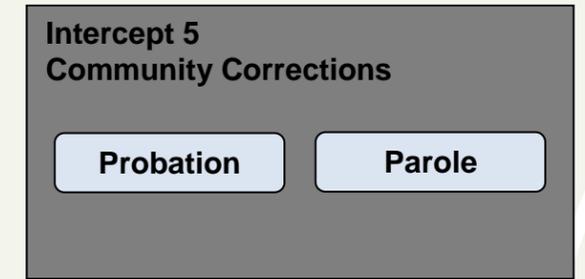
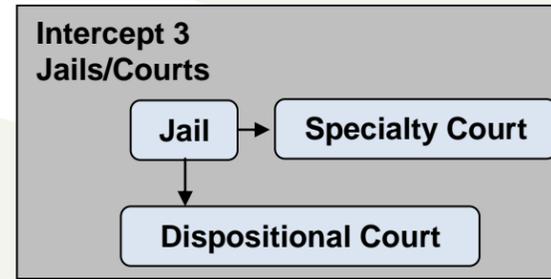
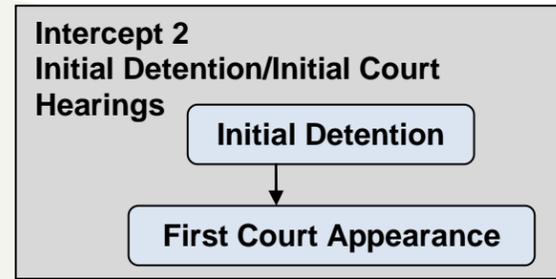
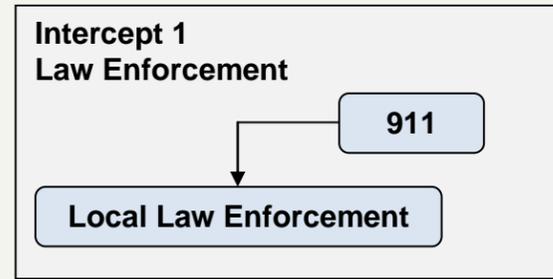
- Screening:** Inform diversion opportunities and need for treatment in jail with screening information from Intercept 2
- Court Coordination:** Maximize potential for diversion in a mental health court or non-specialty court
- Service Linkage:** Link to comprehensive services, including care coordination, access to medication, IDDT as appropriate, prompt access to benefits, health care, and housing
- Court Feedback:** Monitor progress with scheduled appearances (typically directly by court); promote communication and information sharing between non-specialty courts and service providers by establishing clear policies and procedures
- Jail-Based Services:** Provide services consistent with community and public health standards, including appropriate psychiatric medications; coordinate care with community providers

- Assess** clinical and social needs and public safety risks; boundary spanner position (e.g., discharge coordinator, transition planner) can coordinate institutional with community mental health and community supervision agencies
- Plan** for treatment and services that address needs; GAINS Reentry Checklist (available from <http://www.gainscenter.samhsa.gov/html/resources/reentry.asp>) documents treatment plan and communicates it to community providers and supervision agencies – domains include prompt access to medication, mental health and health services, benefits, and housing
- Identify** required community and correctional programs responsible for post-release services; best practices include reach-in engagement and specialized case management teams
- Coordinate** transition plans to avoid gaps in care with community-based services

- Screening:** Screen all individuals under community supervision for mental illness and co-occurring substance use disorders; link to necessary services
- Maintain a Community of Care:** Connect individuals to employment, including supportive employment; facilitate engagement in IDDT and supportive health services; link to housing; facilitate collaboration between community corrections and service providers; establish policies and procedures that promote communication and information sharing
- Implement a Supervision Strategy:** Concentrate supervision immediately after release; adjust strategies as needs change; implement specialized caseloads and cross-systems training
- Graduated Responses & Modification of Conditions of Supervision:** Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

Budget Note #2 Workgroup Recommendations Sequential Intercept Model (SIM) Overlay

Appendix C



- Crisis Services:**
- Crisis Outreach Response Team
 - Mobile Crisis Response
 - Voluntary Mental Health Database
 - Assertive Community Treatment
 - Respite Centers
 - Emergency Depts/Acute Care

- Crisis Services:**
- Voluntary Mental Health Database
 - Crisis Centers
 - Respite Centers

- Transition Services:**
- System Navigators
 - Peer Navigators
 - Case Management in Jails

- Transition Services:**
- Wraparound Services (including dual diagnosis)

- Housing:**
- Transitional Housing
 - Supported Housing

- Training:**
- Crisis Intervention Training (CIT)
 - Advanced Crisis Intervention Training

- Training:**
- Judicial

- Diversion:**
- Expansion of Mental Health Court System
 - DA Diversions

- Peer Services:**
- Peer Navigators
 - Coordination of Supports by Peer Provider Organizations

- Transition Services:**
- Wraparound Services (including Dual Diagnosis)

- Transition Services:**
- Wraparound Services
 - Evidenced Based Supported Employment

- Transition Services:**
- Case Management in Jails

- Assessment & Treatment:**
- Early Identification of Inmates with Mental Illness

- Housing:**
- Transitional Housing
 - Supported Housing

- Peer Services:**
- Peer Navigators
 - Coordination of Supports by Peer Provider Organizations

- Peer Services:**
- Peer Navigators
 - Mentoring

- Peer Services:**
- Peer Navigators
 - Mentoring

- Peer Services:**
- In Jail Services
 - Mentoring

- Effective Communication**

- Effective Communication**

- Diversion:**
- Outpatient Commitments
 - Options to Jail
 - Medication Availability

- Housing:**
- Transitional Housing
 - Supported Housing

- Access to Medications:**
- Telemedicine
 - Medication Monitoring

- Assessment & Treatment:**
- Drop-Off Center for Law Enforcement
 - Detox Center

- Effective Communication**

- Unfit to Proceed (370):**
- Continuity of Care
 - Expansion of 370 Projects

- Access to Medications:**
- Telemedicine
 - Medication Access & Monitoring

- Housing:**
- Indigent Population

- Effective Communication**

- Effective Communication**