

The Improving People's Access to Community- Based Treatment, Support, and Services (IMPACTS) Grant

Report on the 2021-2023 biennium implementation of the IMPACTS Grant
Program as created by the 2019 SB 973



Oregon Criminal
Justice Commission

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Executive Summary

The Improving People’s Access to Community-based Treatment, Supports and Services (IMPACTS) grant program was established by the Oregon Legislature through Senate Bill (SB) 973 in recognition of the shortage of comprehensive community supports and services for individuals with mental health or substance use disorders that lead to their involvement with the criminal justice system, hospitalizations, and institutional placements.¹ The IMPACTS grant program is administered by a Grant Review Committee, established through SB 973, and coordinated by the Oregon Criminal Justice Commission (CJC) in partnership with the Oregon Health Authority (OHA). As the administering body, the Grant Review Committee is authorized to award funds and to establish and track quality improvement measures of the funded programs.

The legislature appropriated the IMPACTS grant program \$10 million during the 2019-2021 biennium and an additional \$10 million during the 2021-2023 biennium. IMPACTS’s intent is to fund programs operated by Oregon’s counties and federally recognized Indian tribes that provide supports and services to a target population of individuals with frequent criminal justice and emergency services involvement. The goal of these funded programs is to increase the availability of community-based supports and services for the target population and reduce the frequency with which persons served by the program are involved with the criminal justice system and rely on emergency services, including institutional healthcare placements. In its 2022-2024 grant cycle, the IMPACTS Grant Review Committee funded four new programs, representing five counties, as well as awarded additional funding to 10 of the original grantees. Grantees now represent 11 counties and five federally recognized Indian tribes.

Per SB 973, this report includes qualitative information available to date on program outcome measures and evaluation and 2022 demographic and quantitative program outcome data as well as an overview of the existing funded programs. Contained within is also a brief cost avoidance analysis, as required by SB 973, for reports published in odd-numbered years.

Key Findings

- The total number of IMPACTS-funded programs increased from 11 to 15 in 2022 due to an additional appropriation from the legislature in the 2021-2023 biennium, which also led to the expansion of existing programs.
- An average of 365 people per quarter participated in IMPACTS grant programs in the last calendar year, and local grant programs reach diverse populations. Of the clients with known racial and ethnic identities, nearly 40% identified as non-white in the most recent quarter.
- In 2022, the top four services grantees most frequently provided to program participants include case management, mental health treatment, substance use disorder treatment, and peer support.
- The CJC has launched a project with Oregon Health and Science University Center for Health System Effectiveness to collect outcome data from administrative data sources statewide. An additional project with Oregon Health and Science University - Portland State University School of Public Health is underway to provide technical assistance and evaluations for individual IMPACTS grantee programs.

The current grant cycle ends June 30, 2024.

¹ See Oregon Laws 2019, ch 563, § 1-14 (Regular Session), available at <https://olis.oregonlegislature.gov>.

ORS 192.245(2):

A copy of the report may be obtained by contacting the Oregon Criminal Justice Commission at (503) 378-4830 or cjc.grants@cjc.oregon.gov. The full report may also be accessed online at: <https://www.oregon.gov/cjc>.



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I. Introduction

IMPACTS grant programs share a common goal of reducing their target populations’ involvement with the criminal justice system and the frequency with which those individuals rely on emergency medical services, including institutional healthcare placements, by increasing the availability of community-based supports and services.

The IMPACTS grant program received \$10 million from the legislature in the 2019-2021 biennium and was appropriated an additional \$10 million during the 2021-2023 biennium. With additional funding, the total number of IMPACTS grant programs increased from 11 to 15, including five of Oregon’s federally recognized tribes and 11 counties. The following is a summary of the currently funded programs:

Table 1. 2020-2024 IMPACTS Funded Programs

Grantee	Total Award To-Date
Clackamas County	\$708,400.00
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians	\$322,264.96
Cow Creek Band of Umpqua Tribe of Indians	\$586,838.72
Deschutes County	\$4,711,354.57
Douglas County	\$3,252,592.92
Confederated Tribes of Grand Ronde	\$784,683.93
Hood River County*	\$137,260.00
Klamath Tribes	\$1,068,065.00
Lane County	\$2,847,072.53
Lincoln County	\$547,390.00
Multnomah County*	\$1,215,986.01
Union County	\$862,951.14
Umatilla County & Morrow County*†	\$621,328.08
Confederated Tribes of Warm Springs	\$498,575.09
Wasco County*	\$178,156.00

**Newly funded grantee: 2022-2024 grant cycle*

†Regional consortium

The current grant cycle ends June 30, 2024, and the currently funded IMPACTS grant programs will not be sustained beyond that date without further investment from the legislature for the 2023-2025 biennium.



II. IMPACTS Outcome Measures and Evaluation

A. Explanation of Measurements and Changes Therein

After IMPACTS program implementation began, significant challenges arose, primarily the onset of the COVID-19 pandemic,² as well as changes to programs required by the passage of Ballot Measure 110, which decriminalized possession of user-amounts of drugs in Oregon.³ Both issues changed the landscape within which programs defined their target populations, a key threshold in determining how grant-funded resources would be directed to assist community members.

Initial practices to define target populations among IMPACTS programs used an array of sources, such as official point-in-time lists of all persons meeting certain criteria and referral-type systems from service providers and jails. Grantees individually established criteria to determine their local target population, framed by use of one of the following definitions, set forth by the IMPACTS grant program's administrative rules: (1) individuals with a behavioral health designation and who are booked into jail four or more times in a twelve-month period; or (2) individuals with a behavioral health designation who are high utilizers of criminal justice resources, hospital or urgent healthcare resources, or institutional placements. Specification of target populations, however, initially proved challenging for many grantees as lists generated often became obsolete quickly, and the estimates of number of target population members fluctuated in accuracy. Grant staff worked with grantees to refine their definition of, and methodology in, identifying members of their target populations.

As grantees entered their second year of program implementation, they had also gained a greater understanding of the communities they served and, in response, several grantees adapted their definitions of what constituted a "high utilizer" of criminal justice and healthcare resources within their jurisdictions. Furthermore, Grantees who had selected both the "four or more jail bookings" and the "high utilizer" target population definitions as part of their original application began to rely more on defining what a "high utilizer" meant for their community and pivoted to using measures such as law enforcement contacts and crisis responses. These small adjustments allowed for better opportunities in the identification of and connection with folks eligible for IMPACTS services. Additional efforts, undertaken by the CJC and research partners at OHSU Center for Health System Effectiveness (CHSE), to connect and utilize administrative data, such as that from jail bookings, court filings, intake and release from the Department of Corrections, emergency room and hospital utilization, as well as use of the Oregon State Hospital, provides another route to more precise specification of target populations.

An overhaul of quarterly reporting occurred in October-December 2021 and has allowed for a more thorough examination of the population *served* vs. the population *originally targeted*. Data points available for analysis post-overhaul include demographic and outcome data reported at the program level (these data are examined in the following section). Demographic items IMPACTS grantee programs now capture and report in the aggregate each quarter include race, gender identity, age, tribal

² COVID-19 presented specific challenges in hiring and retention of local program staff, strained existing health systems, and made the provision of in-person treatment and engagement significantly more dangerous for clinicians and clients. Further, as IMPACTS targets vulnerable individuals who are frequently houseless, levels of access to already strained behavioral health systems were reduced during this period while barriers to care increased.

³ Ballot Measure 110 (2020). See generally Ballot Measure 110 (2020) Background Brief. Legislative Policy and Research Office, Oregon Legislative Assembly, December 9, 2020, available at [https://www.oregonlegislature.gov/lpro/Publications/Background-Brief-Measure-110-\(2020\).pdf](https://www.oregonlegislature.gov/lpro/Publications/Background-Brief-Measure-110-(2020).pdf) (last accessed December 13, 2022).



affiliation, and disability status. Information about common diagnoses among local IMPACTS programs is presented, alongside information relating to dual diagnoses among clients, or those cases where mental health and substance use diagnoses coexist within an individual. Further, local IMPACTS grant programs report the number of clients requiring and the number of clients receiving mental health services, substance use services, peer mentoring, reentry services, employment services, and housing services quarterly. Therefore, reporting includes the frequency of need for each service across quarters as well as the percentage of each need met with services across each quarter. Finally, diversion efforts and further connections to care are examined, including Oregon Health Plan screening, case management efforts, and specific diversion efforts local programs have undertaken. Across all reporting, Quarter (Q) 1 represents the first quarter of the second IMPACTS grant cycle (July – September 2022) and follows Q8 (April – May 2022) of the first grant cycle across items in this report.

While quantitative outcomes help illustrate the wide reach and scope of local IMPACTS grant programs, additional qualitative data provides rich detail about the events and processes within programs that help achieve success, including among respective programs’ individual participants. As part of grantee reporting requirements, the CJC captures qualitative narrative reporting from IMPACTS grantees twice per year. Further, the CJC has contracted with the Oregon Health and Science University - Portland State University School of Public Health (Waddell Research Group) to evaluate local programs using qualitative methods, including interviews and focus groups, as well as provide technical assistance to local grant programs. Highlighted within this report, the Waddell Research Group conducted qualitative interviews with the original 11 grantees and published a report in 2022 summarizing major thematic findings, *IMPACTS grantee perspectives on program implementation, 2020-2022: Findings from qualitative interviews with local implementation teams* (IMPACTS Grantee Perspectives Report).

B. Demographic Characteristics of IMPACTS Clients Served

Table 2 below examines demographic characteristics of IMPACTS clients served during the previous three reported quarters (January 2022 – September 2022) for which this information is available.⁴ Importantly, in Q7, higher volumes of unknown race and ethnicity, age, and gender were lower in subsequent quarters with better specification of clients by local programs. Regarding race and ethnicity, White clients represent roughly half of those served, averaging 49.6 percent of IMPACTS clients across quarters. American Indian clients represent the next largest category, with a quarterly average of 21.4 percent, a slight decline from Q8, when the percentage was nearly 25 percent. The number of Black or African American clients as well as the number of Latinx clients have increased in the most recent two quarters of reporting to about 3 percent and 4 percent of clients, respectively. Next, the distribution of age follows a predictable pattern, with a quarterly average of about 30 percent of clients among early adults aged 25 – 34 years, and about 27 percent of clients adults aged 35 – 44 years.

⁴ Racial and ethnic identification data presented throughout this report is captured by local grant program staff, and is derived from several sources, including but not limited to, official documentation, self-reporting, and intake forms/processes.



Table 2. Demographic Characteristics of IMPACTS Clients Served

	Q7 Jan – Mar 2022		Q8 Apr – Jun 2022		Q1 Jul – Sep 2022		Quarterly Average
	Freq.	%	Freq.	%	Freq.	%	%
Race							
White	189	47.7%	180	51.4%	178	49.6%	49.6%
Black/African American	6	1.5%	9	2.6%	11	3.1%	2.4%
American Indian	66	16.7%	87	24.9%	81	22.6%	21.4%
Asian/Pacific Islander	4	1.0%	7	2.0%	6	1.7%	1.6%
Latinx	9	2.3%	9	2.6%	14	3.9%	2.9%
Unknown/Not Entered	122	30.8%	58	16.6%	69	19.2%	22.2%
Age							
18 - 24	29	7.3%	27	7.7%	39	10.9%	8.6%
25 - 34	104	26.3%	110	31.4%	109	30.4%	29.4%
35 - 44	97	24.5%	99	28.3%	100	27.9%	26.9%
45 - 54	60	15.2%	60	17.1%	60	16.7%	16.3%
55 - 64	30	7.6%	23	6.6%	32	8.9%	7.7%
65+	6	1.5%	8	2.3%	5	1.7%	1.8%
Unknown	70	17.7%	23	6.6%	14	3.9%	9.4%
Gender							
Male	240	60.6%	208	59.4%	242	67.4%	62.5%
Female	105	26.5%	141	40.3%	115	32.0%	32.9%
Non-Binary	1	0.3%	1	0.3%	2	0.6%	0.4%
Unknown	50	12.6%	0	0.0%	0	0.0%	4.2%
Disability Status							
Physical Disability	11	2.8%	8	2.3%	20	5.6%	3.6%
Developmental Disability	37	9.3%	66	18.9%	51	14.2%	14.1%
Tribal Affiliation							
Tribal Affiliation	58	14.6%	67	19.1%	71	19.8%	17.8%
Total Clients Served	396		350		359		368.3

Relating to gender (Table 2), while there remains variation among quarters, across each, percentages of male clients are highest, with the most recent quarter at about 67 percent. Female clients represent roughly 33 percent of clients, and non-binary clients represent 0.4 percent of clients. Disability status includes physical and developmental disabilities, although the measure is not sensitive enough to capture those cases where both coexist within an individual. The percentage of clients with a physical disability has grown in the most recent quarter to about 6 percent of clients while percentages of developmental disabilities varied more, dropping to about 14 percent of clients in the most recent quarter of reporting from a high of 19 percent in Q8. Finally, tribal affiliation, across all three quarters for which this information is available, each subsequent quarter found larger percentages, from a low of 14.6 percent in Q7, to a high of 19.8 percent in the most recent quarter.⁵

⁵ Tribal affiliation data presented throughout this report is captured by local grant program staff, and is derived from several sources, including but not limited to official documentation, self-reporting, and intake forms/processes.



Table 3. Aggregated Diagnoses of IMPACTS Clients Served

Aggregated IMPACTS Client Diagnoses	Q6	Q7	Q8	Q1	Quarterly Average
	Oct – Dec 2021	Jan – Mar 2022	Apr – Jun 2022	Jul – Sep 2022	
Anxiety-Related Diagnosis	41	56	46	63	51.5
Substance Use Disorder	36	55	34	35	40.0
Bipolar-Related Diagnosis	34	38	31	47	37.5
PTSD-Related Diagnosis	32	59	35	59	46.3
Stimulant/Amphetamine Related Diagnosis	24	37	43	44	37.0
Schizophrenia-Related Diagnosis	19	12	26	25	20.5
Alcohol-Related Diagnosis	7	14	17	17	13.8
Schizoaffective Disorder	11	18	15	6	12.5
Dual Diagnosis (Mental Health and Substance Use Diagnosis)					
Dual Diagnosis	153	138	152	150	148.3

Table 3 above examines the most common diagnoses among IMPACTS clients. Each IMPACTS grant program submits the top three diagnoses at their specific site each quarter as well as the frequency of that specific diagnosis. Given the variation among IMPACTS grantee sites, there is natural variation within these data, and they are presented in the table based on their quarterly averages. Categories presented in this report are conceptual and are not intended to be diagnostic. Instead, these categories help capture the breadth of reporting provided by IMPACTS programs across the state; some programs housed in behavioral health or hospital settings are better able to specify diagnoses versus counterparts in other types of programs. As a clarifying example, among anxiety-related diagnoses, reporting includes anxiety, anxiety disorder, generalized anxiety disorder, and anxiety disorder, unspecified. All are conceptually related to anxiety and are therefore classified as an anxiety-related disorder.

Anxiety-related diagnoses stand out as the most common, across sites, for each quarter, with 63 clients receiving an anxiety-related diagnosis in the most recent quarter of reporting. Substance use disorder and bipolar-related diagnoses are both prominent and common diagnoses, with quarterly averages of 40 individuals and roughly 38 individuals, respectively. Stimulant dependence or amphetamine use disorder and alcohol-related diagnoses both demonstrated an upward trend in all or the most recent quarters. Schizophrenia-related diagnoses have also shown increases in the previous two quarters, to a value of 25 people. Finally, diagnoses of schizoaffective disorder demonstrate some peaks and troughs, but is generally on a declining trend in the most recent quarters. Finally, Table 3 shows the frequency of dual diagnoses among IMPACTS clients, which remains steady and high, with a minimum found in Q7 (about 34 percent) and a maximum in Q8 (about 43 percent).

C. Program Outcomes To-Date

Grantees described engagement in services and readiness for change among IMPACTS clients in their qualitative interviews with the Waddell Research Group. They noted client success as highly individualized, and they recognized that each step toward engagement in services, no matter how small, is a crucial part in gaining stability. Grantees defined client success across a continuum: from a willingness to engage with services, to showing up for services, to maintaining engagement with services, to gaining short-term or long-term stability.⁶

⁶ Goren, R., Lenahan, K., Needham Waddell, E., Rainer S. (2022). "IMPACTS grantee perspectives on program implementation, 2020-2022: Findings from qualitative interviews with local implementation teams." Oregon



Table 4. Identified Needs and Percentage Provided Services Among IMPACTS Clients

Tx. indicates treatment	Q6 Oct - Dec 2021		Q7 Jan – Mar 2022		Q8 Apr – Jun 2022		Q1 Jul – Sep 2022		Quarterly Average
	Need	% Of Need Served	Need	% Of Need Served	Need	% Of Need Served	Need	% Of Need Served	Avg. % of Need Served
Mental Health Tx.	209	95.7%	227	63.0%	224	65.2%	253	58.9%	70.7%
Substance Use Tx.	156	44.9%	158	57.0%	192	52.6%	198	55.1%	52.4%
Peer Mentoring	155	48.4%	168	59.5%	158	46.2%	188	50.5%	51.2%
Reentry	40	85.0%	101	34.7%	120	27.5%	95	44.2%	47.8%
Employment	37	78.4%	84	39.3%	66	22.7%	130	39.2%	44.9%
Transitional Housing	142	35.2%	160	33.1%	148	39.9%	205	31.7%	35.0%
Permanent Housing	142	16.9%	160	20.0%	148	16.2%	205	20.5%	18.4%

Note: Housing services can include both transitional and permanent housing placements. Some local programs reported individual clients receiving both within the same quarter, leading to separate reporting of transitional and permanent housing services within the table. The need reported is housing need.

Local IMPACTS grant programs assessed client need for mental health and substance use services quarterly, as well as need for additional wraparound services geared toward client success, including peer mentoring, reentry, employment, and housing. Local programs additionally reported the number of clients receiving each service across quarters, allowing a determination of the percent of clients needing services who are provided the respective service across each category. As Table 4 above demonstrates, aside from one slight decline into Q8 (224 individuals), need for mental health services has grown each quarter, while the percentage of clients receiving mental health services has varied more, with about 59 percent of clients needing mental health services receiving those in the most recent quarter (Q1). The need for substance use treatment grew each quarter to a high of 198 individuals; however, treatment for substance use varied more, with a decline to about 53 percent of clients in Q8 before increasing in Q1 to about 55 percent.

Qualitative findings shed additional insight into the interwoven nature of wraparound services and how receipt of multiple services can enhance the likelihood of success among individual IMPACTS clients. Between the years 2020-2022, an individual in Douglas County had 15 jail bookings and spent 149 days incarcerated. In an attempt to engage the person in services, the Douglas County IMPACTS team conducted jail in-reaches, in which a team member would enter the jail to build a relationship with this individual and discuss opportunities for support and treatment. After five attempts, the team successfully engaged this individual in services when reentering from jail. This year, the individual lost their job but agreed to enter treatment for their substance use disorder (SUD). Upon discharge from that treatment, the individual was housed through Oxford housing, which is a community-based, mutual-help residential community where participants seeking recovery from SUDs must obtain jobs, pay utility bills, and refrain from disruptive behavior.⁷ Through the stability gained from their housing situation, the individual began to work with child welfare services to arrange visitation with their children with the goal of reunification. IMPACTS funds were used to purchase the individual steel-toed

Health Sciences University - Portland State University School of Public Health (pg. 14), available at <https://www.oregon.gov/cjc/CJC%20Document%20Library/OHSU%20Report%20on%202023%20IMPACTS%20Qualitative%20Findings.pdf> (last accessed December 14, 2022).

⁷ Jason, L. A., & Ferrari, J. R. (2010). Oxford House Recovery Homes: Characteristics and Effectiveness. *Psychological services*, 7(2), 92–102. <https://doi.org/10.1037/a0017932>



boots to assist them in getting their job back. The individual is now gainfully employed and engaged in outpatient SUD treatment.

Other wraparound services (Table 4), such as peer mentoring and reentry assistance, showed more variability despite the need for each remaining high across quarters. About 35 percent of those with reentry services need in Q7 received those services, before declining into Q8 (about 28 percent), and then rebounding into Q1 (about 44 percent). Employment services followed a similar pattern with peaks found in both Q7 and Q1 (about 39 percent) for both. Housing services, which can be transitional or permanent, showed strong need across quarters, only declining slightly in Q8, before growing to 205 in the most recent quarter of reporting. An average of 35 percent of those needing services across quarters received transitional housing services, while lower percentages of clients received permanent housing across quarters (about 18 percent). Lane County highlights these transitional services in their narrative reporting submitted to the CJC in Q8 (April – June 2022):

[The client was] ...connected and screened upon referral from court. The [Forensic Intensive Treatment] ...team successfully built positive rapport, supported client anxiety and disorganization while in custody, encouraged accepting connection with resources and engaging actively in court processes, and coordinated case management needs with multiple agencies upon release.

Lincoln County discussed a success in progress, in which their IMPACTS team was able to identify an individual’s treatment history and current needs by providing stable temporary housing the IMPACTS grant funded. Lincoln County reported that this individual is diagnosed with Schizophrenia and typically does not feel safe with most treatment providers or housing settings. They shared that without access to the temporary supports of “the IMPACTS program, this individual would be unhoused and would likely contribute to a high number of calls for services.”

Table 5. Diversion Services and Connections to Care Among IMPACTS Clients

	Q6 Oct - Dec 2021	Q7 Jan – Mar 2022	Q8 Apr – Jun 2022	Q1 Jul – Sep 2022
Connections to Care	# Of Clients	# Of Clients	# Of Clients	# Of Clients
OHP Eligibility Screening	97	137	142	173
Assistance with OHP Enrollment	35	11	32	36
Case Management Provided	175	217	205	231
Diversion Services	Freq.	Freq.	Freq.	Freq.
Criminal Justice Diversions	99	79	80	77
Community Hospital Diversion Services	366	350	305	439†
Local IMPACTS Staff Assist Law Enforcement	168	160	178	185

Note: Diversion efforts and law enforcement assistance efforts by local program teams are measured as the number of times the event occurred within that quarter.

†This value was revised in March 2023 as a result of updated reporting from local programs.

Table 5 above illustrates connections to care IMPACTS clients received through their respective program, as well as diversion services the local grant program staff provided. Oregon Health Plan (OHP) screening and enrollment is a critical connection to care that local programs assess quarterly. Due to longstanding federal policy, people on Medicaid – a federal program providing health benefits to eligible low-income people, administered as the Oregon Health Plan (OHP) in Oregon – lose their health insurance when they are incarcerated in local jails, at which time local jurisdictions bear the costs of



providing health care to incarcerated individuals.⁸ When OHP is deactivated due to incarceration status, enrolling again upon reentry can be challenging and time consuming, particularly for those with behavioral health conditions. When individuals releasing have no assistance in seeking reinstatement of OHP benefits, delays in connecting an individual to needed treatments and services are common.⁹ Union County has IMPACTS program staff that are trained in assisting clients navigate their medical insurance and enroll in the Oregon Health Plan. They have reported that this service is well utilized by their IMPACTS clients.¹⁰ Screening for Oregon Health Plan eligibility showed increases quarter over quarter, while assistance provided by local programs to enroll eligible clients in OHP showed only one slight decrease in Q7 (11 individuals) versus the remaining quarters which saw more than thirty individuals assisted with their enrollment.

In the course of day-to-day duties, local IMPACTS grant programs had opportunities to assist law enforcement with clients; commonly provided services to IMPACTS clients identified in the IMPACTS Grantee Perspectives Report included addressing clients' basic needs, case management, co-response to crises, referrals to housing, interprofessional or interagency collaboration, peer support, provision of housing, and temporary shelter.¹¹ Meeting the basic needs of clients has been acknowledged as being an important factor in assisting program participants stabilize. Examples of basic needs include "providing clothing, bus passes, hygiene and camping supplies; transportation to appointments; transportation immediately upon reentering the community from an institution; and systems navigation such as enrolling in the Oregon Health Plan, obtaining identification, and connecting with employment training programs."¹² Local IMPACTS grant staff assisted law enforcement frequently, with 168 events in Q6, 160 events in Q7, and an increase to 178 events and 185 events in Q8 and Q1, respectively.

Grantees provided case management services to most IMPACTS clients in all quarters, with increases seen across quarters with the exception of a slight decrease in Q8 (205 individuals) before a substantial growth in Q1 (231 individuals), the highest value in the previous year. To illustrate the importance of case management services, one prominent qualitative finding from Klamath Tribes relates to the reclassification of an existing warming space, which was originally designed specifically for people experiencing homelessness, to an engagement center. This space now allows for the opportunity to provide low barrier access to services and better connect with individuals, including warm hand-offs – when a person needing services is introduced to the next step in case management by one provider to another – to case managers and treatment providers. Building rapport and trust with potential clients has led to a greater chance in engagement with available services. In some cases, providing such

⁸ 42 USC 1396d, §1905(a)(xvii)(30)(A) (1965), available at https://www.ssa.gov/OP_Home/ssact/title19/1905.htm (last accessed December 15, 2022).

⁹ The Criminal Justice Commission's Jail Health Care Standards Advisory Council recently recommended that the state take on the role of reactivating an eligible individual's OHP coverage automatically upon release from Oregon jails rather than requiring individuals releasing from jails to contact the Oregon Health Authority and request reinstatement of benefits, as is currently required. See Oregon Criminal Justice Commission, Jail Health Care Standards Advisory Council Report, pages 22-24 (September 15, 2022), available at <https://www.oregon.gov/cjc/CJC%20Document%20Library/2022%20HB%203229%20Jail%20Health%20Care%20Standards%20Report.pdf> (last accessed December 15, 2022).

¹⁰ Goren, R., Lenahan, K., Needham Waddell, E., Rainer S. (2022). "IMPACTS grantee perspectives on program implementation, 2020-2022: Findings from qualitative interviews with local implementation teams." Oregon Health Sciences University - Portland State University School of Public Health (pg. 14), available at <https://www.oregon.gov/cjc/CJC%20Document%20Library/OHSU%20Report%20on%202023%20IMPACTS%20Qualitative%20Findings.pdf> (last accessed December 14, 2022).

¹¹ *Id.* at 8.

¹² *Id.*



supplies to program participants also helps them avoid further criminal charges. As an example, Lincoln County provided a tow hitch to one of their IMPACTS program participants, so that individual could move their camping trailer to a legal location, thus avoiding a criminal trespass charge.

Programs in law enforcement and hospital settings provide diversion services, with criminal justice diversions showing a relatively steady and high frequency across quarters, aside from one reduction from Q6 (99 events) into Q7 (79 events). Diversion services in community hospital settings occurred more frequently than in law enforcement settings, and demonstrated a decline from 350 events in Q7, to 305 events in Q8, before an increase in the most recent quarter of reporting (439 events). Grantee programs cite diversion services as critical to their work. As part of their narrative reports submitted in July of 2022, several grantees included stories of programmatic successes, individual client outcomes, and notable achievements related to their IMPACTS programs. The Cow Creek Band of Umpqua Tribe of Indians (CCBUTI) shared that they added a tribal member living with mental illness to their IMPACTS cohort when he began to frequently visit the emergency department due to hallucinations and the desire to stop taking his medications. The stress was also taking a toll on his family members as they attempted to care for him and help him maintain his medications. After six months of continued engagement with their IMPACTS program, the CCBUTI report that this individual is employed, maintaining his medication, and has not made any visits to the emergency department.

Additionally, relationships among system and community partners have continued to develop, which have positively affected IMPACTS programs. The effectuation of Memorandums of Understanding (MOUs) advanced data collaboration between jails, healthcare providers, and IMPACTS program coordinators. Several grantees also began implementation of Collective Medical, a software platform that records and notifies staff when a member of an identified cohort enters an associated medical facility. This deeper level of data sharing and data availability has allowed grantees to more quickly identify members of their target population, therefore enabling them to serve their program participants at the earliest identified opportunity:

Partnerships across multiple sectors played a critical role for grantees to create integrated and collaborative approaches to care. Partnerships have increased local understanding and awareness of needs of the IMPACTS population, sparking innovative change at the community-level.¹³

These robust partnerships among community and system partners also often allow for more opportunities for connection among treatment/service providers and IMPACTS program participants.

One of the findings in the IMPACTS Grantee Perspectives Report was the emphasis that local programs placed on “the importance of focusing on incremental progress toward stability,” noting “that success was much more than the ultimate goals of long-term stability” and that “each step forward should be celebrated.”¹⁴ In their narrative reports to the CJC, grantees highlighted client successes both large and small.

These program-specific and individual-level stories highlight the strides the IMPACTS grant program has taken in 2022. Through target population changes, overcoming staffing challenges, relationship-building (data and otherwise), the program is evolving. Conversely, there are several challenges facing grantees and therefore the program, addressed below.

¹³ *Id.* at 11.

¹⁴ *Id.* at 15.



D. IMPACTS Challenges and Identified Gaps

1. Local Program Data Capacity

While IMPACTS programs have undergone significant adaptations to unprecedented obstacles, like COVID-19, challenges remain at the local and state level. Locally, one challenge faced by IMPACTS programs relates to the respective program's capacity to collect individual-level data that tracks participants from the initial IMPACTS intercept into the future, using an array of relevant factors, such as receipt of behavioral health services, engagement with community resources such as housing or employment services, as well as interactions with the healthcare system or criminal justice system. Given that some programs are housed in behavioral health, others in community corrections, and still others in jail settings, levels of staff capacity and technological capacity are not uniform. According to qualitative interviews conducted among IMPACTS grantee programs, while larger percentages of IMPACTS grant programs report the ability to access, in some way, jail bookings and demographic data of their target population, this data is more readily available for enrolled IMPACTS clients versus those eligible to become clients. Fewer IMPACTS grantees report the ability to track law enforcement contacts either for enrolled or eligible persons. Roughly half of IMPACTS grant programs report an ability to access emergency department visitation data, and less than one third of local grantee programs reported having access to data on institutional placements at the Oregon State Hospital. The combination of limited data capacity and limited access to state-wide administrative sources of data on individuals enrolled or eligible for IMPACTS services makes identification and tracking of persons in a robust manner a particularly tall obstacle.

2. Variations in Collection of Upstream Efforts Reporting

Further, as the variety of IMPACTS programs is wide, so too are the possible options for specific reporting items from each program. Some IMPACTS programs engage in other work that is necessary and related to their programs, such as prevention efforts, or may serve additional clientele that are not specifically identified as a member of their respective IMPACTS target population in the course of day-to-day duties. In these cases where additional efforts programs undertake in outreach, prevention, and among additional populations, these efforts go unreported to the CJC, and are therefore missing from official reporting sources. As balancing required reporting items focusing on site-wide outcomes is important, so too is it important to capture the efforts taken further upstream that could have powerful long-term effects at reducing the harm of behavioral health conditions.

3. Challenges in Access to and Connections Between State-Level Data Sets

Finally, cohesive access to state-level data sources is often problematic due to the lack of connections among relevant sources of knowledge, such as Medicaid claims data from the Oregon Health Plan, intake and re-entry data from the Oregon Department of Corrections, court filings from the Oregon Judicial Department's eCourt/Odyssey case management system, and information from placements at the Oregon State Hospital. The lack of links between these wider administrative sources of data on individuals enrolled or eligible for IMPACTS services makes further determinations of potential individuals within target populations and individual outcomes across time challenging.



III. Quality Improvement Measures

A. Quality Improvement Subcommittee

SB 973 established the Quality Improvement (QI) Subcommittee of the IMPACTS Grant Review Committee to: (1) establish outcome measures or evaluation tools for programs receiving IMPACTS funding, and (2) establish a statewide system for tracking outcome data to inform best practices and improve outcomes for individual participants. The QI subcommittee met during this last year to evaluate areas of opportunity for data quality improvement, implemented an overhaul of program reporting for programs receiving IMPACTS funding, and undertook a long-term project with Oregon Health and Science University Center for Health System Effectiveness to link specific statewide data sources to better track outcomes among the IMPACTS served population.

The subcommittee's primary effort in the previous year included an overhaul of the reporting process that shifted program reporting to include more effective and accurate reporting of the IMPACTS population served and services provided, implemented in Q6 (October – December 2021). Data reported by programs on a quarterly basis in previous quarters focused on the target population identified in the first grant cycle of IMPACTS and only provided a limited amount of information about the demographics of those served as well as the general categories of services provided. However, data reporting by grantees after the reporting overhaul now relates directly to the population served within the respective county, Tribe, or consortium. For most programs, the more detailed reporting began in Q7 (January – March 2022), although in some specific programs, the more detailed reporting was unavailable until Q8 (April – June 2021). The following items were added to program reporting during the overhaul and are reported each quarter:

- A. Individuals served by IMPACTS
- B. Additional demographic information about IMPACTS clients
- C. Law enforcement diversion services and assistance provided to law enforcement by local IMPACTS program staff
- D. Housing needs and housing services provided for IMPACTS clients
- E. Most common behavioral health diagnoses among IMPACTS clients
- F. Existence of dual diagnoses among IMPACTS clients
- G. Mental health and substance use treatment provided for IMPACTS clients
- H. Peer mentoring needs and services provided for IMPACTS clients
- I. Employment needs and services provided for IMPACTS clients
- J. Screening, eligibility awareness, and assistance in applying for the Oregon Health Plan among IMPACTS clients
- K. Re-entry assistance needs and services provided for IMPACTS clients

B. OHSU - Portland State University School of Public Health Efforts

The Oregon Health and Science University - Portland State University School of Public Health has been contracted through the Waddell Research Group to provide technical assistance as well as program evaluations for local IMPACTS grantee programs. Recent efforts included the completion of qualitative interviews with each of the original 11 IMPACTS grantee programs, with a report summarizing major thematic findings, which they published in October 2022. Additionally, the Waddell Research Group, along with the CJC, hosted a virtual grantee webinar focusing on best practices related to building inter-agency relationships to help build data infrastructure, providing culturally responsive services to clients,



and engaging with IMPACTS clients through low-barrier services. The Waddell Research Group continues to meet biweekly with the CJC to assess the progress of existing projects.

The local technical assistance and evaluation team has several deliverables remaining, including the development of the RedCap® Database, which will allow tracking of individual clients within each IMPACTS program as well as tracking of site-specific outcomes across time. Development of site-specific outcome measures is ongoing, as is the development of the RedCap® database structure and content. Additionally, alongside the CJC, the local evaluation team will host IMPACTS grantee programs at the Northwest Regional Crisis Intervention Training Conference in May of 2023, which will include IMPACTS-specific panels and opportunities to network with other law enforcement and behavioral health programs and personnel. See Appendix E for project scope.

C. OHSU Center for Health Systems Effectiveness

Oregon Health and Science University's Center for Health Systems Effectiveness (CHSE) has been contracted to provide a state-wide evaluation of the IMPACTS program. The CJC has launched a project with CHSE for the collection of outcome data from administrative data sources statewide on IMPACTS programs. Together, the CJC and the CHSE have identified specific outcomes to measure, including whether reductions are found for IMPACTS program clients in (1) emergency department visits, (2) jail bookings, and (3) institutional placements at the Oregon State Hospital. The evaluation will further assess whether and how implementation of IMPACTS programs increases treatment rates for behavioral health conditions. This analysis will include using a difference-in-difference approach, which will evaluate those with similar backgrounds and demographic factors who participated against those with similar backgrounds and demographic factors who did not participate in an IMPACTS program.

After an assessment of available data sources, the process of acquiring access to those data sources has begun and made progress. Sources of data to be included are the Oregon Department of Corrections (DOC), the Oregon Judicial Department (OJD), and Medicaid claims data from the Oregon Department of Human Services Integrated Client Services Unit (ICS). ICS will first link these data sources using demographic information, after which the CJC will undertake the process of linking individuals across multiple data sources and then deidentify that data, removing all personally identifiable information, before provision to CHSE for evaluation of outcomes using individual-level information tracked over time. Data from the OJD's eCourt/Odyssey systems, as well as data from the DOC, have been provided to ICS to generate linking identification fields. The baseline report will include outcomes calculated for the pre-period only and will not include evaluation of program effects (as programs are ongoing). They will publish the findings of this report in the spring of 2024 and have proposed additional evaluation cycles for both respective grant cycles (July 2020 – June 2022 and July 2022 – June 2024). See Appendix E for project scope.

D. Preliminary Efforts to Engage Diversity, Inclusion & Cultural Responsiveness

The IMPACTS Grant Review Committee (GRC) noted that engagement with diversity, inclusion, and cultural responsiveness was missing in the grantee application process. Accordingly, grant applications required applicants – both new and returning – to respond to three different questions about centering diversity, inclusion, and cultural responsiveness in their programs (see Appendix D). Committee members reviewed responses to gauge the baseline of where grantees are in integrating this work into their programs.

The GRC is continuing to assess how best to employ this information. Some of their considerations include, but are not limited to, connecting grantees to the OHA Office of Equity and Inclusion for



specialized technical assistance, engaging with outside consultants/experts to provide assessments and/or trainings, and calling for further research and data collection to identify and assess gaps in services. In an effort to ensure that programs serve their target populations equitably and provide culturally responsive services, they anticipate using this information to best serve IMPACTS program participants, the grantees, the GRC, as well as the IMPACTS grant program as a whole. See section V, *Evolving the IMPACTS Grant Program*, for more details on the efforts made during the development and solicitation processes of the 2022-2024 Request for Grant Proposals.

IV. Cost Avoidance Analysis

SB 973 requires an analysis of costs incurred and avoided by counties, Tribes, and consortia during each odd-numbered year's legislative report. Below is an illustration of prominent cost avoidance items, using available information for a subset of IMPACTS grantees housed in law enforcement and community health or behavioral health, as well as a discussion of other intangibles relevant to IMPACTS target populations to provide an early and limited evaluation of costs avoided and incurred. What follows are examples of program-specific cost discussions available at the time of this report.

A. Criminal Justice Related Costs

One of the costs most relevant to this analysis is the cost of incarceration for clients served by IMPACTS programs. For example, within Lincoln County in 2022, the average number of days an IMPACTS client was incarcerated per month was 14.5 days. With an average of 10 individuals per quarter participating in their IMPACTS program, costs avoided by Lincoln County for incarceration of these individuals exceeds \$15,000 per month. Importantly, the Lincoln County Sheriff's Office reports that the average of 14.5 incarcerated days per month is a significant reduction from the inception of their IMPACTS program. Jail bookings overall, however, have generally shown reductions after implementation of IMPACTS programs, with Douglas County indicating bookings have decreased by 1,064 events since 2019, though this figure is challenging to disentangle from the simultaneous influence of reductions in jail bookings due to the COVID-19 pandemic.

A jurisdiction's jail bed cost depends on a number of factors, including the size and location of the facility, as well as more proximate factors like levels of medical care and programming provided to adults in custody. Averages provided by a limited subset of IMPACTS programs range from \$105 - \$157.80 for the cost of one day in jail. In providing these data, however, grantees specifically indicated that as a result of increased behavioral health and law enforcement staffing costs, the actual values for those under intensive treatment can average \$600-\$800 daily as a result of the additional expense of mental health and psychiatry services as well as increased law enforcement staffing requirements.

Time law enforcement spends with high utilizers of criminal justice and healthcare resources can be especially costly to communities. For example, Deschutes County estimates that their Stabilization Center (DCSC), which received considerable funding from the IMPACTS grant, saves local law enforcement an average of \$70,000 per year. The Deschutes County Sheriff's office reports that officers would spend more time at the emergency department if the DCSC was not open. In comparison to the average 2.5 hours two law enforcement officers spend with an individual per each visit to the emergency department, one law enforcement officer spends only 4.5 minutes on average per client drop-off at the DCSC. As law enforcement time costs approximately \$100 per hour in Deschutes County, diverting individuals to the DCSC avoids substantial the cost to the community.

Additionally, in some cases, members of IMPACTS target populations will pick up one or more additional charges. As an exemplar, Lane County, a larger IMPACTS grant program housed in behavioral health, was



able to discern common categories of charges among their clients served as a result of their robust community partnerships and data sharing agreements. The most common categories of new charges reported included criminal trespass, criminal mischief, disorderly conduct, harassment, theft, drug offenses, and violations of probation or parole. Lincoln County's IMPACTS grant program reported similar charges.

B. Healthcare Related Costs

Given the variability inherent to the provision of clinical services, median length of stay was provided, meaning the "middle number" on a range of lengths of stays, rather than the average length of stay, which can vary widely if some clients have conditions requiring atypically long lengths of stay. One median that Lane County provided indicated roughly 203 minutes were spent during an emergency department visit. The costs of that visit would include, at minimum, the wages associated with the clinical care provided; while depending on the care required, other costs may also include imaging, diagnostic tests, laboratory services, food, and other wraparound services community hospitals provide.

Diversion of IMPACTS program participants from the emergency department is one of the most commonly provided services among grantees. For example, Deschutes County's IMPACTS program reports that its DCSC diverts approximately 35 people per month from the emergency department. At an average cost of \$644.36 per visit¹⁵ to the emergency department and \$1,738.35 per day¹⁶ for an inpatient stay in which the principal diagnosis is a mental health or substance use disorder, it is estimated that the cost savings DCSC services generate ranges between \$270,631.20 and \$730,107, annually.

Several grantees shared specific successes in the engagement of clients in IMPACTS programs leading to a reduction in the number of times clients are booked into jail or visit emergency departments. For example, between the years 2019-2021, Douglas County's IMPACTS program served an individual who had 13 jail bookings, 119 distinct emergency department visits, six inpatient hospital admits, and 30 emergency transports. Their IMPACTS program engaged the individual in March of 2021 to address medical and mental health issues that housing instability complicated. Douglas County's IMPACTS team provided wraparound services and assisted with their enrollment for Social Security benefits. The individual engaged in mental health, primary care, and substance use disorder treatment. IMPACTS funds provided the individual with temporary housing, and in February of 2022, the IMPACTS team assisted the individual in transitioning to a mental health adult foster home. Now successfully engaged in services, utilization of the emergency department for this individual dropped from 46 visits in 2021 to a single visit in 2022. With 45 fewer emergency department visits for this one individual in Douglas County, they avoided roughly \$28,996 in costs.

Lane County shared information regarding how three specific high utilizers of their emergency department benefitted from connecting with Lane County's IMPACTS-funded services, such as the

¹⁵ Liang, L., & Moore, B. J. (2020). *Costs of Emergency Department Visits in the United States, 2017*. Statistical Brief #268, available at <https://hcup-us.ahrq.gov/reports/statbriefs/sb268-ED-Costs-2017.jsp> (last accessed December 12, 2022) (used to calculate the average value for emergency department visit adjusted for inflation from 2017 dollars).

¹⁶ Fingar, K., Heslin, K., McDermott, K., Muhuri, P., & Owens, P. (2019). *Inpatient Stays Involving Mental and Substance Use Disorders, 2016*. Statistical Brief #249, available at <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb249-Mental-Substance-Use-Disorder-Hospital-Stays-2016.jsp> (last accessed December 12, 2022) (referencing average value for inpatient stay adjusted for inflation from 2016 dollars).



Forensic Intensive Treatment Team (FITT). Unhoused and living with mental illness, these individuals also frequently encountered local law enforcement. Between May of 2021 and May of 2022, these individuals visited a local emergency department, totaled together, 679 times. Most of their visits occurred after hours with their primary requests including food, clothing, and a dry place to sleep. Averaging 2.3 hours between arrival and departure at the emergency department for each visit, total hours spent at the emergency department in one year exceeded 1,500 hours and incurred over \$740,000 of unpaid healthcare charges. After engaging with the IMPACTS-funded FITT team and other wraparound services in August of 2022, the average number of emergency department visits from these three individuals dropped from 57 to 24.8 per month. In just four months, this engagement has reduced the average time these individuals spend in the emergency department from 131 hours to 57 hours per month. From this, it is estimated that local healthcare providers have saved approximately 74 hours per month – nearly 2.5 hours per day – to be available for other patients.

C. Intangible Considerations

Other considerations for this cost avoidance analysis include costs that cannot necessarily be quantified. Examples of these intangibles include things such as the value of someone connecting with stable housing, securing employment, and being reunited with family. Perhaps the greatest intangible cost avoided is the value of individuals who would have ended their lives but-for grant-funded interventions. For example, approximately four percent of individuals who visited the Deschutes County Stabilization Center reported to program staff that they would have ended their lives if the Stabilization Center had not been open.

The cost savings related to public safety within a community are also difficult to quantify, yet the greater number of individuals who can be stabilized, the fewer community resources they require. As IMPACTS clients are diverted from jail, emergency departments, and institutional placements, both law enforcement and healthcare providers have more time available to respond to other public safety or healthcare events.

D. Anticipation of Further Analysis from OHSU Research Partners

Research partners are currently engaged in projects that will inform future analysis on cost avoidance. The Waddell Research Group's technical assistance, as well as the development of the RedCap® Database, which will allow tracking of individual clients within each IMPACTS program in addition to site-specific outcomes across time, are efforts that will allow for better data collection. The CHSE project is focused on acquiring access to administrative data sources, including the DOC, the OJD, and Medicaid. Once available, data will assess whether reductions are found for IMPACTS program clients in (1) emergency department visits, (2) jail bookings, and (3) institutional placements at the Oregon State Hospital. These efforts combined will further inform future analyses of cost avoided due to IMPACTS program implementation.

V. Evolving the IMPACTS Grant Program

The IMPACTS grant received \$10 million in additional funding from the Legislature at the end of the 2021 session. As they considered a 2022 grant application process, members of the IMPACTS Grant Review Committee (GRC) solicited input from the original 11 grantees and tribal governments. The feedback they received informed their decision to split the IMPACTS application into two versions: one for counties and regional consortia and the other a tribal-specific grant application that would better meet the needs of the program's Tribal Government applicants. Additionally, they prioritized the 2021



funding for existing grantees to maintain their current programs and determined that current grantees, including tribal grantees, who were not making substantive changes to their programs would have an abbreviated application process to reduce the burden of re-applying.

A. 2022 IMPACTS Short Form Application

As part of this short-form application process, the original 11 grantees estimated the amount of additional funding their program would require to sustain their current service level through the end of the next grant cycle, June 30, 2024, as well as the amount of grant funding they expected to carry over from the previous grant cycle. Nearly all 11 original IMPACTS grantees had remaining funds from their first grant cycle due to hiring challenges and other pandemic-related delays in standing up their programs. The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians assessed that the amount of funding that would carry over into the next grant cycle would sustain their program through the extended project period, and, therefore, they did not apply for any additional funding.

All applicants, including original grantees who were reapplying, also responded to three reflexive questions regarding their efforts in engaging diversity, inclusion, and cultural responsiveness within their program and organization. These three questions centered around engaging community voices, trust and accountability between the grantees and the communities served, and ongoing efforts to improve relationships with stakeholders and community partners. See Appendix D for further details.

The GRC awarded all 11 original grantees the amount of funding they requested to continue their service levels through June 30, 2024, and later, some grantees requested additional funding to expand or enhance their existing programs. The total additional award amounts approved for the 2022-2024 grant cycle for the original grantees are detailed in the table below.

Table 6. 2022-2024 Awards for Original IMPACTS Programs

Grantee	2022-2024 Award
Clackamas County	\$208,412.48
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians	\$ -
Cow Creek Band of Umpqua Tribe of Indians	\$95,997.72
Deschutes County	\$2,307,835.05
Douglas County	\$1,837,714.20
Confederated Tribes of Grand Ronde	\$494,683.97
Klamath Tribes	\$376,485.00
Lane County	\$319,375.53
Lincoln County	\$258,900.00
Union County	\$300,005.87
Confederated Tribes of Warm Springs	\$215,832.09



B. 2022 IMPACTS Request for Grant Proposals

The CJC released the 2022 IMPACTS application, which was open to new tribal, county, and regional consortium applicants, in Spring of 2022. The agency received four grant proposals in response to this solicitation process. On August 16, 2022, the IMPACTS GRC convened to discuss the proposals from the four new applicants and make award decisions. The GRC determined that each application met the goals and priorities of the IMPACTS grant and approved and fully funded all four proposals. The four newly awarded IMPACTS grantees are included in the table below.

Table 7. Newly Awarded 2022-2024 IMPACTS Programs

Grantee	Total IMPACTS Award
Hood River County	\$137,260.00
Multnomah County	\$1,215,986.01
Umatilla County & Morrow County*	\$621,328.08
Wasco County	\$178,156.00

**Regional consortium*

In total, \$8,567,972 was awarded to 15 IMPACTS programs, including the four new grantees, for the 2022-2024 grant cycle. After these awards, a little more than \$1.4 million in grant funding remained unallocated. The GRC has since identified four priorities as possible options for utilizing the unallocated funds: (1) a supplemental funding round for the purpose of building capacity within existing programs, (2) engagement in diversity, inclusion, and cultural responsiveness efforts, (3) increased technical assistance for the various needs the Waddell Research Group identified, and (4) an investment in program and outcome evaluation as well as increased data support. The GRC solicited input from all IMPACTS grantees regarding their preferences for these identified priorities. After discussion, they invited current grantees and both OHSU research teams to submit proposals on how they might use unallocated funds. Proposals received will be considered at the next scheduled quarterly meeting for a later decision on disbursement in 2023.

VI. Future of IMPACTS

The CJC will be working with the Waddell Research Group and the Oregon Center on Behavioral Health and Justice Integration to facilitate a panel of IMPACTS grantees sharing best practices as part of the Northwest Regional Crisis Intervention Training Conference in May of 2023. This conference will also serve as an opportunity for IMPACTS grantees to network with other law enforcement and behavioral health programs and personnel throughout the Pacific Northwest. The CJC has requested \$20 million in continued IMPACTS grant funding as part of a Policy Option Package within the agency’s biennial budget bill to be considered during the 2023 Legislative Session. This request is aimed at bolstering existing programs and providing opportunities for new programs.



Appendices

Appendix A. IMPACTS Grant Review Committee Membership List

Grant Review Committee Seat	Member Name and Position
Director of Oregon Health Authority or Designee	Steve Allen, Co-Chair (Behavioral Health Director, Oregon Health Authority)
Director of Department of Corrections or Designee	Jeremiah Stromberg (Assistant Director of Community Corrections)
Chief Justice of the Supreme Court or Designee	Hon. Suzanne Chanti (Lane County Circuit Court Judge)
Executive Director of Oregon Criminal Justice Commission or Designee	Kenneth Sanchagrin (Executive Director, Oregon Criminal Justice Commission)
Director of Housing and Community Services Department or Designee	Liz Weber (Program Director, JOIN)
District Attorney	Steve Gunnels (Deschutes County District Attorney)
Defense Attorney	Erik Swallow (Umpqua Valley Public Defender)
Chief of Police	Chief Marcia Harnden (Albany Police Department)
County Commissioner	Commissioner Claire Hall (Lincoln County)
Director of Hospital That Provides Acute Mental Health Treatment	Alicia Beymer (Chief Administrative Officer, PeaceHealth)
Representative of a Community-Based Mental Health Treatment Facility	Stacy Brubaker (Division Manager, Jackson County Mental Health)
Representative of a Community-Based Substance Use Disorder Treatment Facility	Dr. Greg Brigham (CEO, Adapt Oregon)
Sheriff	Sheriff Curtis Landers (Lincoln County)
Representative of a Federally Recognized Tribal Government	Dr. Sharon Stanphill (Chief Health Officer, Cow Creek Health and Wellness Center)
Non-Voting Member of the Senate	Senator Sara Gelsler Blouin (Senate District 8)
Non-Voting Member of the House	Vacant (Previously the late Representative Mitch Greenlick, House District 33)
Public Member	Janie Gullickson (Executive Director, Mental Health & Addiction Association of Oregon)
Public Member	Ramiro "RJ" Navarro (Veterans Program Coordinator, Project ABLE, Inc.)
Public Member	Jaron Riddle (CADC, Transformations Wellness Center)

Appendix B. 2020-2024 IMPACTS Grant Program Summaries

The following pages detail the IMPACTS programs funded during the 2022-2024 grant cycle and provide specific overviews of each of the 15 funded programs, also known as grantees. These summaries contain details including, but not limited to, the service areas, average number of clients served per quarter, services provided, goals, successes, challenges, and current statuses of each funded program and the grant cycle year for which it has been funded.



Clackamas County



Total Award
\$708,400

Funded Years
2020-2024

Population
421,401*

Average No. of Clients Served
32

Average No. Provided Mental Health Services
9

Average No. Provided Substance Use Services
4

Average No. Provided Employment Services
3

Average No. Provided Housing Services
12

Average No. of Diversions
61



*Per U.S. Census - April 1, 2020

Clackamas County Community Corrections operates the Clackamas County IMPACTS program, which focuses on bridging the gap between community corrections and behavioral health. Their efforts address medical, housing, and stabilization needs through providing wraparound services at the earliest possible juncture, which, at times, is even before leaving the local jail. Clackamas County does do this through a case manager, a project coordinator, several parole officers with mental health stabilization caseloads who act as liaisons, and a peer mentor with lived experience that can meet participants where they are. Specifically, they have worked to provide clients with phones, post-incarceration medication, and pre-employment stabilization as well as assist them in obtaining transitional and long-term housing, disability benefits, connection with long-term providers, and help to engage with treatment.

Program staff note that the recent relocation of their mental health provider from the Behavioral Health Urgent Walk-In Mental Health Clinic to the Adult Probation Office has been successful in creating a smoother transition between the two entities:

*"This linked partnership will/has created **ease for referrals, enhanced cohesive coordination and reduced missed opportunities to connect with individuals.** We continue to work with community-based providers to build and bring linkages to mental supports, basic needs, housing, etc. "*

This change responds to a major program challenge, which has been missed connections/engagement due to referrals not making it between the jail and the behavioral health clinic. Housing and data deficiencies pose additional challenges. There are not many long-term housing options available to program participants as they are frequently denied admittance due to previous conduct rule violations. The program must resort to seeking short-term housing options for participants like motels while looking for more stable options. Data is likewise an ongoing challenge, and while they currently identify their target population's needs through a screening tool, jail booking information, and law enforcement contacts, they are working with OHSU to refine their data collection to better identify how to help those they serve.

Clackamas County attributes their ability to continue to adapt to these challenges to the grant program:

*"IMPACTS has served as a catalyst for Community Corrections to begin to explore resources and services that are available throughout the county and [to] start dialogue with organizations to form partnerships **that will help bridge gaps for our clients who have the highest needs in our community.**"*



Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians

Total Award
\$322,264.96

Funded Years
2020-2024

Population
1,314*

Average No. of Clients Served / Quarter
12

Average No. Provided Mental Health Services
1

Average No. Provided Substance Use Services
1

Average No. Provided Employment Services
0

Average No. Provided Housing Services
2

Average No. of Diversions
2



The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians' (CTCLUSI) IMPACTS program is designed to offer culturally sensitive services to their target population. The program has faced many hiring challenges but has now employed their community service officer position to travel and make home visits to members of their service group. Their model is that meeting these individuals where they are increases the likelihood of their engagement in services, rather than waiting for individuals to seek services on their own. The Tribe has also successfully purchased a vehicle to allow the community service officer to better navigate CTCLUSI's large geographic area to reach their members (this area is one of the largest of all existing IMPACTS programs, comprising of more than 13,900 square miles on the Oregon coast).

CTCLUSI identifies eligible participants through a screening tool and law enforcement contact information to address medical, housing, and stabilization needs. Operated within the Tribal Police Department, the program has flexibility in responding to those in active crisis. This method is intended to reduce high-risk behaviors of tribal youth and families that are affected by co-occurring mental health and substance use disorders who are, in turn, high utilizers of criminal justice resources, hospitals, and other institutional placements.

*"One of the primary goals is to **bridge gaps** in the types of services that are provided to the public...[to] support those who are in need of services instead of operation in silos like many other jurisdictions do."*

Their stated successes and challenges are closely related. Much of their program centers on utilizing existing staff within the Tribe's Family Services Program. They have experienced turnover in this program, which has led to outreach gaps within their IMPACTS program. However, it also led to the creation of a Social Services Program that now includes a social services director, a social services caseworker, and a circles of healing caseworker. With this new staff, including the community service officer, CTCLUSI is making strides in standing up their program and improving internal collaboration.

*"As we still continue to struggle for full implementation, we are finding additional ways that we can improve **internal collaboration.**"*



*Per 2021 Oregon Blue Book. While the CTCLUSI has an official population of 1,314 members, they are part of a shared 5-county service area that is home to more than 12,200 American Indians/Alaska Natives potentially eligible for services.



Cow Creek Band of Umpqua Tribe of Indians

Total Award
\$586,838.72

Funded Years

2020-2024

Population
1,760*

Average No. of Clients Served / Quarter

18

Average No. Provided Mental Health Services

11

Average No. Provided Substance Use Services

3

Average No. Provided Employment Services

3

Average No. Provided Housing Services

9

Average No. of Diversions

19



*Per 2022 Oregon Blue Book



The Cow Creek Band of the Umpqua Tribe of Indians (CCBUTI) operates their IMPACTS program through their Tribal Behavioral Health department. It aims to intercept members of the target population at the jail and emergency department to provide wraparound services via case management. The Tribe focuses on holistic and culturally relevant care plans designed to meet the needs of each individual.

Relying on jail booking data and screening tools to identify members of their target population, CCBUTI focuses on providing medical and housing services. Currently, they are serving 18 tribal members and have expanded their program through adding preventative services with tribal youth and increased housing support.

*"With these two additions, **IMPACTS can have a greater impact with tribal members in the cohort who need the assistance with housing issues** to successfully focus on their treatment goals. Also, the IMPACTS program has been working with the youth of the tribal cohort member in certain situations, and seeing a positive result. IMPACTS anticipates greater success within the tribal youth preventative services in this next two years of funding!"*

CCBUTI's collaborations and relationships are integral to their program, through monthly meetings with the IMPACTS steering group as well as through partnerships. The steering group includes Adapt, Umpqua Health Alliance, Mercy Medical Center, Chadwick Clubhouse, Roseburg Police Department, Douglas County Circuit Court, and the Local Public Safety Coordinating Council. They are also working with Collective Medical, a technology platform that allows the program to set up notifications when a member of their target population enters the emergency department or jail, which will go directly to the IMPACTS tribal intensive care coordinator. Another partner with whom they are contracting is Douglas County's IMPACTS Adapt Sobering Center, Detox Unit, and Crisis Resolution Rooms to allow their tribal members to access those additional resources. CCBUTI measures success, in part, by how much tribal members use their own voice to seek treatment or help. They detail this through the story of their first cohort member:

*"One female tribal member, who was the first in the cohort is now doing outstanding in her life. She has completed therapy, no longer makes frequent trips to the Emergency Department, and **now has the voice to speak up when she needs help.**"*



Deschutes County



Total Award
\$4,711,354.57

Funded Years
2020-2024

Population
198,253*

Average No. of Clients Served / Quarter
22

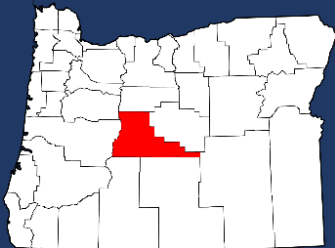
Average No. Provided Mental Health Services
18

Average No. Provided Substance Use Services
8

Average No. Provided Employment Services
1

Average No. Provided Housing Services
12

Average No. of Diversions
272



*Per U.S. Census - April 1, 2020

Deschutes County's IMPACTS program has continued to provide critical services to their community's target population through the Deschutes County Stabilization Center (DCSC). Their program provides risk assessments, case management, and 23-hour respite and crisis psychiatric appointments. The DCSC is open 24/7 and is positioned to support community members in crisis, no matter their time of need. They also report success in their outreach efforts through their network of peer support.

Through collaboration with the local jail, law enforcement, the emergency department, and the Oregon State Hospital, this program focuses on diverting individuals from the criminal justice and medical systems and connecting them to services via this on-the-call support.

*"The goal of a program like this is to prevent individuals from ever becoming part of the 'target population.' **Much of the work done here is proactive and preventative in nature** by allowing individuals 24/7 access to mental health services when they need it most, often helping them avoid the emergency department or a further decompensation."*

After remaining open through the entirety of the COVID-19 pandemic, 2022 brought continued hiring and retention challenges. They combated these through bonuses, unique scheduling and staffing models, as well as shift differentials and stipends to support staff wellness and improve coverage. They believe that these measures will prevent staffing issues during future crises, thereby promoting sustainability.

Since opening, they report that the stabilization center has served 2,500 unique individuals through 8,000 visits, averaging 9 visits a day. Deschutes County describes the services that their 24/7-hour availability and 23-hour respite and crisis psychiatric care brings to those in crisis:

*"...because we offer 23-hour respite, we were able to support the individual overnight during a really critical moment. The next morning we were able to have their team come over to the DCSC and begin re-engaging the individual back into treatment. **In these moments, the individual felt supported and cared for by their team of professionals and that goes a long way towards building trust and making progress in treatment.**"*



Douglas County



Total Award
\$3,252,592.92

Funded Years

2020-2024

Population

111,201*

Average No. of Clients Served / Quarter

40

Average No. Provided Mental Health Services

15

Average No. Provided Substance Use Services

7

Average No. Provided Employment Services

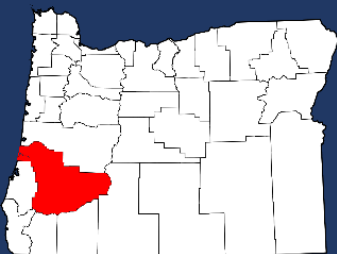
1

Average No. Provided Housing Services

10

Average No. of Diversions

7



*Per U.S. Census - April 1, 2020

Douglas County's goals for its IMPACTS program center around a dedicated Intensive Care Coordination (ICC) team that is now fully staffed and specifically focuses on intercepting members of the target population before they enter the jail or emergency department and coordinating care for those members. The Behavioral Health Department steers this through Adapt's IMPACTS care team. In the first half of 2022:

"Care team members had 447 encounters...and provided 659 unique services for a total of 1,106 services and outreach encounters.

Services include transportation for appointments, community services, the grocery store, DMV and other locations' assistance with budgeting, housing solutions and financial services...."

They have numerous collaborations to further their goals and points of intercept, including the medical provider in the jail, Mercy Medical Center, the Sobering Center, and Mobile Crisis services. This has expanded their target population, now no longer a fixed cohort, to 54 new members at the beginning of 2022. Adapt also meets with the IMPACTS steering group monthly.

One identified challenge in the success of their program is the inability to reach members who have been cleared from local houseless encampments and are, therefore, difficult to locate, while others have moved out of the area or have refused services.

Conversely, they have reported many successes in individual cases that highlight *"the importance of individually-tailored, ongoing, intensive supports in stabilizing people who have struggled due to behavioral health issues."* Specifically:

"a 61-year-old female living in a local homeless campy had 21 jail bookings since 2019, as well as 85 emergency room visits. After being engaged by the IMPACTS ICC team, she enrolled in intensive mental health services and treatment programs. She is now stabilized, living in Section 8 housing, and volunteering at a local church."

They are looking to continue to expand their reach and ability to assist eligible participants through Umpqua Health Alliance's efforts to analyze Douglas County's IMPACTS data, as well as a recent data-use agreement with the local jail to receive daily booking and release information.



Klamath Tribes



Total Award

\$1,068,065

Funded Years

2020-2024

Population

5,200*

Average No. of Clients Served / Quarter

19

Average No. Provided Mental Health Services

2

Average No. Provided Substance Use Services

10

Average No. Provided Employment Services

1

Average No. Provided Housing Services

3

Average No. of Diversions

0



*Per 2022 Oregon Blue Book

The IMPACTS program that Klamath Tribes has implemented provides behavioral health services, referrals to residential care, peer support, and safe/sober housing options. Since standing up their program, they have made significant strides in providing services through their partnerships with Klamath Basin Behavioral Health Link Access Center, The Stronghold Peer Support Program, and the Klamath County Jail. They connect with their target population as early as possible by identifying individuals through Collective Medical, which provides real-time, accurate electronic health data, and through their daily morning jail booking meetings.

Klamath Tribes focuses on diverting their target population from the criminal justice and medical systems through providing housing and stabilization services. Recognizing and responding to this need has allowed Klamath Tribes to turn toward sustainability efforts because:

*"The grant funding overall has placed a highlight on homelessness and its relation to arrests. This has helped us **increase our advocacy efforts to allow for low barrier shelter placements** for future Klamath Tribes Homeless resources."*

This program is working to overcome challenges created by the healthcare staffing shortage, COVID-19 pandemic, traumatic losses in their community, and their geographically rural location. For example, their Peer Support/Emergency Shelter contract was not renewed due to staff burnout. They are currently hiring for a transitional coordinator but their *"entire rural area has a deficit of available and qualified staff in addition to a major housing crisis."*

In response to these issues, Klamath Tribes has adjusted how members of their target population qualify for supports so they can serve a greater number of individuals. They now view this population through a triaged approach whereby they first concentrate their efforts on the select few originally identified for the program and then reach out to others where the funds may yield the most effective results.

Their efforts also:

*"Reclassified 'warming space' designed specifically for homeless population into an 'engagement center' to provide **low barrier access to services and warm hand off to case managers and treatment providers.**" They have therefore successfully reached "several individuals [who] accepted residential placements and are doing well."*



Confederated Tribes of Grand Ronde



Total Award
\$784,683.93

Funded Years

2020-2024

Population

5,623*

Average No. of Clients Served / Quarter

36

Average No. Provided Mental Health Services

11

Average No. Provided Substance Use Services

15

Average No. Provided Employment Services

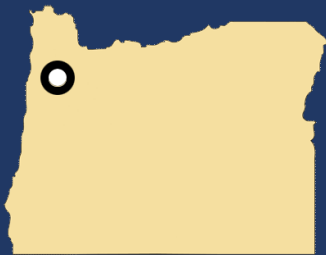
5

Average No. Provided Housing Services

12

Average No. of Diversions

2



*Per 2022 Oregon Blue Book

The Confederated Tribes of Grand Ronde's IMPACTS program provides post-treatment and post-incarceration transitional services to tribal members throughout their six-county service area. This program utilizes existing service providers in Portland to assist their members' transition into the community. IMPACTS funds help to create individualized, client-centered care plans and supplies residential treatment for those who do not have access to housing or basic needs in a stabilization effort. The crux of their program is addressed here:

*"The idea is to **break down barriers to a successful transition back into the community from prison, jail, treatment.** Referrals to the following services have been made to assist in achieving the goals of the client by connecting them to: Inpatient Treatment, Intensive Outpatient Treatment, MAT Services, Peer Mentoring, Housing/Rental Assistance, Adult Social Worker, Transitional Living, Sober Living & Employment Services."*

Located within Tribal Behavioral Health, this program screens jail bookings and electronic health records to identify eligible members and assist those who have entered or been released from jail. While the Tribe has made strides in relationship-building with the jails, they express the arduous process of manually identifying members through changing, and sometimes incomplete, jail rosters within their service area. They, therefore, rely heavily on word-of-mouth from family and community members.

In an effort to sustain their program, they have been working with two of the county jails to set up Collective Medical software so as to easier identify when a member of this target population enters the system as well as increasing staffing. To greater support the IMPACTS outreach to its members, the Tribe has also provided two tribe-funded peers, which they describe as:

"[the] most effective way of locating, and building relationships with members..."



Lane County



Total Award
\$2,847,072.53

Funded

Years

2020-2024

Population

382,971*

Average No. of Clients
Served / Quarter

85

Average No. Provided
Mental Health Services

26

Average No. Provided
Substance Use Services

4

Average No. Provided
Employment Services

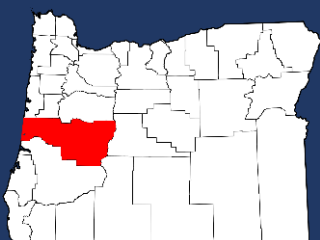
0

Average No. Provided
Housing Services

4

Average No. of Diversions

76



*Per U.S. Census - April 1, 2020

Lane County centers their IMPACTS program on funding a Forensic Intensive Treatment Team (FITT) through their behavioral health department to provide wraparound services to their target population. Through this team, they focus on diverting individuals from the criminal justice and medical systems through jail in-reaching, warm hand-offs, mental health and substance use treatment and planning, therapy, and peer support. Their services extend to case and medication management as well as the provision of basic needs such as tents and bus passes. They encapsulate their goals in the following statement:

"We are working hard to connect with very challenging clients in order to support them in making as much progress as possible.... By establishing connection and workflows with many agencies, we have made a place for our team in the community....While we are hopeful to make quick progress with folks for many clients we are working on a 'long game' approach rather than expecting quick fixes."

The FITT team consists of the following positions: peer support specialists, one jail-based qualified mental health associate/court liaison, one office assistant, and one supervisor/qualified mental health professional. Lane County states that these positions work to improve the communication and relationship between the extensive programs, systems, and agencies involved with their program.

This team of individuals attend a "High Risk Team" monthly meeting and ongoing street outreach consultation to connect agencies, treatment staff, and clients who may benefit from interventions. A van was also recently purchased to better support community engagement. Their myriad of established relationships and data organization has contributed to their ability to reach clients and provide services because they can access emergency department data, jail booking information, and law enforcement contacts, as well as the Collective Medical platform and electronic health records. They state their success in this:

"Due to our focus on gaining needed permissions, collecting/organizing data from the state, and our placement of staff directly in the Lane County Jail we are easily able to determine... [and] connect with these clients while they are in custody."

Lane County has run into several barriers in their program, such as maintaining staffing levels, filling positions, and supporting clients who are houseless. Connecting with clients who are houseless and difficult to contact is a large impediment for Lane County. They have, therefore, been working with housing-specific programs to aid in maintaining connections with, and providing housing for, clients.



Lincoln County

Total Award
\$547,390

Grant Cycle
2020-2024 Funded
Years

2020-2024

Population
50,395*

Average No. of Clients
Served / Quarter
10

Average No. Provided
Mental Health Services
2

Average No. Provided
Substance Use Services
4

Average No. Provided
Employment Services
2

Average No. Provided
Housing Services
6

Average No. of Diversions
7



*Per U.S. Census - April 1, 2020



Through Law Enforcement Assisted Diversion (LEAD), Lincoln County's IMPACTS program works to divert members of the target population from the criminal justice system before they enter it. Specifically, the Lincoln County Sheriff's Office redirects those engaged in low-level criminal activity to services and resources instead of jail and prosecution. They work with a community-based treatment partner, ReConnections, to create individualized service plans, identify needs (e.g., medical, shelter, treatment), and provide case management and peer support services. This is a voluntary program that allows those living with mental health issues, substance use, or co-occurring disorders to access resources to assist in their recovery and thus reduce the harm done to themselves and the local community.

Several challenges have presented themselves in achieving full fruition of their program: housing, transportation, and community and system buy-in. Working to address these barriers, ReConnections purchased a duplex to improve access to temporary housing and a van to assist in transitioning individuals back to their home community and home services. The LEAD program continues to work on buy-in from other law enforcement agencies and:

"Other agencies [who] have the majority of contact with community members who frequently utilize system resources (e.g., jail, hospital) and can provide the strongest connection to the service population."

Through program outreach, they are working on this buy-in to have the strongest possible outcomes.

Despite these challenges, those engaged in the program have received support and opportunities not otherwise available to them. For example, in Quarter 8 of the first grant cycle, only one contact chose not to participate in ongoing services. Highlighted here is one specific example of the impact of this program on participants' lives:

*"One story of success in progress comes from a referral who has a diagnosis of Schizophrenia. The team was able to identify the person's treatment history and current needs by providing stable temporary housing through ReConnections. Over the past six months, this individual has received intensive case management services focused on connecting the person with treatment and permanent housing... **Without the IMPACTS program, this individual would be unhoused and would likely contribute to a high number of calls for services.** The team continues to work toward transitioning the person to a permanent setting, which would not be possible without access to the temporary supports of the IMPACTS program."*



Union County



Total Award
\$862,951.14

Grant Cycle
2020-2024

Funded Years
2020-2024

Population
26,196*

Average No. of Clients Served
85

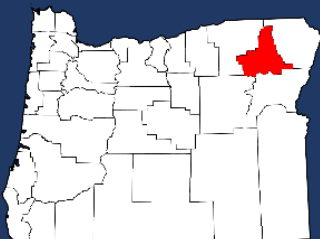
Average No. Provided Mental Health Services
64

Average No. Provided Substance Use Services
35

Average No. Provided Employment Services
9

Average No. Provided Housing Services
9

Average No. of Diversions
24



*Per U.S. Census - April 1, 2020

Located within their Center for Human Development, Union County's IMPACTS program is expanding provision of services that are already available through the Center, such as the jail diversion team, case management, outreach, and services. These services include working directly with the target population to find and keep employment, re-establishing Oregon Health Plan (OHP) coverage when it has been lost due to incarceration, and accessing recovery housing. Of those, assistance with OHP has been an increasingly important service:

"One service that IMPACTS has been able to offer has been picking up in popularity... we have helped more people with OHP assistance that usual, and I know next quarter that number will increase as well. I'm very happy with assisting IMPACTS individuals with navigating their Oregon Health Plan."

Many challenges inhibited the full implementation of their program for several years, including hiring and retention issues, specifically an unfilled parole and probation housing coordinator.

Recently, they achieved full staffing with the addition of a peer support position who trained to become a certified recovery mentor. Their team's collaboration continues to assist in outreach efforts and intercepting individuals at the earliest possible point. For example, the team meets monthly with law enforcement, including Union County Parole and Probation and the La Grande Police Department, to identify members of their target population and to "establish a productive workflow and to fill any gaps in services." To assist in filling these gaps, they are working with Greater Oregon Behavioral Health, Inc. (GOBHI) for Sequential Intercept Mapping training.

This collaboration has enabled the program to access information about their target population from jail and emergency department bookings, law enforcement contacts, electronic health records, and Collective Medical software. This data access assists in their efforts to serve the target population by providing accurate, real-time data of those who have entered the system.



Confederated Tribes of Warm Springs Reservation



Total Award
\$498,575.09

Funded Years
2020-2024

Population
5,363*

Average No. of Clients Served / Quarter

6

Average No. Provided Mental Health Services

2

Average No. Provided Substance Use Services

6

Average No. Provided Employment Services

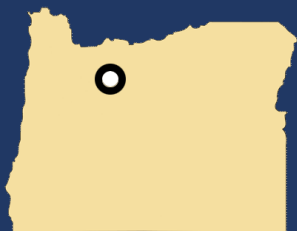
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Average No. Provided Housing Services

1

Average No. of Diversions

2



The Confederated Tribes of Warm Springs' IMPACTS program has changed since its inception due to unforeseen barriers the COVID-19 pandemic created. Initiated for a full-time clinical employee at the Warm Springs Correctional Facility, the program adapted to the closure of their correctional facility by, instead, providing services to those transferred to the Jefferson County Adult Correctional Facility. A certified alcohol and drug counselor maintains daily contact with the jail to stay notified of members' releases in an effort to intervene immediately and create individual assessment plans and necessary referrals.

Not only has the Tribe been approved to design and build a new correctional facility for their tribal members, but they also continue to build partnerships in an attempt to reach as many members as possible.

They are working to:

"Extend our partnership within the Justice Team, Courthouse, Behavioral Health, Indian Health Services, and [Northern Oregon Regional Correctional Facilities][to] brainstorm new ideas, with the focus of tribal based practices to find ways to connect with our target population."

Through these efforts, they have gained entrance into the courthouse within their jurisdiction to attend arraignments, so they can offer services directly to members. They have access to jail booking information and law enforcement contacts to also identify members. Behavioral Health is likewise referring clients to the Tribe to receive services on the Warm Springs Reservation, which is a unique aspect of their program.

Turnover has also affected this program as the recovery mentor resigned in 2022. They are looking to fill the vacancy and attempt to offer more competitive wages to help retain employees.

*Per 2022 Oregon Blue Book



Hood River County



Total Award

\$137,260

Funded Years

2022-2024

Population

23,977*



*Per U.S. Census - April 1, 2020

Hood River County Parole and Probation Office's IMPACTS funding was awarded in the 2022-2024 application cycle. Relying on the 2019 Mid-Columbia Gorge Behavioral Health Crises Data report, they saw the many unmet behavioral health needs prevalent in their county. Between October 2017 and September 2019, 3,247 individuals from Hood River County entered into the hospital system with mental health or substance use designations, 2,925 emergency department visits were likewise flagged, and the Hood River County Sheriff's Office reported, between January 2014 and September 2019, 321 calls for service for a mental health/ill subject, 2,627 welfare checks, 294 suicidal subjects, and 40 police officer holds.

Services Parole and Probation are providing include a local peer mentor to aid in transitioning back into the community and assist in re-enrolling clients in Oregon Health Plan. The IMPACTS program is now adding to their services by dedicating housing to those in the identified target population of three or more jail bookings. The Frequent Utilizer Project report for their region identified lack of housing as the main barrier to these frequent utilizers' ability to address behavioral health needs and thereby reduce utilization of the criminal and medical systems.

This IMPACTS program, therefore, will be funding Mid-Columbia Community Action Council's ability to dedicate two of the 13 rooms at the Hood River Shelter to high utilizers as well as two of the six full-time shelter stabilization staff for the 2022-2023 winter season.

"While long term stable housing is non-existent in Hood River County, the shelter provides a safe place to meet the basic needs of those without shelter during the winter."

The shelter can offer these individuals not only overnight shelter, but healthy meals, warm clothing, toiletries, access to laundry and showers, and services that include on-site visits with outreach workers, health insurance enrollment assisters, community health workers, and health care and social service professionals. This, in addition to the services Parole and Probation provides, will begin to fill the gaps identified in the Frequent Utilizer Project report, which they also intend to update with this IMPACTS funding to continue identifying said gaps.



Multnomah County



Total Award
\$1,215,986.01

Funded Years
2022-2024

Population
815,428*

To achieve long-term success in assisting frequent utilizers of the criminal justice and medical systems, as defined by four or more jail bookings or crisis contacts, Multnomah County applied for the IMPACTS grant in the 2022-2024 application cycle. To initiate this, the county, in conjunction with many partner agencies, identified that permanent supportive housing changes "utilization patterns" among those who "frequently engage across systems."

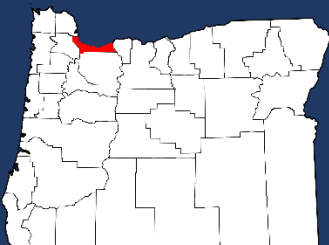
Much of their project will, therefore, be a partnership between the county and the Joint Office of Homeless Services to provide this permanent supportive housing (PSH) to high utilizers, including those in the target population.

"[PSH is a]... resource known to improve health outcomes, particularly when paired with the supports and treatment services outlined in this proposal."

Eligible individuals for the IMPACTS program will also receive:

"Case management, behavioral health assessment, treatment planning, crisis/stabilization services, peer support, and system navigation to ensure access for to a variety of inhouse and community-based services.... [and] the newly established IMPACTS team will consist of a Clinical Support Specialist, Mental Health Consultant, and Peer Support Specialist to provide direct services, supported by a Program Specialist to ensure internal and cross-sector coordination (including CCOs), data gathering, and reporting."

Participants will have admittance to the Behavioral Health Resource Center and sub-acute treatment beds at the Crisis Assessment and Treatment Center to aid in stabilization, medication management, and referral service. They may also have contact with a telehealth provider, benefit enrollment, and basic needs like housing, transportation, food, IDs, and medication. This program is designed to "decrease costs and adverse system interactions, as well as improve health outcomes for individuals with complex behavioral health needs."



*Per U.S. Census - April 1, 2020



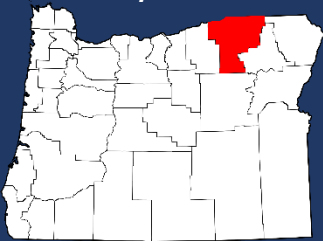
Umatilla and Morrow Counties



Total Award
\$621,328.08

Funded Years
2022-2024

Umatilla Co. Population
80,075*



Morrow Co. Population
12,186*



*Per U.S. Census - April 1, 2020

Umatilla and Morrow counties are the first in the IMPACTS grant program to apply jointly as a regional consortium. Awarded as part of the 2022-2024 grant cycle applications, they have just begun implementation of their program.

Their first step in identifying the need for their IMPACTS program came from Sequential Intercept Mapping that GOBHI conducted in 2019 for Morrow County and in 2020 for Umatilla County, which identified:

"Resources were severely lacking for repeat offenders with behavioral health challenges, including wrap around care, and the type of services we are requesting through this grant."

The shared jail in Umatilla County was the only place that law enforcement could take individuals in crisis to receive assistance, especially because there were often no beds available at the local hospitals. Community Counseling Solutions, the mental health provider for both counties, began their involvement in 2021 when called in by law enforcement, but often it still led to a booking into jail or the hospital for services.

Their IMPACTS program intends to identify their target population as those with three or more bookings in a single year with a behavioral health diagnosis and/or a high utilization of the medical system. To best assist this community, they ascertained that the funding would provide comprehensive wraparound services in the form of a case manager to coordinate care across complicated agencies and community supports/services, a peer mentor to provide counseling and support, and a skills trainer to offer an evidence-based assessment and ensuing counseling. These services will allow the program to meet individuals where they are and help reduce the utilization of their local criminal justice and medical systems.



Wasco County



Total Award
\$178,156

Funded Years
2022-2024

Population
26,670*



*Per U.S. Census - April 1, 2020

Housed in Community Corrections, Wasco County's IMPACTS program's funding was approved as part of the 2022-2024 application cycle. Their need for IMPACTS funding is addressed in their application, stating that the 2019 Mid-Columbia Gorge Behavioral Health Crises Data report highlighted pertinent information as it relates to their target population, which is high utilizers as defined by three or more bookings per year. This report provided context that between October 2017 and September 2019, 6,828 residents of Wasco County entered a hospital with a mental health or substance use disorder designation and 3,092 entered an emergency department with those designations. Law enforcement reports a high rate of mental health and substance use disorders flagged within their frequent utilizers. Of those individuals booked into the local jail four or more times a year between July 2015 and June 2017, 91 percent had a mental health disorder and 85 percent had a substance use disorder. Further, the Wasco County Sheriff's Office's resources were focused on 55 individuals who had nine or more contacts per year within 2015 and 2019, totaling 2,759 contacts. While most all these individuals had been referred to treatment, engagement with services and lack of housing were the biggest identified challenges.

To overcome these barriers, their IMPACTS program:

*"Will help fill one of these gaps: **access to stable, low barrier housing capable of serving high-utilizers of other services.** This housing program will take advantage of existing housing owned by Mid-Columbia Center For Living that will be repurposed and run under a Bridges To Change program tailored to handle the needs of the target population identified by the IMPACTS grant."*

With this transitional housing, there will be four connected units and an on-site resident manager to provide beds for those identified as frequent system utilizers. They recognize this is meeting just one need of this population, in that:

"Residential services in our region currently contains many gaps, a variety of adjacent efforts are working to fill those separately."

The county further hopes to identify how best to serve this community through the IMPACTS-funded Frequent Utilizer Project report for the region to continue to aid this population.



Appendix C. IMPACTS Background

1. Behavioral Health Justice Reinvestment Steering Committee & Senate Bill 973

In 2018, the Oregon Behavioral Health Justice Reinvestment (BHJR) Steering Committee recommended the creation of a new grant program to support counties and tribal nations in developing stronger community-based continuums of care to improve health and criminal justice outcomes and to reduce financial and public safety impacts for people cycling in and out of Oregon's jails and hospitals. This recommendation was in response to findings from the State of Oregon's first analysis of linked jail bookings, community supervision (probation and parole), Medicaid data and records from the Oregon State Hospital. Analyses conducted by the Council for State Governments Justice Center showed that a relatively small number of people statewide—several thousand—are high utilizers of both public safety and behavioral health systems and place a significant strain on county jails and emergency departments. When the BHJR Steering Committee reviewed these analyses, they identified four or more jail bookings to be the primary indicator of risk for visits to emergency departments and admissions to OSH.

2. Senate Bill 973 & the IMPACTS Grant Program

In response to the findings by the BHJR Steering Committee, the Improving People's Access to Community-Based Treatment, Supports, and Services (IMPACTS) grant program was established through Senate Bill (SB) 973, and signed into law in July of 2019. The IMPACTS grant program was originally appropriated \$10,000,000 for the 2019-2021 biennium, and it received an additional \$10,000,000 for the 2021-2023 biennium. SB 973 also established the IMPACTS Grant Review Committee and tasked it with awarding grant funds to counties and federally recognized Indian tribes for them to establish evidence-based programs to provide needed supports and services to the target population, reducing their reliance on jails and emergency services.



3. Behavioral Health Justice Reinvestment Steering Committee Members 2019

Member	Position
Patrick Allen, Co-Chair	Director, Oregon Health Authority
Jason Myers, Co-Chair	Marion County Sheriff
Kevin Barton	Washington County District Attorney
Eric Carson	Recovery Mentor
Suzanne Chanti	Lane County Circuit Court Judge
Emily Cooper	Legal Director, Disability Rights Oregon
Julia Delgado	Director of Programs, Urban League of Portland
Jim Doherty	Morrow County Commissioner
Andi Easton	Vice President of Government Affairs, Oregon Association of Hospitals and Health Systems
Lee Eby	Clackamas County Jail Captain
Joel Fish	Chief, Enterprise Police Department
Mitch Greenlick	State Representative, District 33
Janie Gullickson	Executive Director, Mental Health Association of Oregon
Eric Guyer	Director, Jackson County Community Justice
Claire Hall	Lincoln County Commissioner
Silas Halloran-Steiner	Director, Yamhill County Health and Human Services
Sandra Hernandez Lomeli	Youth Programs Director, Latinos Unidos Siempre (L.U.S.) Youth Organization
Cheryle Kennedy	Chairwoman, The Confederated Tribes of Grand Ronde
Allison Knight	Public Defender, Lane County
Belinda "Linda" Maddy	Department of Public Safety Standards and Training Crisis Intervention Training Coordinator, Crisis Intervention Teams Center for Excellence
Angel Prater	Executive Director, FolkTime
Floyd Prozanski	State Senator, District 4
Steve Sanden	Executive Director, Bay Area First Step
Paul Solomon	Executive Director, Sponsors, Inc.
Abbey Stamp	Executive Director, Multnomah County Local Public Safety Coordinating Council
Duane Stark	State Representative, District 4
Elizabeth Steiner Hayward	State Senator, District 17
Heidi Steward	Assistant Director, Offender Management and Rehabilitation, Oregon Department of Corrections
Kay Toran	President, Volunteers of America-Oregon
Nan Waller	Multnomah County Circuit Court Judge
Shannon Wight	Deputy Director, Partnership for Safety and Justice
Jackie Winters	State Senator, District 10



Appendix D. Diversity, Inclusion and Cultural Responsiveness Questions

Included as part of the IMPACTS 2022 application

Diversity, Inclusion & Cultural Responsiveness Questions

The IMPACTS program recognizes that discriminatory and racist policies and practices throughout the criminal justice and healthcare systems disproportionately impact racial and ethnic populations, LGBTQIAS+¹⁷ individuals, immigrant and refugee communities, non-native English speakers, and people with disabilities. It also recognizes that there is a shortage of essential community-based supports and services to manage and treat associated health disparities, including substance use disorders and mental health conditions, and that these shortages of needed services contribute to criminal justice involvement. The IMPACTS program requires all grantees to center their programs on the lived experiences of people being served, taking into account historic and current racism, discrimination, health disparities and trauma in developing and providing services and supports. If you have any questions or concerns, feel free to contact the CJC.

1. Engaging community voice: Describe how your organization has demonstrated its ability to collaboratively and meaningfully partner with the people you serve and community partners from diverse populations. How have you or would you propose to measure success and what is essential in achieving it?
2. Trust and accountability to community: What does your organization currently do to provide culturally responsive services in an environment of trust, safety, and inclusion for historically underserved populations? Please identify areas for improvement.
3. Ongoing improvement efforts: How does your proposed project address the improvement areas identified in Question #2? Discuss your plan to engage stakeholders and community partners to measure the project's impact.

¹⁷ Lesbian, Gay, Bisexual, Transexual, Queer, Questioning, Intersex, Asexual, Two Spirit plus inclusion of other identifies



Appendix E. Data Scope Diagram

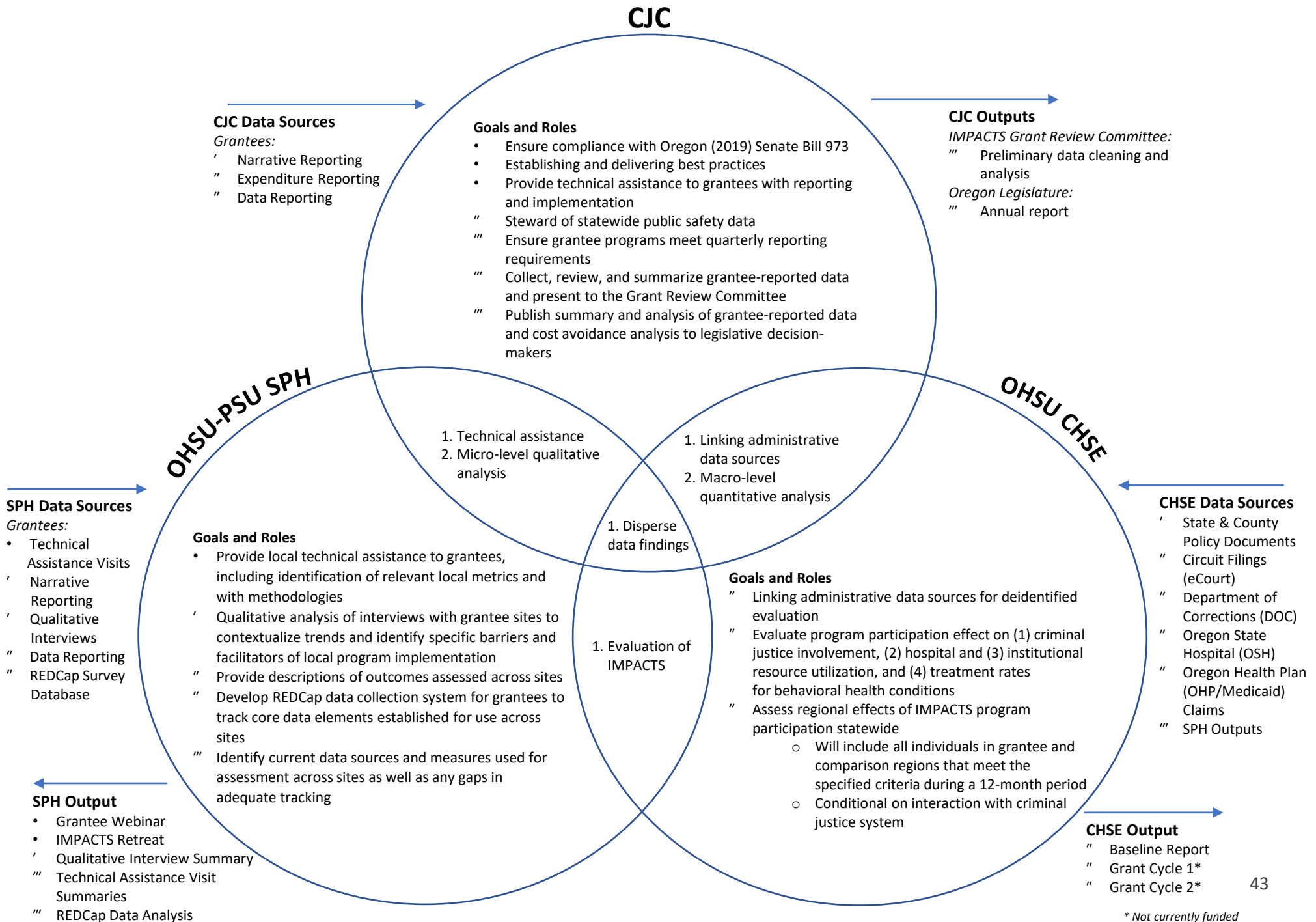
On the following page, there is a diagram outlining the project scope for each organization involved in the evaluation of IMPACTS at the time of this report's publication.¹⁸

¹⁸ Report revised in March 2023 to include data scope diagram.

IMPACTS Data Diagram: Projects and Scope

KEY:
 ' Qualitative
 " Quantitative
 "" Mixed Methods

CJC: Oregon Criminal Justice Commission
 OHSU – PSU SPH: Oregon Health & Science University – Portland State University School of Public Health
 OHSU CHSE: Oregon Health & Science University Center for Health Systems Effectiveness



* Not currently funded