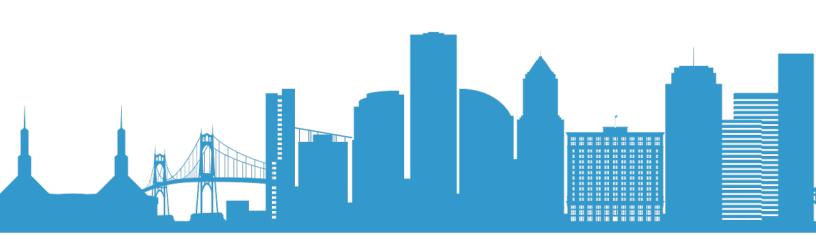# Improving People's Access to Community-based Treatment, Supports, and Services (IMPACTS):

Qualitative insights from 15 Oregon IMPACTS programs, 2024

July 17, 2025

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Acknowledgments

Recommended citation:

Rainer S, Suneson I, Haddeland E, Waddell EN. (July 2025). Oregon Health and Science University-Portland State University School of Public Health, Portland OR. Improving People's Access to Community-based Treatment, Supports, and Services (IMPACTS): Qualitative insights from 15 Oregon IMPACTS programs, 2024. Prepared for the Oregon Criminal Justice Commission (Grant #OHSU-22-01, University Agreement No. 102948, PI: Waddell).

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Executive summary

Introduction

The Oregon State Legislature established the Improving People's Access to Community-based Treatment, Supports and Services (IMPACTS) high utilizer grant program in 2019 through Senate Bill (SB) 973. Through IMPACTS, SB 973 aimed to address the shortage of community support 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] Oregon IMPACTS was initiated in response to findings from a statewide analysis of linked jail booking, community supervision, Medicaid, and Oregon State Hospital records.[2] The analysis, using data from 12 Oregon counties, found a "small but significant group of people repeatedly cycle through Oregon's public safety and health systems."[2]

There are currently 15 state-funded IMPACTS high utilizer programs serving five of Oregon's federally recognized Tribes and 11 counties.[3] Grantees operate programs to reduce involvement with the criminal legal system and/or use of emergency medical services, including institutional placements. This report summarizes findings from staff interviews conducted with all 15 IMPACTS high utilizer programs between October 22, 2024 – November 20, 2024.[i]

Results

Major themes identified across grantee interviews include the importance of locally developed programming, community collaboration, barriers to implementation, and assessment of program success.

Locally developed programming
- IMPACTS programs differ in their approach, allowing local need and resources to shape programmatic design.
- IMPACTS staff build connections, rapport, and trust with high utilizers, even prior to engagement in services.
- Programs operating in Tribal settings are uniquely positioned to build rapport and increase engagement among Tribal members.

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[i] The program is currently administered by the IMPACTS Grant Review Committee (GRC), established through SB 973 (2019), and coordinated by the Oregon Criminal Justice Commission (CJC) in consultation with the Oregon Health Authority. The first grant cycle (2020-2022) included 11 grantees; the second grant cycle (2022-2024) grew the program to fund 15 grantees, and the present grant cycle (2024 -present) sustains these 15 programs. Spending per grantee ranged from approximately $200,000 to $6 million.[3]

Community collaboration and systems change
- Grantees described that program reach is affected by the capacity of their community partners and services.
- IMPACTS grantees described strengthened community support networks, navigation, and communication between service providers and law enforcement.
- IMPACTS grantees expanded the reach of program services by working in tandem with health systems and law enforcement.
- County and Tribal collaborations are reported to improve diversion and reentry options for Tribal participants but are not without challenges.

Implementation barriers
- IMPACTS programs across the state continue to experience capacity issues around community resources, staffing, and program administration.
- Uncertainty of future IMPACTS funding limited long term planning for sustainable programs.

Assessing IMPACTS
- Existing quantitative data systems may not reflect nuances of program operation and success.
- Most programs lack the capacity to track or calculate cost shifting data.
- IMPACTS programs meet participants in moments of crisis and transition, filling critical gaps in community services.
- IMPACTS provides holistic support extending beyond standard treatment or care, including reconnection with culture and traditions and family reunification.
- Grantees reported that relationships with criminal legal systems have reduced rates of failure to appear in court, increased referrals to treatment, and improved reentry planning and support.

Discussion

IMPACTS provides individualized service provision, adapting services to local resource availability, and bridging gaps between the identification of individual needs and connection to more intensive treatment or services. The social, behavioral, and medical complexities of the IMPACTS target population require significant time and trust, and programs are specifically designed to address these needs. IMPACTS has created pathways away from justice involvement, particularly for the Tribal population. There are promising and replicable approaches for improving the systems of care to better target root causes driving high utilization behaviors.

Acronym list

AI/AN – American Indian or Alaska Native

CHSE – Centers for Health Systems Effectiveness

CJC – Oregon Criminal Justice Commission

CCO – Coordinated care organization

ED – Emergency department

GRC – Grant Review Committee

IMPACTS – Improving People's Access to Community-based Treatment, Supports and Services

IRB – Institutional Review Board

LPSCC – Local Public Safety Coordinating Councils

MDT – Multi-Disciplinary Teams

OHSU-PSU SPH – Oregon Health & Science University-Portland State University School of Public Health

REDCap® – Research Electronic Data Capture

SB – Senate bill

Introduction

About IMPACTS

The Oregon State Legislature established the Improving People's Access to Community-based Treatment, Supports and Services (IMPACTS) high utilizer grant program in 2019 through Senate Bill (SB) 973. Through IMPACTS, SB 973 aimed to address the shortage of community support 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]

Oregon IMPACTS was initiated in response to findings from a statewide analysis of linked jail booking, community supervision, Medicaid, and Oregon State Hospital records.[2] The analysis, using data from 12 Oregon counties, found a "small but significant group of people repeatedly cycle through Oregon's public safety and health systems."[2] The authors reported that in 2017, among the 12 Oregon counties that shared jail data, 9% of people booked into the county jail accounted for 29% of all booking events, and that "[t]hese 5,397 people, who cycled in and out of the jail throughout the year as many as 4 to 15 or more times, accounted for 30,052 separate admissions."[2] The study's target population, defined as having 4 or more jail bookings within a calendar year, were more likely to have had a stay at Oregon State Hospital, to have a substance use disorder, to have been to the ED, and experience a pattern of homelessness when compared to other non-frequent utilizer groups.[2]

There are currently 15 state-funded IMPACTS high utilizer programs serving five of Oregon's federally recognized Tribes and 11 counties.[3] Grantees operate programs to reduce involvement with the criminal legal system and/or use of emergency medical services, including institutional placements. Locally defined target populations include adults with a behavioral health condition who are considered high utilizers of the criminal justice system and/or emergency healthcare resources.

This report summarizes findings from staff interviews conducted with all 15 IMPACTS high utilizer programs funded between 2020 and 2024.[ii] Methods are detailed in Appendix A.

[ii] The program is currently administered by the IMPACTS Grant Review Committee (GRC), established through SB 973 (2019), and coordinated by the Oregon Criminal Justice Commission (CJC) in consultation with the Oregon Health Authority. The first grant cycle (2020-2022) included 11 grantees; the second grant cycle (2022-2024) grew the program to fund 15 grantees, and the present grant cycle (2024 -present) sustains these 15 programs. Spending per grantee ranged from approximately $200,000 to $6 million.[3]

Results

This section describes major themes identified across grantee interviews, including the importance of locally developed programming, community collaboration and systems change, barriers to implementation, and assessment of program success.

Interview participants

All 15 IMPACTS grantees participated in qualitative interviews with two study team members between October 22, 2024 – November 20, 2024. Table 1 lists the grantee sites, a brief description of the program goals, number of interview participants, and the interview date. Interview length ranged from approximately 30 minutes to 1 hour.

Table 1. Qualitative interview date and number of participants by grantee site[3,4]

Grantee	Program description	Interview participants	Interview date
Confederated Tribes of Grand Ronde	Develops care plans and conducts family and community referrals	4	10/22/24
Wasco County	Provides sober supportive housing and case management	4	10/29/24
The Klamath Tribes	Provides basic needs, supports and behavioral health treatment	2	10/30/24
Hood River County	Funds two shelter units for high utilizers and two full-time shelter stabilization staff for the winter season	3	10/31/24
Lane County	Forensic Intensive Treatment Team provides wraparound services	1	10/31/24
Douglas County	Intensive Care Coordination team at the jail and the ED & increased community stabilization supports	4	11/04/24
Lincoln County	Law Enforcement Assisted Diversion for jail diversion and referrals to community partners	2	11/05/24
Umatilla & Morrow Counties	Provides peer support, skills training, and case management	2	11/06/24
Multnomah County	Provides mental health treatment, case management, crisis intervention, and peer support for individuals who are in the criminal/legal system, or who are at risk of recidivism	4	11/06/24

Grantee	Program description	Interview participants	Interview date
Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians	Offers culturally responsive services, crisis response, and care coordination & funds a Community Services Officer	2	11/07/24
Deschutes County	Increased funding for Deschutes County Stabilization Center	1	11/13/24
The Cow Creek Band of Umpqua Tribe of Indians	Intensive case management and medical and housing services	1	11/13/24
Clackamas County	Dedicated staff for case management and stabilization in the Clackamas County Jail and Adult Probation Office	2	11/14/24
Confederated Tribes of Warm Springs	Assistance with transition from custody to service in the community	1	11/14/24
Union County	Supporting jail diversion and case management	1	11/20/24

Locally developed programming

IMPACTS programs provide individualized supportive services to community members identified as having high needs that can result in high costs for local systems of care.

IMPACTS programs differ in their approach, allowing local need and resources to shape programmatic design.

IMPACTS programs are designed and implemented flexibly, allowing local needs and resources to shape programmatic design for expansive program reach. Grantees described how IMPACTS provides services that complement other programs that have more limiting administrative rules.

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> *IMPACTS has been a great addition to the teams we already have, and it really provides more flexibility for us in engagement and how, when, and honestly where we can provide services. There's a lot of rules governing mental health, psychiatric services and addiction, and IMPACTS […] helps to work on the fringes of them and get people in the door effectively, which has been good. Sometimes people don't walk through that door on their own, so [IMPACTS has] been great.*
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> *I manage five different programs, but this is my favorite one because there's no strings attached. We're going to meet the client where they're at and they get to be the expert in their lived experience and tell us what they need to become more stable. So that approach just works. We have month after month after month where we have success stories whether it's someone gaining employment or housing.*

Flexibility to adapt service provision locally allows IMPACTS programs to base service delivery on individual circumstances – particularly when a client is not stable enough to engage in formal services.

> *We're working with clients that are in crisis yet don't meet the definition for mental health crisis where they need to be hospitalized, but they're in their own crisis of not knowing where they're going to lay their head or have their next meal. We focus on meeting them at that moment, getting them stable, so then we can work on additional things.*

IMPACTS staff build connections, rapport, and trust with high utilizers, even prior to engagement in services.

IMPACTS staff, particularly care coordinators, case managers, and peer support workers, serve critical roles in developing connections and trust with high utilizer target populations. Several grantees described their approach to developing rapport, noting that patience, time spent with individuals, and empathetic/non-judgmental listening are important parts of building trust.

> *The consistency, knowing that you're still going to be there if they get mad at you, if they have a tear coming out, if they're struggling with grief. I'm here, I'm your voice for when you can't deliver what you need. That's where I've felt that I've made a difference. Having that open communication and really having them understand that they have advocacy and consistency. And when you have rapport with people, they're more apt to have less behaviors.*

Connection and trust building can occur before someone is more formally enrolled into treatment or services. Grantees described the importance of pre-engagement services provided through IMPACTS, noting that patterns of repeated jail bookings or emergency department (ED) visits take time to shift and change.

> *We see IMPACTS as the pre-engagement or pre-enrollment to our services. Given that it's grant funded, it allows them to operate in spaces that maybe other teams cannot. Before that mental health assessment or service plan is done and we're not in the space where we can encounter for services, IMPACTS has been beneficial in initial engagement and outreach and really helping meet people where they're at.*

> *Our mentally ill population are sicker than they've ever been. Before, stabilization used to be with drugs and alcohol, and it was getting them clean and sober. Right now, our first stabilization is really their mental health. And that is different than it has been in the past and takes more resources and time. We need to get them stable prior to even addressing any substance abuse issues.*

Moreover, programs described how addressing basic or immediate needs (phone, clothing, food, mental health stabilization) is often the beginning of a successful participant relationship and engagement, before formal assessment and intake.

> *We have someone who had chronic incarcerations, I think 13 or 14 in the previous year, and they were able to get a job. And to start working, they needed specific clothing items, and we could use our funding to go get that person clothing items without batting an eye. Being able to be a little bit creative and not requiring people to engage in services or sign up for services, to let us help them. Like, you get to tell us and let us help you become stable. That's key in the success of this.*

Programs operating in Tribal settings are uniquely positioned to build rapport and increase engagement among Tribal members.

As of June 6, 2025, American Indian/Alaska Native (AI/AN) persons represented 29% of IMPACTS participants; in 2020 in Oregon, 4.4% of the population was AI/AN.[5]

Tribal programs emphasized that being Tribal members and/or Tribal service providers reduces stigma participants may have about seeking treatment or support. Programs situated within Tribal government settings rather than county government settings noted this as an inherent asset to quickly gaining the trust of AI/AN participants.

> *Not to be dramatic, but they actually might die before you see them again. It really magnifies or makes that moment. I think the scariest thing about a program like IMPACTS is that it's sitting in the behavioral health department, and nobody wants to walk through that front door because there's a stigma associated with needing help. Being Tribal is a real asset, that you can talk to somebody and can get them to consider changing if they're ambivalent.*

Community collaboration and systems change

Grantees described community- and system-level work of building partnerships and expanding community service capacity. Sites frequently described new or improved partnerships as areas of success. For example, grantees observed increased community awareness of IMPACTS as a contributing factor to increased service referrals. Program staff generally spoke with confidence about the way their work is changing 'business as usual' and interrupting harmful system cycles.

> *That's why it works for us… it's the trust and partnerships that we've been able to build, the support we've been able to show each other. We meet every other week, we have a virtual meeting with our team specifically for this program. Not only do we meet directly with [case managers] from [our partner agency], we bring in our pretrial team, because we have a lot of clients that crossover, and we'll have the courts participate. So, all of the programs working together, and everyone understanding everyone's lanes and how they parallel and augment each other, has been a huge success in our community.*

IMPACTS grantees described strengthened community support networks, navigation, and communication between service providers and law enforcement.

Several grantees described similar experiences for building positive community partnerships, especially with law enforcement. Programs demonstrated their value to other community agencies and providers as they became more established and as partners began to see participants move into treatment or have other successes. Law enforcement agencies, who typically have the

> *Early on, a barrier was buy-in from those other police agencies that didn't see the vision at the level that we did. I'd say that is absolutely not the case anymore, and [the navigator] is seeing the referrals from pretty much every police agency in our community on some level.*

highest amount of contact with the IMPACTS target population, took note of the reduced workload and fewer repeat calls from the high utilizer population and became more willing to engage directly with IMPACTS program staff. Grantees described increased trust and respect for IMPACTS program staff and the services they provide, an increased willingness and openness among law enforcement to utilize behavioral health services, knowing they are needed by the IMPACTS population, and acknowledgment that IMPACTS can help meet needs.

Another common way grantees increased partnerships and collaborations in their communities was by hosting or attending meetings involving relevant community partners such as Multi-Disciplinary Team meetings (MDT) or Local Public Safety Coordinating Councils (LPSCC). Partner organizations represented at these meetings included hospitals, EDs, parole and probation, law enforcement, social service workers, and substance use disorder treatment providers. These meetings served the dual purpose of raising the profile of the IMPACTS program among partners who work with or encounter the IMPACTS population and meeting with relevant partners to discuss any individual cases and make plans for targeted outreach and supportive services. One program had a LPSCC High Utilizer Subcommittee but paused their meetings because the partners felt it was "a well-oiled machine" since establishing the IMPACTS program to work with the high utilizer population.

IMPACTS grantees expanded the reach of program services by working in tandem with health systems and law enforcement.

Once grantees established or strengthened partnerships with community partners, programs began to collaborate on identification of potential participants. A few programs worked with emergency response and 911 systems to identify potential IMPACTS participants for outreach and relieve some of the burden on emergency operators and first responders. One program integrated with their local 911 call system to receive calls related to mental health. Program staff said their 911 intercept service helps to prevent arrest for misuse of the 911 system by connecting the caller to more appropriate services and supports instead of dispatching a deputy to the scene. This integration allows the program to identify high utilizers quickly rather than waiting for data reports from law enforcement partners.

> *The disposition calls […] they've drastically dropped this year. There's probably at least 2000 less calls at this point in the year than what we saw last year. And I always say what's attributed to that is our community and our partners all knowing about this awesome [alternate phone line] that they can contact whenever needed.*

Two additional programs described their processes with local law enforcement agencies to receive regular reports of "calls to service" that are associated with suspected mental health needs. These programs use this information to proactively reach out to potential participants.

> *Something that we can always get from law enforcement are call-to-service reports. They can send a detailed report of all the calls they have obtained for dispatch in the past month that are for suspected mental health or potential mental health problems. We get a detailed report of the person's name, who's reporting it, and the details of the call. One of the things the reports can also do is track how many times and how many minutes or hours a person was on the call with dispatch.*

Two grantees leveraged their partnerships with their local Coordinated Care Organizations (CCOs) to expand their data tracking capacities. The first grantee described partnering with their local CCO's data analytics department for their capacity to track jail bookings and recidivism of CCO members and intervening as individuals approach the IMPACTS eligibility threshold of four or more jail bookings within a 12-month period. The second grantee worked with their CCO to obtain and get trained on a software tool called PointClickCare that allows the program to review recent ED admissions and create custom cohorts to identify which individuals have checked into the ED numerous times or came in with a behavioral health complaint. The IMPACTS program can then follow up with the hospital or do targeted outreach to the individual for referrals to more appropriate care and begin case management.

Grantees described that program reach is affected by the capacity of their community partners and services.

IMPACTS programs rely on complementary services and organizations to meet complex client needs and collaborate strategically to serve their target populations. They described multiple successes leveraging existing community resources, e.g., partnering with the local CCO to provide participant data tracking and analysis, or working with local businesses to provide vouchers for participants such as hotels,

haircuts, and experiences like museum passes. Grantees noted that systems building work is especially challenging and time-consuming and can take critical time away from delivering program services – especially when staffing is limited.

Overall, grantees spoke about how IMPACTS program success depends on robust partnerships, but grantees in communities with service gaps are more limited in reach. Grantees spoke about how increased collaboration enabled them to identify where their programs duplicated existing services in their community and allowed them to shift their efforts to fill needed gaps. Often, rural programs spoke about the pressure to plug multiple systems.

> "For lack of a better term, we're in the housing business with IMPACTS because no one else is. […]. I think that is our strong suit, but we have to."

County and Tribal collaborations are reported to improve diversion and reentry options for Tribal participants but are not without challenges.

Both county and Tribal grantees credited one another with being crucial partners, especially for serving Tribal individuals. One Tribal grantee spoke about how IMPACTS had raised their profile among other agencies and jurisdictions who now call the Tribal program to help AI/AN-identified individuals receive care referrals. This Tribal program also works with counties to transfer individuals to the Tribe for diversion through the Tribal court system, which is open to members of any federally recognized Tribe and not limited to IMPACTS participants.

> And since we've been involved with this program, we have street cred now. People call us all the time from other jurisdictions saying, 'Hey, can you help this person?' And that is what we do, we make it happen. Before, people didn't know how to deal with the different Tribes or the members of the Tribes themselves. Now, it's leaps and bounds [ahead]. Our relationships with other agencies now are really good.

One county grantee described the collaborative relationship with their local Tribe and the ease of referrals between them.

> *If [a participant is] a Tribal member, or they want to seek assistance from the Tribes, those relationships are open, fluid, and collaborative, and [the navigator] can refer to them any time they request that. We have open lines of communication and can make referrals to them any time we need to.*

Another Tribal grantee described the sizeable improvement in the relationship between the program and the county jail for discharge planning for Tribal members.

However, other Tribal grantees have described persistent challenges to establishing bi-directional partnerships with county jails when there are no procedures for identification of incarcerated Tribal members or bi-directional data sharing. They noted that jails are not incentivized to track Tribal members in custody or share data with Tribal governments.

Implementation barriers

Grantees described a range of challenges serving their participants in communities with scarce resources. This was especially apparent in rural areas with fewer resources for behavioral health treatment.

IMPACTS programs across the state continue to experience capacity issues around community resources, staffing, and program administration.

Despite notable progress in the second and third grant cycles, IMPACTS grantees continued to struggle with a range of capacity issues. Limitations in community resources, staff, and administrative capacity hindered program reach and were frequently mentioned as barriers to efficient program operations.

Notably, most grantees brought up a stark lack of resources available in their region including crisis, respite, and residential services, with a particular emphasis on lack of housing accessible to the IMPACTS population. Grantees explained the difficulty of navigating participants to shelters or other housing facilities that are temporary, seasonal, operate limited hours, or have restrictive eligibility that does not allow a history of conviction. Options to expand housing infrastructure can be prohibitively expensive for grantees, who noted a general lack of funding available for housing statewide. The lack of affordable, accessible housing was so acute that some grantees used IMPACTS grant funds to purchase residential units to house IMPACTS participants.

> *The remaining gaps in our area have always been the crisis, respite, residential type services and efforts being made towards that. After years and years of plans and promises, we have not seen the funding or the support to get it done. This whole region is void of certain residential services.*

Almost half of grantees noted staff capacity issues, specifically frequent staff turnover and the inability to quickly re-hire positions. A few grantees noted that they did not have enough staff for their programs to function effectively or accommodate 24/7 warm handoffs for participants.

> *I think staffing has just been a problem throughout the state, especially in this type of work. But we have been struggling with keeping our small IMPACTS team, a total team of four, fully staffed.*

More than a third of grantees mentioned being stymied by administrative barriers, including the inability to access certain data points across different systems. Specifically, not having access to jail release information meant staff often missed the opportunity to meet participants upon release, and the inability to track potential participants when they left a particular service area reduced the pool of folks who were IMPACTS-eligible.

> *From a data standpoint, one of the issues is our only data is with the county system. We could have members that have two or three incarcerations in this county, but they may have incarcerations in other jail systems, and we can't see that data… those members are essentially masked to us.*

Uncertainty of future IMPACTS funding limited long term planning for sustainable programs.

At the time of the grantee interviews, state funding for IMPACTS programming was not guaranteed beyond 2025.

Grantees expressed concerns about sustainability of the efforts they have made, and potential loss of progress established over the last several years. Some grantees underscored the value of their IMPACTS programs, noting that they have had a large impact with a small amount of funding.

> *My number one concern is what's going to happen with this funding opportunity moving forward. I feel like we are well-exceeding the bang for our buck in what we've accomplished in our county for the amount of money that we've been running it on. I don't want to lose this client base, and the people that we're impacting currently, if [the funding] goes to deflection… the programs parallel each other, but this program alone ...That's my number one concern is how we navigate this in the future.*

IMPACTS programs fill gaps in service connectivity that, otherwise, grantee sites would not have funding or staffing to bridge. Specifically, grantees emphasized that their programs help catch participants in the particularly vulnerable time between criminal legal system involvement and when they have established supports. The intentionally flexible design of the IMPACTS program allows program staff to innovate and provide for participants where they need the most assistance, whether that be with basic needs, stabilizing mental health, or establishing ongoing care.

Assessing IMPACTS

To date, IMPACTS program outcomes have been assessed quantitatively through local reporting and analysis of statewide administrative data. Local program outcomes reported to date include but are not limited to monthly reporting of service provision, client retention, rates of engagement, and counts of diversions from jail, emergency department, and hospitalization.[3] According to grantees, these metrics do not adequately capture the intangible value of IMPACTS programs, as described by grantees. Across sites, qualitative interviews revealed numerous intangible benefits that are not yet captured through quantitative reporting. This section describes grantee challenges with reporting and presents grantee accounts of program success that are not captured quantitatively.

Existing quantitative data systems may not reflect nuances of program operation and success.

More than two thirds of grantees felt quantitative data systems were not able to fully capture the breadth and depth of their program work. For example, grantees mentioned that community outreach about IMPACTS, e.g., building rapport with participants and behind-the-scenes work to connect participants to services, was not captured quantitatively.

> *The other piece that I think doesn't get captured for IMPACTS-identified clients are the things that really help support people feeling "normal." It's not necessarily sitting with a therapist every day… we have coupons to go get your hair cut, take your peer support to go walk through the rock garden… things that are a little unique, but also capture the humanity in the need for connection for a lot of these folks.*

Most programs lack the capacity to track or calculate cost shifting data.

There was general recognition that cost shifting away from jails and EDs was an important metric of success for IMPACTS programs, and more than two thirds of grantees were confident that their programs were contributing to positive changes in this area. However, the majority of these programs were not tracking specifics around cost shifting and noted that it was not a regular topic of conversation between partners.

> *I've not heard the EDs comment on reduced visits, but I know they recognize certain frequent visitors to the ED who are no longer coming. That is commented on. So it's more those individual instances, not the overall cost savings.*

> *Yes, we're saving money, so we need to show how much we're saving the system. There's no question that every day, just the cost of a jail bed day or a state hospital bed day, and also the human cost… We want to be able to show that very well because we know we're doing that.*

Siloed data systems for jails and hospitals were major barriers to meaningful data tracking, as was limited IMPACTS data infrastructure and program capacity. Many grantees had fewer than five staff members devoted to their IMPACTS programs, so time was allocated for direct participant services as opposed to developing more advanced data systems. A few grantees doubted that, even with more access to data, they would know how to calculate spending avoided due to IMPACTS. The one program that had partnered with their regional CCO for more in-depth data tracking reflected that it was still very difficult to attribute any specific medical claim or jail cost improvement directly to the IMPACTS grant. Some grantees also explained the challenges around quantifying outcomes of their program's prevention activities and pre-treatment work.

IMPACTS programs meet participants in moments of crisis and transition, filling critical gaps in community services.

IMPACTS programs frequently engage with individuals in times of crisis, during transitions between service providers, or as they are moving from the criminal legal system to safe and stable housing. Without IMPACTS, grantees noted that service gaps in their communities would not be filled or would be much more difficult to fill.

IMPACTS program staff step in during particularly vulnerable moments of change by meeting people where they are physically located (e.g., picking them up from prison, community outreach, etc.). As grantees described, IMPACTS programs meet participants in the moment with flexibility and responsivity to the needs of the day.

> *…[our IMPACTS staff's] day looks completely different on a day-to-day basis depending on the urgent needs of the community and our clients.*

> *We are really targeting where the gaps are for individuals to divert from the criminal justice system, whether it be from the jail, or right before the jail, or initial incarceration, or at release, or by the court. There are all these places where we can step in and pull clients.*

Given that the stated goal for many programs is to fill *local* service gaps, establishing and collecting outcomes that are appropriate for use across programs, or implementing standardized program models would be challenging. When asked about feasibility of shifting their operations toward a more standardized "best practices" framework, grantees responded that it would be difficult and potentially reduce their capacity to provide personalized services to high utilizer participants.

IMPACTS provides holistic support extending beyond standard treatment or care, including reconnection with culture and traditions and family reunification.

Grantees spoke about work their program has undertaken that is difficult to assign a monetary value to, but is central to the program ethos of humanizing, whole-person care, which could lead to generational effects from the IMPACTS program.

Several Tribal grantees brought up their singular positioning to provide culturally specific, whole-person care to Tribal members. Activities like providing opportunities to practice traditional crafts, hosting social events, providing medicine items like smudges, or participating in jail diversion that gets participants involved with the Tribe, ultimately help individuals to reconnect with their culture and traditions to

provide meaning and fulfillment and help them be successful beyond standard substance use disorder or mental health services.

> " *One person came out of treatment, and she started going to the [artists workshop] on a daily basis and spending hours there. We really think that that is what rehabilitated her – she already knew how to bead, but she found beading again. You're not supposed to bead while you're using. She came every morning and stayed half of a day just doing that, and she would tell you that that's what healed her. And she had been to treatment several times, and this last time we connected the treatment and then she came out and she had more treatment. She had a healing process through spirituality. Those were the two things that connected her, and now she's working for us.* "

Multiple programs mentioned their focus and success around family reunification, and the implications of having stable homes and parents for kids as they grow up, especially for kids that are removed from the child welfare system.

> " *I've got two young men that are in treatment, and they are doing really good. One gentleman, he's got his kids back and the other one gets visitations with his kids.* "

Grantees reported that relationships with criminal legal systems have reduced rates of failure to appear in court, increased referrals to treatment, and improved reentry planning and support.

Many grantees work with criminal legal system partners such as judges, defense attorneys, district attorneys, sheriffs, parole and probation, and jails, to improve diversion and reentry processes for people within the system, going beyond just IMPACTS participants to the larger legal-involved population.

One program spoke about the wide-ranging effects of gaining the trust of local judges; by drastically reducing the rates of failure to appear in courts through IMPACTS program case management, local judges allowed more pre-trial release, thereby decreasing the local jail census by half from its highest point and reducing forced releases to one in a year from almost 700 before the IMPACTS program.

> *COVID reduced the population in our jail… But through the management of our population, and our services in place, we're not even hitting that [reduced] number. So, you can do the math. If you just reduce [the incarcerated population] by X amount, and multiply that by $180 a day, you can save quite a bit of money pretty quickly.*

Another program worked to notify a judge which individuals coming through their courtroom could be successful IMPACTS participants. That judge has since become an advocate for the program and often makes referrals to treatment.

Several programs discussed partnering with jails or even co-locating services within jails to facilitate discharge planning and support, often planning rides for recently released individuals directly to treatment or other services to prevent opportunities for "slip ups."

Discussion

The IMPACTS programs, designed to address the needs of a complex high utilizer population and reduce excessive jail bookings and hospital admissions, have adopted a variety of approaches across county and Tribal sites. A review of published research about programs with similar target populations (high utilizers of emergency healthcare and/or criminal legal systems) and similar goals (reduction in utilization and associated costs) helps contextualize key findings about the IMPACTS programs.

Intentional lack of uniformity in criteria used to identify target population. Several studies report variability in definitions of "high utilizer" criteria.[6,7] Intentionally broad criteria could be considered a limitation; however, it reflects the complex nature and needs of the high utilizer population as well as the need for individualized plans of care.[7] Some studies report that strict eligibility criteria are purposefully not imposed to allow for flexibility, increased program reach, and appropriate tailoring of interventions.[7,8] Intentionally broad criteria for identifying the target population are important characteristics of the IMPACTS program, allowing for individualized service provision, adapting services to local resource availability, and bridging gaps between the identification of individual needs and connection to more intensive treatment or services.

Case managers, care coordinators, and peer support workers build necessary trust and rapport. These positions are particularly effective when using a caring approach to build trust, when they are available in moments of transition (e.g., reentry from criminal justice settings or from hospital to community), on-call 24-hours a day, and are co-located to bridge boundaries between systems and facilitate connections to more suitable care (e.g., care navigators in the ED or case managers in jail).[9-15] These practices have been shown to lower rates of recidivism, reduce rates of readmission, reduce ED utilization, and decrease unreimbursed care.[11-15]

Studies with qualitative interviews with the high utilizer population found that their health and healthcare usage were affected by early-life instability and traumas, including parental loss, unstable or violent relationships, and transiency, as well as difficult interactions with healthcare providers in adulthood, and emphasized the importance of caring relationships with healthcare providers and outreach teams.[14] The transient nature of this population poses challenges to follow-up.[14] Prioritizing safety, trust, choice, collaboration, and empowerment can reasonably be expected to result in better levels of engagement.[9,14]

Case managers, care coordinators, and peer support workers are common threads across IMPACTS programs and play a critical role in building trust and establishing and maintaining connectivity with the high utilizer population. IMPACTS program interviews provide a glimpse into how programs deliver effective, person-centered care, an understudied area in existing literature.[16] IMPACTS grantees discussed the difficulties of reaching, engaging, and/or retaining the high utilizer population in services. Grantees explained that escalated mental health needs take more time, resources, and trust building to address. Consistency, patience, empathetic/non-judgmental listening, and volume of time (outreach, coordinating and navigating services and resources) are notable characteristics of these positions. These positions bridge service gaps, provide support toward more efficient and meaningful care, and are necessary investments when working with the high utilizer population.

Tribal grantees are well-positioned to meet the needs of Tribal members who are justice involved, yet challenges remain. AI/AN individuals are incarcerated in the United States at disproportionately high rates, with young AI/AN males having the highest odds of incarceration compared to any other group.[17,18] A recent study found that AI/AN individuals with justice involvement in the last year had higher rates of mental illness and substance use disorder; further, their justice involvement was significantly associated with utilization of EDs, hospital stays, and substance use and mental health disorder treatment.[17] Previous studies have established that Indian Health Services is the primary provider of behavioral health services to the AI/AN population and suggest the need for connections between the criminal legal system and Indian Health Services to help create pathways away from justice involvement for this population, and ensure access to culturally relevant services.[17,19]

Some IMPACTS Tribal grantees are working adjacent to or within county jail systems, providing reentry support to improve transitions back into the community, reduce recidivism, and increase connections to treatment. County IMPACTS grantees also mentioned positive relationships and referral mechanisms with Tribal partners. However, several IMPACTS Tribal grantees described barriers obtaining information on their incarcerated members from county systems, preventing more effective diversion and treatment.

Changing the systems of care around the individual. Many interventions for complex populations focus on changing the individual; however, there are promising and replicable approaches that focus on improving the systems of care around individuals to better target root causes driving high utilization behaviors.[20] Similarly, IMPACTS programs have built strong partnerships over the years, leading to systems changes.

Implementation of the 988 crisis and suicide hotline creates an opportunity to integrate behavioral health professionals into emergency response through 988/911 interoperability or by embedding behavioral health professionals in the 911 call centers.[21,22] These practices can assist in resolving calls for behavioral health needs over the phone or determining appropriate alternative response such as a crisis team. At least one IMPACTS program adopted a form of 911 interoperability for receiving behavioral health calls, and another was a key contributor to implementing a local 988 line. Other IMPACTS programs have established a process to receive behavioral health-specific call logs from emergency services after-the-fact to inform outreach efforts, similar to Community Paramedic programs but specific to behavioral health needs. While no programs mentioned working on a Community Paramedic response, it may be an area for programs to explore meeting their communities' needs in future.

Studies show that cross-sector collaboration is another systems-level change that has shown promising outcomes by helping to provide wrap-around services for vulnerable populations.[23] Among healthcare high utilizers, cross-sector collaboration has reduced ED visits and hospital admissions, improved clinical outcomes, decreased symptoms, improved treatment adherence, and lowered the cost of care.[7,8,16,23-25] Known barriers to cross-sector partnerships include incompatible priorities, structures, and workflows, power differentials, and limited funds to support systems alignment.[26] Known facilitators include regular meetings focused on fostering shared understanding and purpose, and dedicated resources for data-sharing infrastructure and strategic systems alignment.[7,16,26,27] Care coordination meetings, often interprofessional, are commonly used among IMPACTS programs. These allow for strategizing and critical reflection to better understand and care for high utilizer participants, as well as to more effectively identify high utilizers appearing in one or more systems. IMPACTS programs leverage multi-disciplinary partnerships and meetings to review service coverage, avoid or prevent duplication of services, better identify service gaps, and generate solutions. Some IMPACTS grantees use technologies, through collaboration with their CCOs or use of software such as PointClickCare, that provide real-time insight and health information exchange across agencies.

Challenges assessing tangible outcomes of high utilizer interventions. Literature around high utilizer interventions often focuses on health systems and healthcare spending.[28] Few studies assess multi-disciplinary interventions for high utilizers of the criminal legal system, with most cost estimates limited to legal processing costs and cost per day in jail.[29] There are limited studies on whether programs aimed at

reduced criminal legal system recidivism are cost effective; however, a 2023 review of 19 studies focused on the cost-benefit of community- and institutional-based correctional treatment programs found all 19 studies yielded favorable results.[30] Zane et al (2023) argue that high utilizer programs have enormous cost-savings potential, even if numbers are low:

> "*Since the cost of offending is very high, programs do not need to be very effective to save money. For example, if a program cost $1,000 per participant, and 1,000 persons received the program, $1 million would have been spent. On the basis of Cohen and Piquero's (2009) estimates, if only one person were saved from a life of crime, between $3.2 million and $5.8 million would be saved. Therefore, the benefits could outweigh the costs even if the program was only effective with one in 1000 participants.*"[30]

Another study on forensic assertive community treatment, an evidence-based service delivery model for individuals with serious mental illness and a history of repeated arrests, found a $1.50 return for every $1 spent on implementation.[31]

Some IMPACTS programs have more capacity than others to estimate or assess cost shifting. One program engages their local CCO, who provides analyses using individual health system usage data and jail data obtained through their multi-disciplinary IMPACTS program collaboration. This approach could provide a blueprint for other programs to better estimate cost shifting across systems. Most grantees did not have close collaboration with a partner like a CCO to perform data analysis and did not have the internal capacity to perform any cost estimation themselves beyond the cost per jail bed per day. Like other similar programs with published studies, IMPACTS programs struggled to quantify system-level process improvements, which likely make an impact beyond the target population.

Using statewide administrative data to assess change in the IMPACTS catchment area from 2020-2022, The OHSU Center for Health Systems Effectiveness (CHSE) reported decreased convictions and associated recidivism and increased initiation and engagement in alcohol or other drug treatment within IMPACTS jurisdictions compared to the rest of the Oregon.[4] One way to improve data on cost shifting among active IMPACTS participants over time would be inclusion of participant identifiers in monthly reporting. This would enable direct linkage to health system and law enforcement data.

Conclusion. IMPACTS provides individualized service provision, adapting services to local resource availability, and bridging gaps between the identification of individual needs and connection to more intensive treatment or services. The social, behavioral,

and medical complexities of the IMPACTS target population take more resources, time, and trust building to address; grantee programs are specifically designed to offer this. IMPACTS has created needed pathways away from justice involvement for the AI/AN population. There are promising and replicable approaches that focus on improving the systems of care around individuals to better target root causes driving high utilization behaviors. Effective estimations of cost shifting are challenging and may require participant identifiers collected retroactively and/or in future iterations of high utilizer programming in Oregon.

References

1. Oregon Laws 2019, Chapter 563 (2019). July 15, 2019. Accessed 5/17/2025. https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2019orlaw0563.pdf

2. Allen S, Warney C. *Behavioral Health Justice Reinvestment in Oregon*. 2020. Accessed 5/20/2025. https://csgjusticecenter.org/wp-content/uploads/2020/10/OR-BHJR-FEB_FINAL_v4.pdf

3. Ash-Houchen W, Sorensen A, Benton M, Beck K, Sanchagrin K. *The Improving People's Access to Community Based Treatments, Supports, and Services (IMPACTS) Grant Program, Per Senate Bill 973 (2019)*. 2025. Accessed 5/17/2025. https://www.oregon.gov/cjc/CJC%20Document%20Library/2025_IMPACTS_Report.pdf

4. Renfro S, Charlesworth C. *IMPACTS Statewide Evaluation: Grant Cycle 1 Report*. 2024. Accessed 5/29/2025. https://www.oregon.gov/cjc/impacts/Documents/IMPACTS_Statewide_Evaluation-Grant_Cycle_1_Report_Rev_04_2025.pdf

5. United States Census Bureau. Oregon Population 4.2 Million in 2020, Up 10.6% From 2010. Accessed 5/29/2025, https://www.census.gov/library/stories/state-by-state/oregon.html#race-ethnicity

6. Boland LL, Jin D, Hedger KP, Lick CJ, Duren JL, Stevens AC. Evaluation of an EMS-Based Community Paramedic Pilot Program to Reduce Frequency of 9-1-1 Calls among High Utilizers. *Prehosp Emerg Care*. 2023;27(5):704-711. doi:https://doi.org/10.1080/10903127.2022.2086653

7. Fertel BS, Podolsky SR, Mark J, Muir MR, Ladd ME, Smalley CM. Impact of an individual plan of care for frequent and high utilizers in a large healthcare system. *Am J Emerg Med*. Nov 2019;37(11):2039-2042. doi:https://doi.org/10.1016/j.ajem.2019.02.032

8. Mercer T, Bae J, Kipnes J, Velazquez M, Thomas S, Setji N. The highest utilizers of care: individualized care plans to coordinate care, improve healthcare service utilization, and reduce costs at an academic tertiary care center. *J Hosp Med*. Jul 2015;10(7):419-24. doi:https://doi.org/10.1002/jhm.2351

9. Malvaso CG, Day A. A Thematic Analysis of Case Managers' Perspectives on Enablers and Constraints to Community Youth Justice Service Delivery in an Australian Jurisdiction. *Journal of Contemporary Criminal Justice*. 2025;41(2):414-435. doi:http://dx.doi.org/10.1177/10439862251331349

10. Easter A, Pollock M, Pope LG, Wisdom JP, Smith TE. Perspectives of Treatment Providers and Clients with Serious Mental Illness Regarding Effective

Therapeutic Relationships. *J Behav Health Serv Res*. Jul 2016;43(3):341-53. doi:https://doi.org/10.1007/s11414-015-9492-5

11. Tyler N, Wright N, Waring J. Interventions to improve discharge from acute adult mental health inpatient care to the community: systematic review and narrative synthesis. *BMC Health Serv Res*. Nov 25 2019;19(1):883. doi:https://doi.org/10.1186/s12913-019-4658-0

12. Sells D, Curtis A, Abdur-Raheem J, et al. Peer-Mentored Community Reentry Reduces Recidivism. *Criminal Justice and Behavior*. 2020;47(4):437-456. doi:https://doi.org/10.1177/0093854820901562

13. Schoolmeester A, Keiser M. Use of Care Guides to Reduce Emergency Department Visits by High-Frequency Utilizers. *J Emerg Nurs*. Nov 2023;49(6):863-869. doi:https://doi.org/10.1016/j.jen.2023.07.007

14. Mautner DB, Pang H, Brenner JC, et al. Generating hypotheses about care needs of high utilizers: lessons from patient interviews. *Popul Health Manag*. 2013;16 Suppl 1:S26-33. doi:https://doi.org/10.1089/pop.2013.0033

15. Bakshi S, Carlson LC, Gulla J, et al. Improving Care Coordination and Reducing ED Utilization Through Patient Navigation. *The American Journal of Managed Care*. 2022;28(5):201-206. doi:https://doi.org/10.1089/pop.2013.0033

16. Brooks EM, Winship JM, Kuzel AJ. A "Behind-the-Scenes" Look at Interprofessional Care Coordination: How Person-Centered Care in Safety-Net Health System Complex Care Clinics Produce Better Outcomes. *Int J Integr Care*. Apr 28 2020;20(2):5. doi:https://doi.org/10.5334/ijic.4734

17. Renn T, Moore J, Schultz KA, Veeh CA. Comparing Behavioral Health Outcomes and Treatment Utilization of Those With and Without Justice Involvement Within the Past Year Among American Indian and Alaska Native Adults. *J Racial Ethn Health Disparities*. Apr 2024;11(2):685-695. doi:https://doi.org/10.1007/s40615-023-01552-2

18. McCauley EJ, LeMasters K, Behne MF, Brinkley-Rubinstein L. A Call to Action to Public Health Institutions and Teaching to Incorporate Mass Incarceration as a Sociostructural Determinant of Health. *Public Health Rep*. Sep-Oct 2023;138(5):711-714. doi:https://doi.org/10.1177/00333549221120243

19. Gone JP. Mental Health Services for Native Americans in the 21st Century United States. *Professional Psychology: Research and Practice*. 2004;35(1):10-18. doi:https://psycnet.apa.org/doi/10.1037/0735-7028.35.1.10

20. Hardin L, Kilian A, Muller L, Callison K, Olgren M. Cross-Continuum Tool Is Associated with Reduced Utilization and Cost for Frequent High-Need Users. *West J Emerg Med*. Feb 2017;18(2):189-200. doi:https://doi.org/10.5811/westjem.2016.11.31916

21. Holliday SB, Matthews S, Hawkins W, Cantor JH, McBain RK. *The Road to 988/911 Interoperability: Three Case Studies on Call Transfer, Colocation, and Community Response*. 2024. Accessed 5/29/2025. https://www.rand.org/content/dam/rand/pubs/research_reports/RRA3100/RRA3112-1/RAND_RRA3112-1.pdf

22. Torres GS. *Embedding Behavioral Health Professionals in 911 Call Centers*. 2024. Accessed 5/29/2025. https://govlab.hks.harvard.edu/wp-content/uploads/2024/11/embedding_behavioral_health_professionals_in_911.pdf

23. Hardin L, Trumbo S, Wiest D. Cross-sector collaboration for vulnerable populations reduces utilization and strengthens community partnerships. *Journal of Interprofessional Education & Practice*. 2020;18doi:https://doi.org/10.1016/j.xjep.2019.100291

24. Lewis J, Hoyt A, Kakoza RM. Enhancing quality of primary care using an ambulatory ICU to achieve a patient- centered medical home. *J Prim Care Community Health*. Oct 1 2011;2(4):234-9. doi:https://doi.org/10.1177/2150131911410063

25. Margolius D, Wong J, Goldman ML, Rouse-Iniguez J, Bodenheimer T. Delegating responsibility from clinicians to nonprofessional personnel: the example of hypertension control. *J Am Board Fam Med*. Mar-Apr 2012;25(2):209-15. doi:https://doi.org/10.3122/jabfm.2012.02.100279

26. Chuang E, Safaeinili N. Addressing Social Needs in Clinical Settings: Implementation and Impact on Health Care Utilization, Costs, and Integration of Care. *Annu Rev Public Health*. May 2024;45(1):443-464. doi:https://doi.org/10.1146/annurev-publhealth-061022-050026

27. Wasilewski L. Case Management Coordination for High Utilizers. *Policy & Practice*. 2016;(From the Field)doi:https://trayinc.cld.bz/Policy-and-Practice/P-P-December-2016/6

28. Chang E, Ali R, Seibert J, et al. Interventions to Improve Outcomes for High-Need, High-Cost Patients: A Systematic Review and Meta-Analysis. *Journal of General Internal Medicine 2022 38:1*. 2022-10-11;38(1)doi:http://dx.doi.org/10.23970/AHRQEPCCER246

29. Yamatani H, Spjeldnes S. Saving Our Criminal Justice System: The Efficacy of a Collaborative Social Service. *Social Work*. 2011;56(1):53-61. doi:https://doi-org.liboff.ohsu.edu/10.1093/sw/56.1.53

30. Zane SN, Pupo JA, Welsh BC. Correctional treatment as an economically sound approach to reducing the high costs of recidivism: A review of the research. *Crim Behav Ment Health*. Apr 2023;33(2):125-138. doi:https://doi.org/10.1002/cbm.2284

31. Maeng D, Tsun ZY, Lesch E, et al. Affordability of Forensic Assertive Community Treatment Programs: A Return-on-Investment Analysis. *Psychiatr Serv*. Apr 1 2023;74(4):358-364.
doi:https://doi.org/10.1176/appi.ps.20220186

Appendix A: Methods

All data collection and analysis activities described in this report were assigned a determination of Not Human Research by the OHSU Institutional Review Board (IRB #00024220).

All 15 IMPACTS grantees participated in qualitative interviews with two study team members between October 22 – November 20, 2024. Interview length ranged from approximately 30 minutes to 1 hour (mean = 49 minutes).

Interviews were recorded with the permission of the interviewees. The qualitative interview guide (Appendix B) included open-ended questions about grant program capacity and observed impacts, participant success stories, relationships with community partners and participants, and program changes during the second and third grant cycles.

Three study team members conducted a thematic analysis of the interview data using ATLAS.ti [Scientific Software Development, Version 25]. A codebook was developed based on interview guide domains. All three team members independently coded two interviews. Code definitions were reviewed and refined to more accurately and precisely delineate codes. All interview transcripts were then divided amongst the same three team members and double coded. The two team members who coded each transcript met to discuss and reconcile coding discrepancies and achieve inter-coder agreement before beginning analysis.

The code reports were divided amongst the team members, with one team member serving as the "primary" reviewer, and a second team member as the "secondary" reviewer. Each primary reviewer independently reviewed the assigned code reports to generate emerging themes, with the secondary reviewer adding in comments and additional detail based on their review of the code report. A "sense-making" meeting was held at the end of this process to discuss cross-cutting themes and to identify results to highlight in this report.

Appendix B: Qualitative interview guide

Intro: We're here today to learn more about your perspectives as an IMPACTS grantee, and to collect success stories that demonstrate impact above and beyond quantitative data that's collected in REDCap. We'll also want to talk about relationships your team has built in the past few years and any changes in how you've operated your program in the last two years, since July 2022. We will be reviewing all interview transcripts for key themes and will share findings in a report with grantees as well as the CJC.

There are no right or wrong answers and no desirable or undesirable answers. Everything you say will remain confidential, meaning what you say will not be attributed to you or your organization in any report summarizing these interviews. Anything you say will not affect your relationship with CJC or other key stakeholders.

We'll spend about an hour talking and, if it's OK with you, we'd like to record the conversation so that we can review it later and capture what you say accurately. Your organization, name and any identifying information will be removed from transcripts and the recording will be destroyed once the CJC report is finalized. Do you have any questions or concerns about us recording the conversation?

[If no, start recording. If yes, assign someone to take detailed notes]

Great. Why don't we start with a round of introductions, since not all of us have met. Let's have each person share their name, organization, and role and then hand off to someone else.

[Introductions]

<u>Capacity</u>

1. Can you please talk about how your program is reaching the intended target population (people with BH conditions who are high utilizers of jails, EDs, OSH, and other emergency services)? What barriers, if any, have you experienced?
    a. Probe: Do you feel like you need to expand the scope of the program to bring in more people?
    b. Probe: Is another program or service in your area capturing folks who would otherwise be eligible for IMPACTS?
    c. Probe: Are staffing shortages and/or inability to hire staff affecting program operations?

2. We've noticed from monthly reporting across the sites, the number of participants served each month is fairly steady, even when new participants are identified. Is your program at capacity with the number of clients you're seeing?
   a. Probe: Or do you have additional capacity but aren't able to identify or enroll enough clients?

Impact

3. Are there activities your site has been doing that are not captured by REDCap or other reporting tools (e.g. prevention)?
   a. Probe: If so, what are they?

4. Can you highlight a few success stories you've seen from your program?
   a. Probe: Client successes, program successes, or services that have been particularly helpful?

5. Can you tell us about if or how your community has changed as a result of this program?
   a. Potential Probe: Have you observed more understanding of the IMPACTS program among your community services providers in the past few years?

6. The IMPACTS GRC has requested that CJC staff evaluate program performance in the new year. What would you highlight as the areas where your program shines?
   a. Probe: Are there any areas that you do feel would *not* be a fair or accurate assessment of your program's performance? Why?
   b. Probe: Any thoughts on cost savings?

[25 minutes]

Relationships

7. At what point does your program consider "discharging" a participant who has not been engaging in services?
   a. Probe: What does "discharge" mean for your program?
   b. Probe: How long without receiving a service would it take for a participant to be "discharged?"
   c. Probe: When does outreach stop, if at all?

8. What has been helpful for building relationships with clients?

9. Can you say a bit about the importance of your relationships with your local community partners (law enforcement, courts, behavioral health organizations, etc.)?
   a. Probe: How have these relationships changed over the course of the grant?

b. Probe: Has there been any leadership turnover and if so, how has this impacted program operations?

Program changes or iterations in the last two years (second grant cycle)

10. Has your approach to identifying or enrolling clients changed over time?
    a. Probe: Do you expect it to change with drug recriminalization in House Bill 4002?

11. When we talked to you in 2022 you mentioned [X] as being your goal for the program, has that stayed the same or shifted over time?
    a. Probe: Do you expect it to change with drug recriminalization in House Bill 4002?

12. If there were identified "best practices" for IMPACTS (e.g. mobile crisis response, walk in respite), could you shift your operations to reflect those with technical assistance and support?
    a. What changes or shifts would feel more achievable than others?

13. Can you describe what opportunities you would like to see for IMPACTS grantees to connect and share best practices?

[60 minutes]

We have reached the end of the structured interview questions. Is there anything else we should know about your experiences with IMPACTS – any barriers or facilitators of implementation – that we haven't discussed? Is there anything else that you would like to say?