# Grantee Community Discussion

Deflection Efforts at the Intersection of Behavioral Health and Criminal Justice

March 6, 2025

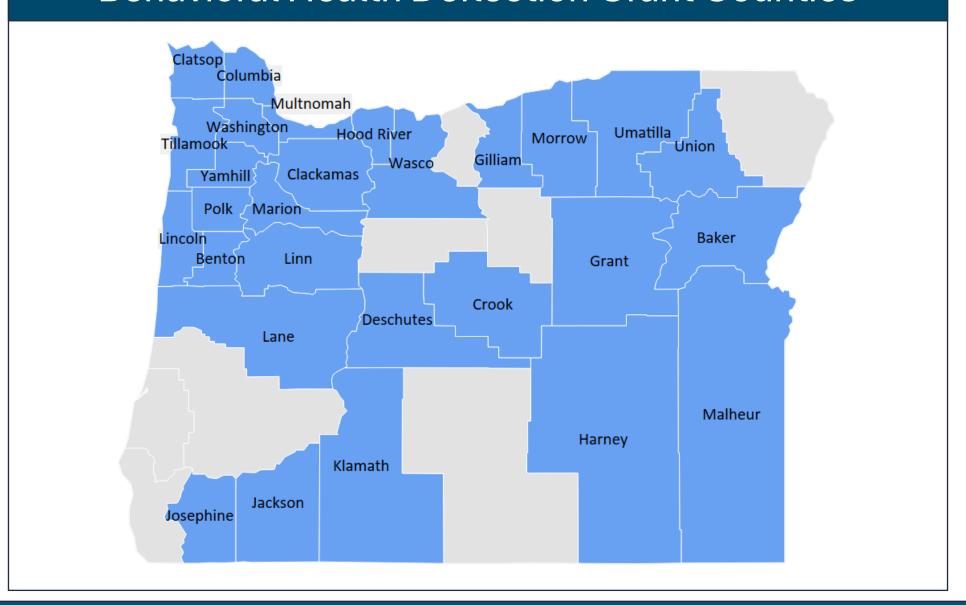
Kaysea Beck, Behavioral Health Program Manager

### **BHD Grant Program Overview**

- HB 4002 (2024) created the Oregon Behavioral Health Deflection Grant Program
- \$20,708,200 awarded via formula to counties and Oregon's federally recognized tribal governments
- 28 counties and six tribal governments were awarded funds



#### Behavioral Health Deflection Grant Counties

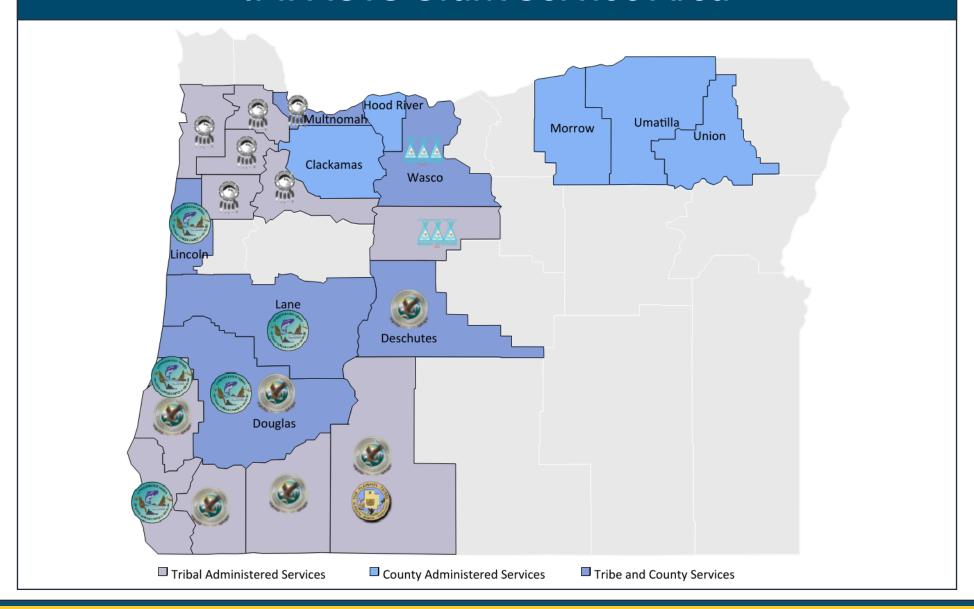




### **IMPACTS Grant Program Overview**

- SB 973 (2019) created the Improving People's Access to Community Based Treatment,
   Support and Services Grant Program
- \$10M in one-time funding appropriated by the Legislature each biennium since 2019
- 11 counties and five tribal governments currently funded through June 2025

#### **IMPACTS Grant Service Area**





### Participant Enrollment

- Who is eligible for your program?
- How are prospective participants encountered?
- Who is a participant's first point of contact?
- How does your program continue to engage the folks that need these services the most?
- How does your program leverage community partnerships to set participants up for success?
- Does your program reevaluate what is working well and what is not?





## Law Enforcement Buy-In

- How do you engage partners in the criminal legal system?
- Does your jurisdiction have a champion or a credible messenger within your local law enforcement agencies?
  - If so, how did that individual get involved?
  - How does that individual gain buy-in from other officers or other law enforcement agency leaders?
- What practices have you put in place to sustain these relationships?

## **Appendix**

#### Please Share

- Your name;
- Your professional title;
- The organization/county/tribal government that you work for; and
- If the work you do is related to the BHD or IMPACTS grant



<b>Deflection Pathway</b>	Definition
Self-Referral	An individual voluntarily initiates contact with a first responder agency (e.g., law enforcement, fire, or EMS) for a treatment referral. If the contact is initiated with a law enforcement agency, the individual
	makes the contact without fear of arrest.
Active Outreach	A first responder intentionally identifies or seeks out individuals with SUDs to refer them to or engage
	them in treatment or services; outreach is often conducted by a multidisciplinary team that can include a
	behavioral health specialist and/or a peer with lived experience
Naloxone Plus	First responders and program partners conduct outreach specifically to individuals who have recently
	experienced an opioid overdose to engage them in and provide linkages to treatment or other resources.
Officer Prevention	As a preventative measure, during routine activities such as patrol or response to a service call, a first
	responder engages individuals and provides referrals or treatment or to a case manager. Note: if law
	enforcement is the first responder, no charges are filed or arrests made.
Officer Intervention	During routine activities such as patrol or response to a service call during which criminal charges
	otherwise would be filed, law enforcement officers provide a referral to treatment, an intervention team,
	or a case manager or issue a noncriminal citation to report to a program. Charges are held in abeyance
	until treatment and/or a social service plan is successfully completed.
Community Referral	In response to a call for service, a team comprising community-based behavioral health professionals
	and/or other credible messengers - individuals with lived experience - sometimes in partnership with
	medical professionals, engages individuals to help de-escalate crises, mediate low-level conflicts, or
	address quality-of-life issues by providing referrals to treatment, services, or case managers.







Kaysea Beck, Behavioral Health Program Manager kaysea.beck@cjc.oregon.gov

