

Behavioral Health Justice Reinvestment in Oregon

Presentation to the Senate and House Committees on Judiciary

Tuesday, March 26th, 2019

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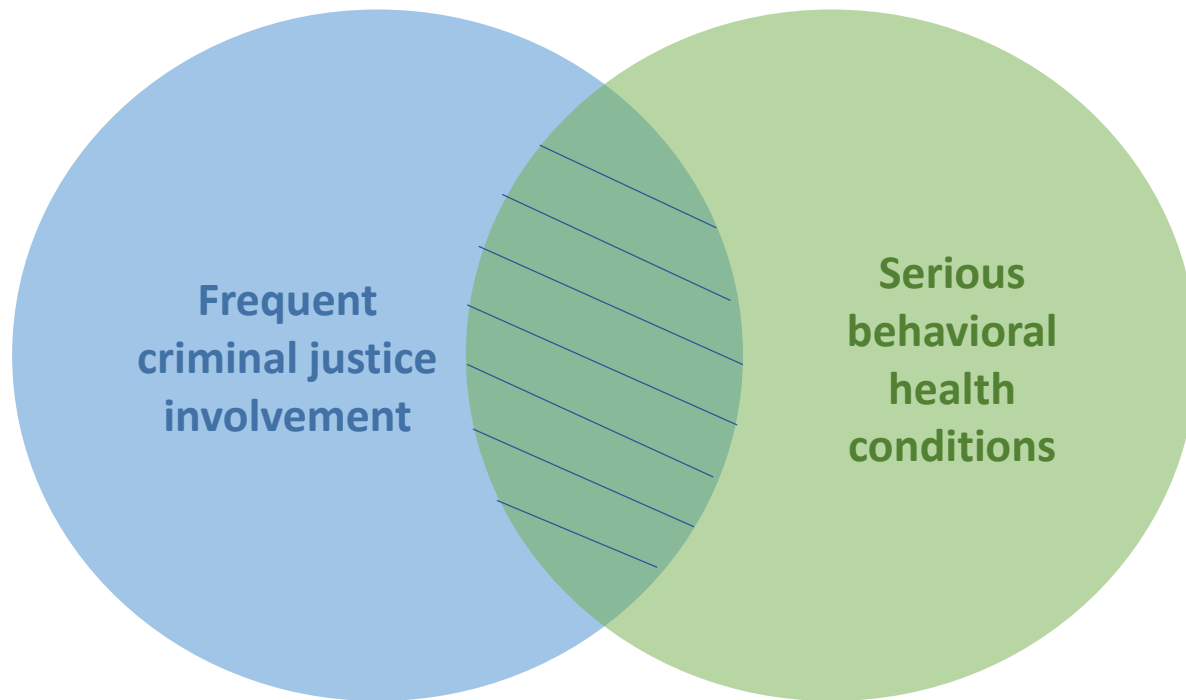


Justice Center

THE COUNCIL OF STATE GOVERNMENTS



The BHJR project is designed to address system challenges for a population that spans multiple systems in Oregon and establishes local and state partnerships to address them.



The Behavioral Health Justice Reinvestment (BHJR) project is grounded in the shared interest among local, regional, tribal, and state governments to address challenges related to people with serious behavioral health conditions cycling through Oregon's criminal justice and health systems.

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

HB 3194 (2013)

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

BHJR (2018)

- Focuses on the outcomes of adults in the criminal justice system who have serious behavioral health conditions
- Driven by collaborative engagement between behavioral health and criminal justice agencies at the county, tribal government, and state levels
- Designed to improve individual and community outcomes through a combination of new investments and more effective utilization of existing resources

32 steering committee members represented a range of perspectives.

Executive agencies

Patrick Allen, Director, Oregon Health Authority
(co-chair)
Heidi Steward, Assistant Director, Offender Management and Rehabilitation, Oregon Department of Corrections

Judiciary

Suzanne Chanti, Lane County Circuit Court Judge
Nan Waller, Multnomah County Circuit Court Judge

Legislature

Mitch Greenlick, State Representative, District 33
Floyd Prozanski, State Senator, District 4
Duane Stark, State Representative, District 4
Elizabeth Steiner Hayward, State Senator, District 17
Jackie Winters, State Senator, District 10

Statewide nonprofits

Andi Easton, Vice President of Government Affairs, Oregon Association of Hospitals and Health Systems
Bob Joondeph, Executive Director, Disability Rights Oregon
Belinda “Linda” Maddy, Department of Public Safety Standards and Training Crisis Intervention Training Coordinator, Crisis Intervention Teams Center for Excellence
Shannon Wight, Deputy Director, Partnership for Safety and Justice

County government

Jason Myers, Sheriff, Marion County *(co-chair)*
Kevin Barton, Washington County District Attorney
Jim Doherty, Morrow County Commissioner
Lee Eby, Jail Captain, Clackamas County Jail
Eric Guyer, Director, Jackson County Community Justice
Claire Hall, Lincoln County Commissioner
Silas Halloran-Steiner, Director, Yamhill County Health and Human Services
Allison Knight, Lane County Public Defender
Abbey Stamp, Executive Director, Multnomah County Local Public Safety Coordinating Council

Tribal government

Cheryle Kennedy, Chairwoman, The Confederated Tribes of Grand Ronde

Community-based nonprofits

Eric Carson, Recovery Mentor
Julia Delgado, Director of Programs, Urban League of Portland
Janie Gullickson, Executive Director, Mental Health Association of Oregon
Sandra Hernandez Lomeli, Youth Programs Director, Latinos Unidos Siempre (L.U.S.) Youth Organization
Angel Prater, Executive Director of FolkTime
Steve Sanden, Executive Director, Bay Area First Step
Paul Solomon, Executive Director, Sponsors, Inc.

A small but significant group of people repeatedly cycle through Oregon's public safety and health systems with broad system and personal impacts.

CRIMINAL JUSTICE FINDINGS

- In 2017, **9 percent** of people booked into the 12 counties that provided jail data accounted for **29 percent** of all booking events.
- These 5,397 people with frequent criminal justice involvement (FCJI) were booked into jail 4 to 19 times a year.
- While felony drug possession and property crimes were common for the FCJI group, only **2 percent** of FCJI bookings in 2017 on felony-level offenses were against persons.
- **Almost 80 percent** of FCJI people had some history of community corrections supervision.
- **Two-thirds** of FCJI people scored as high risk for recidivism on community corrections instruments.

HEALTH CARE FINDINGS

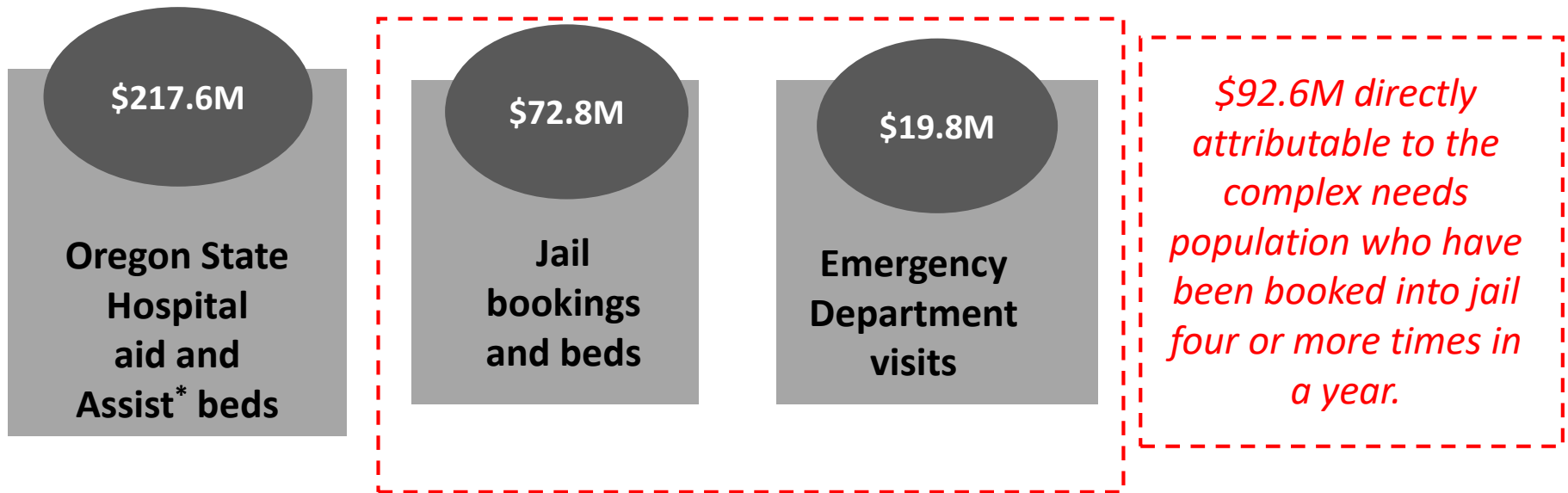
Two-thirds of FCJI people are Oregon Health Plan (OHP) members and are

- **150 percent** more likely to visit emergency departments compared to other OHP members;
- **650 percent** more likely to have a substance use disorder diagnosis, **75 percent** more likely to have a mental health diagnosis, and **533 percent** more likely to have a dual diagnosis compared to the other OHP members; and

OTHER FINDINGS

- People with FCJI are **more than 3 times** as likely than the general jail population to have an Oregon State Hospital stay.
- People with FCJI are much more likely to be homeless than the general jail population.

Financial impact estimates for people with complex behavioral health conditions cycling through Oregon's criminal justice and health care systems.



* Oregon State Hospital aid and assist cases are people who are transferred from the criminal justice system to the state hospital are commonly known as aid and assist cases (.370s), people who are charged with a crime and sent to the Oregon State Hospital to receive restoration competency services to help them aid and assist in their own legal defense.

Overview of the Behavioral Health Justice Reinvestment State-Run Grant Program

WHAT DOES THE PROGRAM SUPPORT?

Examples could include:

- Supportive housing
- Mobile crisis services
- Employment supports
- Care coordination
- Case management
- Medications
- Workforce
- Training
- Crisis units
- Sobering/detox centers

WHO APPLIES?

- Counties
- Tribal nations
- Regional consortiums

Communities assess local program support gaps for target population and submit requests to fund plans

HOW IS THE PROGRAM FUNDED?

County or Tribal Nation Investment

State Match

WHO OVERSEES THE PROGRAM?

BHJR Oversight Committee
Co-chaired by the Criminal Justice Commission (CJC) & the Oregon Health Authority (OHA)

CJC disperses non health care funds

OHA disperses health care funds

HOW IS PERFORMANCE MEASURED?

Establish a statewide system of continuous quality improvement anchored in clear, simple, meaningful performance measures, such as:

1. Reduce jail bookings, emergency department visits, and state hospital admissions
2. Improve stable housing
3. Improve stable employment
4. Improve recovery goals

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

Cost-analysis from FUSE study

FUSE II intervention \$23,290

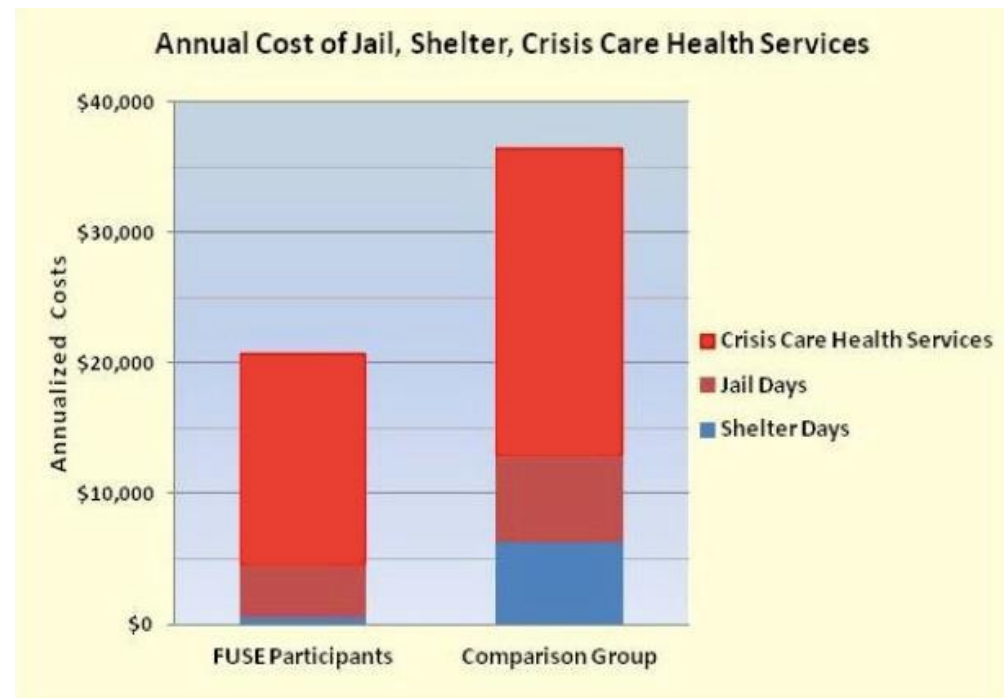
- including \$14,624 annual investment in wrap-around supportive service and costs

Overall, FUSE participants had less spending on:

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

\$15,680 less per person in FUSE

These cost avoidances virtually offset the entire cost of the wrap-around services.



SB 973 and HB 3281 BHJR Project Investments: Building from a Pilot to Statewide Approach

FY2020–2021 Funding Categories for the BHJR Grant Program

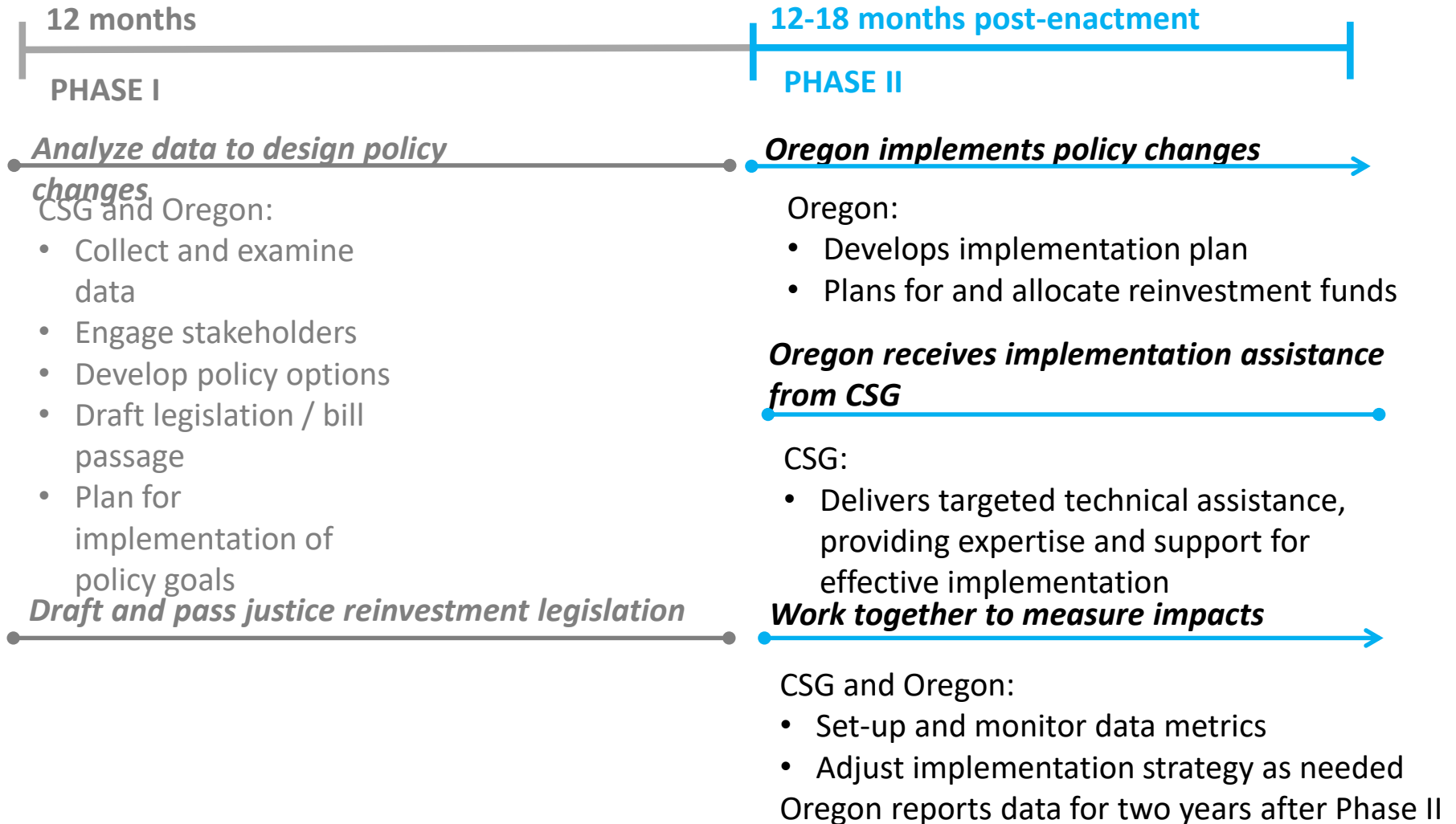
Category	Funding	Description
TOTAL BHJR Grant Program	\$23.05M	Includes costs for supports and services, statewide program supports, program evaluation, program administration, and supportive housing.
Supports and Services	\$3.8M	The supports and services for the target population not funded through Medicaid or other means. Examples could include, but are not limited to, mobile crisis services, peer-delivered services, care coordination, and detox centers. At least 72 percent of the total allocation of funding will go towards supports and services.
Statewide Program Supports	\$760K	Up to 20 percent of the total allocation to fund statewide access to specific program technical assistance supporting the BHJR program. Examples include grantee pre-proposal and implementation technical assistance, particularly for developing supportive housing proposals and technical assistance for troubleshooting program data collection requirements and information sharing between relevant parties.
Program Evaluation	\$190K	5 percent of the total allocation to fund ongoing costs related to the program evaluation, reporting, and delivery of data to drive local practice
Program Administration	\$700K	A percentage of the total allocation set aside for state staffing to administer the program.
Supportive Housing* One-time capital investment, on-going rental assistance, and wrap-around services	\$17.6M	Capital financing for supportive housing, which can include land/property acquisition, development, and construction. On-going costs of operating funding /rental assistance, which can include costs for building operations and maintenance, property management (operating), or private market rent (rental assistance), as well as supportive services staffing costs associated with case management and interdisciplinary teams.

*The supportive housing cost includes a one-time cost for construction and ongoing cost for rental assistance and wraparound services. For the initial pilot phase, construction costs will be \$13.5M and \$4.05M to cover rental assistance and wraparound services.

Summary of Multi-Year Funding Request

	FY 2020-2021	FY 2022-2023	FY 2024-2025
Target population	500 people	2,000 people	5,145 people
Program	\$5.5M	\$21.9M	\$56.7M
Supportive Housing Total	\$17.6M	\$58.1M	\$131.6.9M
One-time grants	\$13.5M	\$40.5M	\$84.9M
Rental Assistance	\$1.85M	\$7.9M	\$20.7M
Services and Supports	\$2.25M	\$9.7M	\$26.0M
Total investments	\$23.0M	\$80.0M	\$188.3M
TTL One-Time Housing Grants (from above)	\$13.5M	\$40.5M	\$84.9M

If policy goals are enacted, state leaders have the opportunity to request additional technical assistance to implement justice reinvestment policies.



Thank You

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