



**LANE COUNTY BEHAVIORAL HEALTH & CRIMINAL JUSTICE SYSTEM PLAN
UPDATE
ADOPTED BY LANE COUNTY PUBLIC SAFETY COORDINATING COUNCIL
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EXECUTIVE SUMMARY

CHARGE

The purpose of the planning effort is to conduct an analysis on the current status of the intersection of mental health (MH), addictions, and public safety efforts in Lane County, and develop system-wide recommendations for addressing priority needs and gaps.

HISTORY

On January 16, 2014, the Lane County Public Safety Coordinating Council (PSCC) at the request of Lane County Health & Human Services convened an ad hoc task team as part of their 2014 Workplan to conduct a gap analysis reviewing the current status of Lane County services related to mental health, addictions, and public safety. In July 2014 the Mental Health Summit agreed to serve as the PSCC's ad hoc task team. The Summit developed the Lane County Behavioral Health & Criminal Justice System Plan which was approved by the PSCC July 2015 for recommendation to the Board of County Commissioners (BCC). The BCC approved the Plan August 2015. As work was completed on implementing the Plan, Lisa Nichols, Assistant Director of Lane County Health & Human Services and Chair of the Summit, provided periodic progress reports to the PSCC. In November 2016 the Summit held a retreat to review progress in implementing the plan and develop an update to the Plan.

VISION

We live in a safe community with a behavioral health system that provides whole person care with a focus on wellness and recovery in the community, incorporating appropriate, integrated treatment and interventions at the appropriate time in a logical system with no wrong door. Our community is supported by a system and appropriately resourced infrastructure where entities delivering services are coordinated, connected, communicating, and collaborative for the benefit and wellbeing of the person needing care.

RECOMMENDATIONS

1. Develop a workplan for each of the new priority strategies which are no or minimal cost solutions.
2. Identify the status of each item.
3. For those items already being worked on, identify the group doing this work and invite them to meet with the Mental Health Summit to provide information on the status of work to develop and implement the solutions.
4. For solutions which require additional resources, monitor grant opportunities and additional state or local resources which may be used to fund solution implementation.
5. For those items which are more difficult to find funding for implementation, examine possible collaborations with other federal, state, or local agencies or organizations to implement the solutions.

I. INTRODUCTION

History

On January 16, 2014, the Lane County Public Safety Coordinating Council (PSCC) at the request of Lane County Health & Human Services unanimously adopted the following motion based on a planning process which occurred in Yamhill County:

The PSCC shall convene an ad hoc task team as part of their 2014 Workplan. This team shall conduct a gap analysis reviewing the current status of Lane County services related to mental health, addictions, and public safety. The team shall utilize the results of this analysis to develop recommendations for identified priority needs and gaps related to the intersection of the systems. The final recommendations will be submitted to the Board of County Commissioners for review and comment.

Charge to Task Team

Conduct an analysis on the current status of the intersection of mental health (MH), addictions, and public safety efforts in Lane County, and develop system-wide recommendations for addressing priority needs and gaps.

Sequential Intercept Mapping (SIM) for Early Intervention

In early February 2014, Lane County Behavioral Health applied to the GAINS Center for Behavioral Health and Justice Transformation for technical assistance. The GAINS Center chose 7 of the 21 applicants to receive the Sequential Intercept Mapping (SIM) for Early Diversion Workshop. Lane County was one of the successful applicants. On April 29, 2014, two consultants from Policy Research Associates who operates the GAINS Center conducted an all day workshop with the Mental Health Summit. Led by the consultants, Summit members developed a map illustrating how people with behavioral health needs come in contact with and flow through the criminal justice system. The Sequential Intercept Model was developed through the US Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS Center. The result was a map of the Lane County criminal justice and behavioral health system by intercept point. A draft identification of gaps, resources, and opportunities for the target population at each intercept was developed.

Plan Development and Implementation

In July 2014, the Mental Health Summit agreed to serve as the PSCC's Behavioral Health & Criminal Justice System Workgroup. They dedicated part of each monthly meeting to development of a plan to present to the PSCC for adoption and to be presented to the Board of County Commissioners (BCC). The Summit completed development of the Lane County Behavioral Health & Criminal Justice System Plan which was approved by the PSCC July 2015 for recommendation to the BCC. The BCC approved the Plan August 2015.

Work began to implement priority strategies identified in the Plan. Lisa Nichols, PSCC member and Chair of the Summit, facilitated and coordinated the implementation efforts. She provided periodic progress reports to the PSCC.

Plan Update Process

In November 2016 the Summit held a retreat to review progress in implementing the plan and develop an Update. January 2017 the update was approved.

II. VISION, GOALS AND VALUES

Vision, Goals, Values for Mental Health, Addictions, and Community Safety in Lane County

As part of fulfilling its charge, the Mental Health Summit crafted a vision for related services in Lane County:

We live in a safe community with a behavioral health system that provides whole person care with a focus on wellness and recovery in the community, incorporating appropriate, integrated treatment and interventions at the appropriate time in a logical system with no wrong door. Our community is supported by a system and appropriately resourced infrastructure where entities delivering services are coordinated, connected, communicating, and collaborative for the benefit and wellbeing of the person needing care.

The Mental Health Summit utilized the vision to identify goals and values for a comprehensive system of care and safety.

GOALS

1. Provide service and supports community members need.
2. Coordinate effective treatment.
3. Assist people in successfully navigating the system.
4. Offer immediate entry point with quick initial access.
5. Reduce police contacts.

VALUES

- People have a right to services
- People have access regardless of ability to pay
- Person-centered care; whole person care
- Promote individual choice in recovery
- Services maintain people’s dignity and respect
- Services available at all point of the continuum of care
- Ability to look at alternatives
- Continuum is easy to navigate
- Right type of treatment, interventions for the person
- Age appropriate services
- Wellness focused
- Basic needs met

- Quality, evidence based practices, outcomes monitored
- Right to decline services
- Funding systems talk to each other

We realize not every individual wants services from the mental health system. Some prefer alternatives outside the system, some are not able to make decisions about their own care, and others are civilly committed or have guardians.

III. PROGRESS ON IMPLEMENTING THE PLAN

Progress on Highest Priority/Most Urgent Gaps

A Progress Report was presented to the Summit’s November Plan Update Retreat which the group refined and adopted. Twenty-six members participated. Figures 1 and 2 below report identified solutions and progress on implementing them to fill the highest priority/most urgent gaps and identified gaps not prioritized by the Summit.

Figure 1. Progress on Highest Priority/Most Urgent Gaps

Behavioral Health System Gaps	Solutions	Status
No or Minimal Cost Solutions		
Coordination with Primary Care Providers (PCP) and Psychiatrists	Improved coordination between CHCLC and LCBH providers	In Progress
Jail releases – connect to community services for transition	Expanded LCBH Jail Intercept Program; Jail providing community resource sheet; Jail collaboration with Hourglass	In Progress
Restart IMPACT Team	FUSE Project implemented	Complete
Crises Team (Police, Mental Health, Attorney)	EPD has implemented a Community Outreach and Response Team in the downtown mall area; Continue expansion of this team	In Progress
Solutions Which Require Additional Resources		
Housing for persons with mental illness who end up in Lane Co. Jail	Sponsors developing 50-60 unit complex; continue to need additional housing options	In Progress
Rapid access to Prescribers	LCBH is expanding MH Prescriber access but other community options remain limited	Incomplete
VA does not have mental health intensive case management	Eugene VA clinic opened, allowing access to MH Prescribers and coordination	Incomplete

Behavioral Health System Gaps	Solutions	Status
	with Eugene BA BH Recovery & Reintegration Services for ongoing MH treatment needs	
Lack of inpatient services for children and youth	Looking Glass has opened the Shelter and Assessment Center but closed their Youth Psychiatric and Sub-Acute residential programs leaving a continued lack in capacity for youth inpatient services	Incomplete

Figure 2. Progress on Identified Gaps Not Prioritized by MH Summit

Behavioral Health System Gaps	Solutions	Status
CAHOOTS lacks place to take people	Hourglass Community Crisis Center	In progress
Peer services – Recovery model	LCBH has expanded use of Peer Support Services	In progress
Circuit Mental Health Court	Implemented Circuit Court Mental Health Court October 2016	Complete
Better interagency communication regarding data	SPMI Subcommittee taken ownership of collecting and monitoring data related to the Oregon Performance Plan	In progress
Lack of shared data system among law enforcement agencies	Sheriff’s Office, LCBH, and LCDD are implementing the LEDS MH Database.	In progress
Limited psychiatric time in jail	SO has contract with CFMG that provides increased psychiatric and MH services.	Complete
Links/planning (between criminal justice and mental health and between mental health organizations)	Monthly MH Summit acting as planning and coordinating body between the CJ and MH systems	In progress
Jail Reentry Transition Team	Jail and LCBH coordinating to provide 3.0 FTE MH Specialists to provide treatment and discharge planning in the Jail	In progress

IV. UPDATED HIGHEST PRIORITY/MOST URGENT GAPS

At the Retreat, Summit members reviewed the highest priority/most urgent gaps, gaps not prioritized by the Summit but where some progress had been made, and remaining gaps identified in the Plan. New gaps were added, as needed, and discussed. Members then were given four dots to place by their highest priorities. Dots were tabulated and new priorities were identified as shown in Figure 3 below. \$\$\$ in the Status column denotes funding is needed before progress can truly be made.

Figure 3. Highest Priority – November 14, 2016 Retreat

Behavioral Health System Gaps	Solutions	Status	Dots
1. Crisis Services; 24 hour crisis respite; peer supported crisis respite; include Attorneys	Hourglass Community Crisis Center opened; Limited peer support crisis respite beds to be added; Continue to need additional crisis respite beds and increased peer services	In progress \$\$\$	10
1. More affordable housing, rental subsidies		\$\$\$	10
2. Social security disability Case Managers for those homeless, risk of homelessness (SOAR) [Economic benefit: bring Federal \$ back to Lane County]		\$\$\$	9
3. Housing prior to treatment, wet beds, commitment to treatment, recovery	The Poverty & Homelessness Board is in the process of developing a 50 unit Housing First building	In progress \$\$\$	7
4. Presentence assessment to identify High Risk – High Need			6
4. Adequate community-based restoration resources		\$\$\$	6
5. Transition from Inpatient to Outpatient – Peer Support a. Behavioral health brokerage services b. Discharge plans with support for reentry c. Treatment release program		\$\$\$	5

Behavioral Health System Gaps	Solutions	Status	Dots
(similar to work release) d. Easy, rapid access to services, smooth transition, continuity of services			
6. Supported housing with intensive case management, peer support	Sponsors/HACSA and the PHB are actively working on supported housing projects. Continue to need additional options in our community	In progress \$\$\$	4
7. Preventive/early intervention, education on early stages or onset of mental illness and substance abuse		\$\$\$	4
8. Trauma specific services			4
9. Softer handoff, coordinated care and Peer Support			4

Description of Priority Strategic Solutions

Some efforts working toward identified strategic solutions have already begun in the community. However, existing efforts alone will not realize full implementation of identified solutions. The workgroup will inventory and track existing efforts to assist in action planning for next steps which will ultimately culminate in full implementation.

a. No or minimal cost solutions

Presentence assessment to identify High Risk – High Need

In addition to behavioral health assessments used to identify specific client needs prior to sentencing, use of a criminogenic risk/needs assessment would provide additional information to help meet clients’ needs in specific domains regarding risk to reoffend. It is recommended that use of the validated LS/CMI assessment be incorporated into the process pre-sentence.

Trauma specific services

Trauma specific services (TSS) are specifically designed to treat and support individuals who have experienced trauma. TSS are known to be of benefit because they help alleviate, reduce or prevent the negative health impacts of trauma. As most individuals who cross the BH and CJ systems have experienced some type of trauma, the need for TSS are clear. While there has been an expansion of TSS in recent years, there are still gaps and a need for more understanding among providers within our systems of care. It is recommended that we continue to support education about trauma specific services and their availability within the mental health system and in the wider community.

Softer handoff, coordinated care and Peer Support

Lane County's system of mental health care could benefit from increased coordination between services providers, especially at points of step-down transitions (such as from acute care to the community). This type of warm hand-off allows for increased support for individuals and increases likelihood of engaging and maintaining in services. This approach is further enhanced when Peer Support Specialist are involved.

b. Solutions which require additional resources

Crisis Services; 24 hour crisis respite; peer supported crisis respite; include Attorneys

Lane County has recently contracted with Columbia Care to institute the Hourglass Community Crisis Center. This service provides individuals experiencing a mental health crisis an option for assistance as an alternative to local emergency rooms and jails. While this service has greatly augmented local mental health crisis resources, other elements are still required to realize a full and robust system of crisis mental health care. It is recommended that services be developed that provide additional options including short-term crisis housing services for appropriate individuals and intensive outpatient services for both mental health and addictions treatment. It is further recommended that, for individuals involved with the courts and criminal justice system, that improved coordination occur with local attorneys in order to better support and serve these individuals.

More affordable housing, rental subsidies

Availability of affordable housing is deficient in Lane County. For those who are exiting from the prison and/or jail system, housing options are even further limited. Lack of housing provides an instability that negatively impacts individuals including those with mental illness. It is recommended that additional housing options be developed to provide a safe and healing environment for those dually involved in the criminal justice and behavioral health systems.

Social security disability Case Managers for those homeless, risk of homelessness (SOAR)

Navigating the complexity of applying for Social Security Disability benefits is often difficult for many, including those who are unhoused and/or experiencing mental health symptoms. This can result in those that are eligible for these benefits without this necessary and steady source of income. It is therefore recommended that case managers, specifically trained in this process, be made available to assist necessary individuals in our local community. This recommendation also carries an economic benefit as it returns federal dollars to Lane County.

Housing prior to treatment, wet beds, commitment to treatment, recovery

Availability of affordable housing is deficient in Lane County. For those individuals with substance use issues, housing options are often further limited. This is especially true for individuals that are not stabilized in their recovery and experience recurring episodes of substance use. The majority of supported housing options currently require abstinence from substance use thus eliminating a large segment of individuals that are in need of housing. It is recommended that housing options in our community be expanded to include those with on-going substance abuse issues, providing for a harm reduction approach and allowing individuals

to have a safe and secure environment to continue substance abuse treatment and fully realize recovery.

Adequate community-based restoration resources

Community based restoration services are geared towards individuals that have committed a crime but due to their symptoms of mental illness are not able to assist in their defense. To improve their ability in this area, clients can either receive restoration services either in the community or via the Oregon State Hospital (OSH). Recent statewide growth of such individuals, referred to as .370 or Aid and Assist clients, has spurred focus on improving local resources in order to reduce this populations presence at the OSH. Community-based restoration services would include housing, meeting basic needs, and linking the individual to mental health services.

Transition from Inpatient to Outpatient – Peer Support

Improved transitions from inpatient to outpatient care can greatly increase individuals' likelihood of success for remaining in a community setting. To assist in this area, several options were generated including:

- a. Behavioral health brokerage services
- b. Discharge plans with support for reentry
- c. Treatment release program (similar to work release)
- d. Easy, rapid access to services, smooth transition, continuity of services

Supported housing with intensive case management, peer support

Availability of affordable supported housing is deficient in Lane County. Without a safe and healing environment it is difficult for individuals involved with the mental health and criminal justice systems to focus on their treatment needs and remove themselves from cycling through the system. It is recommended that additional supported housing options be made available in Lane County especially for those active in mental health treatment and criminal justice involvement.

Preventive/early intervention, education on early stages or onset of mental illness and substance abuse

Lane County supports prevention activities, education and early intervention for mental illness and substance use issues. Through the Early Assessment and Support Alliance (EASA) offered by Peace Health, services and supports are offered for those experiencing the onset of mental health services. Additionally, through the Lane County Prevention program, much work is done in the areas of suicide prevention as well as mental health promotion, and problem drinking, gambling and other drugs. There is, however, much benefit that can be realized in the community by continuing to grow and extend these types of services.

V. RECOMMENDATIONS

Recommendations

1. Develop a workplan for each of the new priority strategies which are no or minimal cost solutions.
2. Identify the status of each item.
3. For those items already being worked on, identify the group doing this work and invite them to meet with the Mental Health Summit to provide information on the status of work to develop and implement the solutions.
4. For solutions which require additional resources, monitor grant opportunities and additional state or local resources which may be used to fund solution implementation.
5. For those items which are more difficult to find funding for implementation, examine possible collaborations with other federal, state, or local agencies or organizations to implement the solutions