



Sequential Intercept Model Mapping Report

Deschutes County, Oregon
May 2018

Law Enforcement

Elected Officials

Substance Abuse

Hospitals

Criminal Justice

Mental Health



Prepared by:



Oregon Center on
Behavioral Health &
Justice Integration



Carol Speed
Criminal Justice Behavioral Health Manager

Ari Wagner
Director of Organizational Development

Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

Introduction:

The purpose of this report is to provide a summary of the *Sequential Intercept Mapping and Taking Action for Change* workshop held in Deschutes County, Oregon on May 22, 2018. The workshop was sponsored by GOBHI. This report (and accompanying electronic file) includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A sequential intercept map as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Deschutes County achieve its goals

Recommendations contained in this report are based on information received prior to or during the *ACTION* workshops and the Community Collaboration Survey. Additional information is provided that may be relevant to future action planning.

Background:

Deschutes County Local Public Safety Coordinating Council and other local stakeholders, requested the *Sequential Intercept Mapping and Taking Action for Change* workshops to provide assistance to Deschutes County with:

- Creation of a map indicating points of interface among all relevant local systems
- Identification of resources, gaps, and barriers in the existing systems
- Development of a strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system

The participants in the workshops included 46 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, human services, corrections, advocates, family members, consumers, law enforcement, and the courts. A complete list of participants is available in the resources section of this document. Ari Wagner and Carol Speed from GOBHI, facilitated the workshop sessions.

Workshop Goals:

The *Sequential Intercept Mapping Exercise* has three primary objectives:

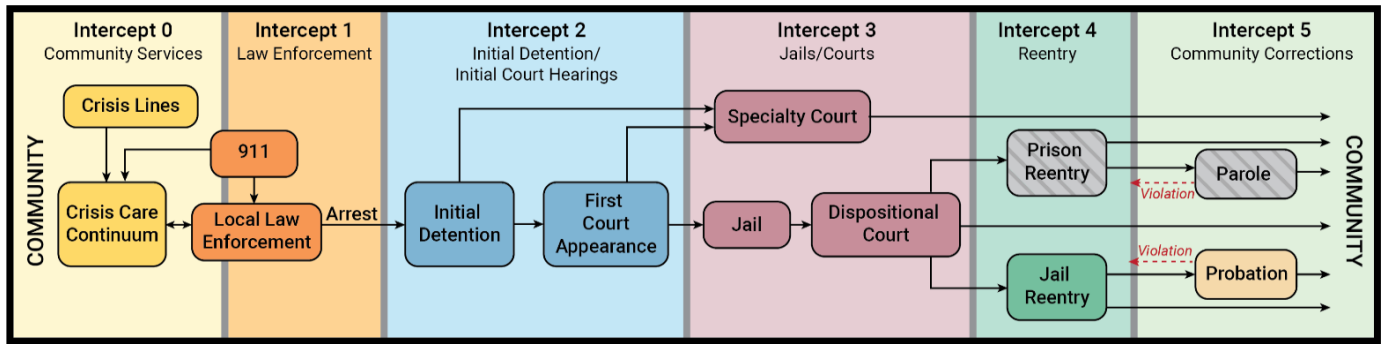
1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the Deschutes County criminal justice system along six distinct intercept points: Community Services, Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Re-entry, and Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

The Deschutes County Sequential Intercept Map created during the workshop can be found in this report on page 23.

The following documents were reviewed and influenced this report:

Community Collaboration Questionnaire. This questionnaire was completed by individuals representing the following agencies. They were Deschutes County Community Corrections (Adult Probation and Parole), Deschutes County Sheriff's Office, Deschutes Behavioral Health, and several other partners. A Jail Survey was also completed by the Deschutes County Jail.

Intercept 0:



Resources

INTERCEPT 0

☐ **Crisis Services**

- ✓ DCBH (Deschutes County Behavioral Health)
 - Local Crisis Line - Monday – Friday during business hours
 - Mobile Crisis Line – professional line only
 - Walk-in Clinic – M-F 8 -4 – immediate assistance
 - ACT (Assertive Community Treatment)
 - EASA (Early Assessment & Support Alliance)
 - YAT and day drop in center
 - Community Access and Engagement Team
 - Community Support Service Team – ACT (Assertive Community Treatment) Lite
 - YAT (Youth in Transition) – drop in center for youth and young adults
 - MCAT (Mobile Crisis Action Team) – 24/7 coverage - Mobile Crisis Team members attend local CIT trainings when time and space permit
 - will respond to scene anywhere in the county
 - 4 rotating Master’s Level Clinicians
 - 1 Case Manager
 - Crisis Case Manager – part of MCAT team
 - Outpatient treatment groups
 - Supportive housing, supportive employment
 - Suicide prevention team
 - Forensic Diversion

- ✓ Suicide Prevention Team – County, Law Enforcement, NAMI (National Alliance on Mental Illness)
- ✓ Adult Parole & Probation – Call to PO for assistance can be first call when in crisis
- ✓ Bend Police Department CRT (Crisis Response Team) – Monday – Friday 8 am to 8 pm
- ✓ Lines for Life

- ✓ Veterans Crisis Line – National Crisis Line
- ✓ Pfeifer & Associates warming shelter – open to all
- ✓ DCHS – Homeless Outreach
- ✓ Shepherd’s House – warming shelter in cold weather
- ✓ PATH
- ✓ Bridges

□ **Hospitals / Emergency Rooms**

- ✓ St. Charles Hospital Bend
 - 1 hospital (3 sites) Bend, Redmond, Prineville
 - St. Charles Bend Hospital Psychiatric Emergency Services Unit (PES)
 - Has 5 secure inpatient treatment beds
 - RN nursing staff 24/7
 - QMHA 24/7
 - Uses de-escalation techniques
 - Daily Psychiatrist contact with patient(s)
 - Medical detox when patient is delusional or hostile
 - Patient discharge planning with treatment team members & family when appropriate
 - Some staff CIT trained when staffing and space allow
 - St. Charles Bend Hospital Sageview Psychiatric Center
 - 15 secure inpatient treatment beds.
 - Treatment provided for:
 - Anxiety
 - Bipolar disorder
 - Cognitive disorders
 - Co-occurring disorders such as substance abuse
 - Depression
 - Panic Disorders
 - PTSD
 - Suicide attempts and suicidal thoughts
 - Patient discharge planning with treatment team members & family when appropriate
 - Staff includes
 - RN nursing staff 24/7
 - Licensed Clinical Social Worker (LSCW) 7 days a week, 16 hours a day
 - QMHA 24/7
 - Psychiatrist contact with patients daily
 - Recreational Therapist
 - Open 24/7 to receive medically cleared patients from local area and hospitals around the state
 - Uses de-escalation techniques
 - Social work case management for discharge planning with both DCBH and St. Charles Behavioral Health
 - Some staff CIT trained, when staffing and space allow
- ✓ St. Charles Redmond

- 1 Transport Hold room
 - 12-hour limit
 - ✓ St. Charles Prineville
 - Works closely with Lutheran Services Social Worker
- **Health Centers/Clinics**
 - ✓ Mosaic Medical Clinic – embedded Psychologist and social workers in primary care
 - Embedded mental health services in PCP clinics
 - Two PCP are trained in MAT (Medicated Assisted Treatment)
 - Embedded medical exams and treatment in Deschutes County Downtown Clinic (DCDC)
 - Embedded both medical and mental health clinics in local schools
 - ✓ Mosaic Medical Center
 - Embedded mental health services in PCP (Primary Clinic Physicians) clinics
 - Two PCP are trained in MAT
 - Embedded medical exams and treatment in Deschutes County Downtown Clinic (DCDC)
 - Embedded both medical and mental health clinics in local schools
 - ✓ La Pine Community Health – NP(Nurse Practitioner) embedded in the next few weeks
 - ✓ FQHC (Federally Qualified Health Center) Mosaic Medical Clinic La Pine
 - Some integrated services provided
 - BH in primary care
 - MAT trained
- **Inpatient Psychiatric Centers**
 - ✓ St. Charles Bend Sageview – 15 beds secure inpatient treatment facility; they provide services to both voluntary and involuntary beds for acute inpatient care: provides case management, medication education groups, group, family and individual therapy sessions in a milieu setting
 - ✓ St. Charles Bend Psychiatric Emergency Services (PES) – 5 beds secure inpatient treatment facility located off the Bend St. Charles ER – for patients in acute psychiatric emergency – staff attends CIT trainings when space allows
 - ✓ St. Charles Redmond – 1 transport custody room
- **Outpatient Psychiatric Services**
 - ✓ St. Charles Bend Outpatient Behavioral Health – Adults, children & families
 - ✓ Deschutes County Behavioral Health – ACT, EASA, CSS, MH Court, Family Drug Court
 - ✓ Lutheran Family Services
- **Detoxification**
 - Inpatient:
 - ✓ Bend St. Charles can provide medical detox
 - ✓ Best Care Treatment Services Redmond – 4 inpatient treatment beds
 - ✓ Brooks Center – just opened
 - ✓ Crisis Respite
 - Outpatient:
 - ✓ St. Charles Hospital Behavioral Health - dual diagnosis treatment
 - ✓ Best Care outpatient and intensive outpatient at both Bend and Redmond locations

- ✓ Outpatient treatment available at DCBH, with focus on dual diagnosis treatment
- ✓ Pfeifer & Associates outpatient treatment

- **Shelters**
 - ✓ Bethlehem Inn provides shelter for men, women and families. Is currently expanding its campus to include more individual rooms and family rooms.
 - Provides job readiness
 - ID reinstatement
 - Case management
 - Individuals have to leave the property during the daytime hours
 - Bethlehem Inn is a drug and alcohol free shelter, with mandatory drug testing
 - They provide meals, showers and some laundry facilities to the homeless population
 - Expanded capacity as a warming shelter during cold weather
 - While they work well with most populations, they are not a resource for most of the behavioral health population
 - ✓ Shepherd's House faith based transitional shelter for men
 - Short term shelter
 - Drug and alcohol free shelter
 - Expanded capacity as a warming shelter during cold weather
 - 1-year program for limited number of men
 - ✓ Pfeifer & Associates warming shelter
 - Can take people who are intoxicated if cooperative
 - Limit of 10
 - Temperature determines if they are open
 - ✓ Select churches in the community when weather is below freezing – only overnight stays

- **Housing**
 - ✓ House of Hope – 5 homes
 - ✓ Respite Center (Brooks, 10-beds)
 - ✓ Deschutes County Recovery (DRC)
 - 8 PSRB (Psychiatric Security Review Board) beds
 - 8 Civil Commitment beds
 - ✓ Bethlehem Inn – Men, Women and Family Units – currently building on to increase units
 - ✓ Rental Assistance – vouchers

- **Crisis lines:**
 - ✓ Crisis Line DCBH during business hours
 - Then on to Protocol after hours, stationed in Portland
 - ✓ Lines for Life
 - ✓ MCAT – professional line only
 - Members of the MCAT team attend CIT training when staffing and space permit
 - ✓ Parole and Probation Officer may be first call in crisis for people on supervision
 - ✓ Veteran Crisis Line – National number
 - ✓ Mental health warm line – Cascade Peer Support

- **NAMI**
 - ✓ Weekly classes in Bend
 - ✓ 2x monthly classes in Redmond
 - ✓ Monthly in La Pine
 - ✓ MHFA (Mental Health First Aid) offered

- **Stepping Up Initiative – new**

- **Schools**
 - ✓ 3- school districts [Bend-La Pine School District, Sisters School District, Redmond School District]
 - ✓ 7 school based clinics [Sisters, Redmond High, Lynch Elementary, Ensworth Elementary, Bend High, La Pine Gilchrist]
 - ✓ School Resource Officers (SRO) – all CIT trained
 - ✓ First Step – 3rd – 12th grades. Application on school issued iPads for students to text concerns, email Lines of Life, find list of local resources, tips on finding a counselor. Started in Dec 2017, not available during the summer months

- **Veterans**
 - ✓ Central Oregon Veteran’s Outreach (COVO) – food; tents; case management; transportation assistance; benefit enrollment; ID retrieval; and housing (limited)
 - ✓ VA Central Oregon Bend provides some limited case management and counseling services for eligible veterans. It also provides a day drop in center where Veterans can search online for employment opportunities, grab a cup of coffee and get in out of the weather
 - ✓ VA Clinic Bend provides Central Oregon Veterans with a wide range of medical services. Operating hours are Monday – Friday 8 am – 4:30. Services include Audiology; Clinical Pharmacist; Enrollment for services assistance; HUD/VASH; laboratory services; mental health services; optometry/eye; physical therapy; primary care; sleep studies and tele-specialty services.

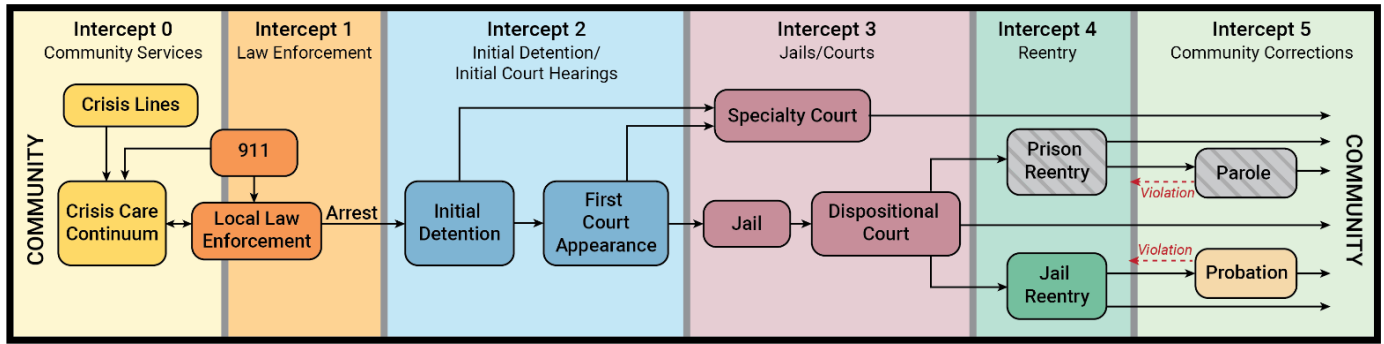
Identified Gaps

INTERCEPT 0

- ✓ Have to be actively enrolled in ACT and EASA or other DCBH programs to receive most services
- ✓ After hours’ crisis calls are answered in Portland, local resources are not known therefore less effective
- ✓ 99% of calls go through dispatch, not to crisis lines
- ✓ While places in Oregon will state that they are dual diagnosis inpatient treatment centers, many will not take people with MI (Mental Illness) who have a history of behavioral issues or criminal history
- ✓ High volume of the calls LE get are regarding individuals with acting out behaviors, not crimes
- ✓ There is a lack of education in the community about intercept 0 options including:
 - Mental Health First Aid
 - Patient based practices
 - NAMI family/community support
 - Who a citizen should call when seeing someone in crisis
- ✓ Respite center
 - Not a drop in center, must be referred
 - The client has to be willing to be there
- ✓ St. Charles Hospital - Bend

- Limited ER staff trained in CIT
- Long wait times for officers in the ER, sometimes 2.5 to 3 hours
- ✓ St. Charles Hospital - Redmond
 - Transport room only – only hold someone up to 12-hours
 - Limited ER staff training in CIT
 - Long wait times for officers in the ER
 - No hold room
- ✓ St. Charles Hospital – Prineville
- ✓ It is common that patients tend to frequent all of the local area hospitals
- ✓ Nearest VA Hospital is in Portland, has long waiting lists
- ✓ No drop off capability for officers at Sageview or PES
- ✓ Knowledge gaps regarding local resources
- ✓ Homeless/transit population often have dogs – need resources for someone to watch dogs when person is in respite housing or shelters
- ✓ First Start gap during summer school break
- ✓ Emergency rooms can't do intensive care due to the high number of individuals who need it
- ✓ There is a high level of crisis situations in the community
- ✓ Access to primary care is an issue
 - Many individuals try to get mental health service through their PCP (primary care physician)
 - A barrier is insurance
- ✓ Shelters do not allow anyone under the influence to stay
- ✓ Shelters do not provide many services for individuals with mental illness symptoms
- ✓ Housing vouchers are available, but there are very limited HUD houses/apartments available
- ✓ Veteran's Services gaps
 - Need to have proof of DD 214 form to get services
 - Not all VA resources are known in the community, including COVO (Central Oregon's Veteran's Outreach)
- ✓ There is a lack of knowledge in the community about warm lines
- ✓ DC (Deschutes County) Jail does not have resources to maintain detox in jail for the amount needed
- ✓ When an individual is placed in jail their Oregon Health Plan services are suspended
- ✓ There is a universal lack of understanding of what the CCO (Coordinated Care Organization) provides
- ✓ No information is given to jail on assessments done at the hospital
- ✓ Long wait to get in to detox services – limited beds
 - By the time they do get accepted -- the motivation has changed
- ✓ Co-Occurring Disorders inpatient treatment is very limited
- ✓ School based First Step resource limited to school year
- ✓ Lack of a single number for day time, front desk, 2nd Protocol
- ✓ No contracting with VA hospital in Portland for care of veteran's locally
- ✓ Limited use of CRT Response Team throughout the county
- ✓ No collection of data on numbers of what is occurring over time

Intercept 1:



Resources

INTERCEPT 1

- Dispatch / 9-1-1**
 - ✓ Deschutes County Dispatch is its own entity and covers Bend PD, Deschutes Co. Sheriff's Officer, Black Butte PD and Sunriver PD. Some CIT trained dispatchers, when schedule and space allows. Dispatch has code to identify possible MH crisis call – "AMI"; CRT team clears with CIT.
 - ✓ EMS also dispatched for greater Deschutes County area.
 - ✓ Oregon State Police (OSP) dispatch separate
 - ✓ Crisis Line can call dispatch if law enforcement, EMS or Fire department is needed

- Law Enforcement** -Deschutes County Police Departments
 - ✓ Bend PD
 - CRT Team – 2 to 3 team members
 - 1 Sargent and 2 officers
 - 8:00am - 8:00pm coverage; Monday – Friday
 - Available to assist with DCSO for AMI calls
 - Available to go the jail and to the DRC (Deschutes Recovery Center)
 - Frequent visits to the DRC
 - Clearing call code – CIT for tracking and data collection
 - 60% - 65% of sworn officers are CIT trained
 - 24/7 contact with MCAT
 - All officers can access to DC Walk-in clinic with warm handoff
 - ✓ Deschutes County Sheriff's Office
 - Approximately 60% of deputies CIT trained (data reference 2 years old)
 - Employs both county patrol units and correction deputies at the jail
 - 24/7 contact with MCAT
 - All officers can access to DC Walk-in clinic with warm handoff
 - ✓ Redmond PD

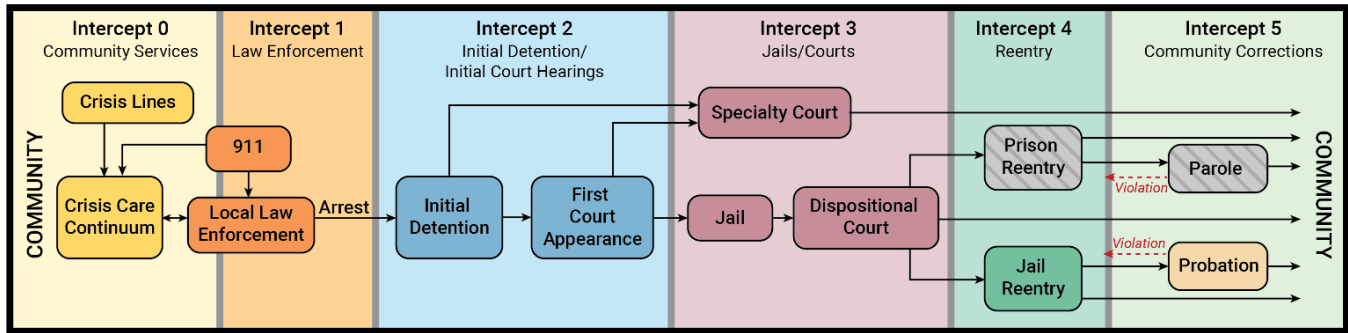
- Approximately 60% sworn officers are CIT trained
- 24/7 contact with MCAT
- All officers can access to DC Walk-in clinic with warm handoff
- ✓ Sunriver PD
 - New Police Chief is CIT trained and heavily involved CIT local supporter
 - 24/7 contact with MCAT
 - Some CIT trained officers
- ✓ Black Butte PD
 - 24/7 contact with MCAT
- ✓ Oregon State Police (OSP)
 - Some OSP troopers are CIT trained and assist as evaluators with the annual CIT training
 - Annual MH training requirement

Identified Gaps

INTERCEPT 1

- ✓ CRT coverage not 24/7 and almost exclusive to Bend City limits
- ✓ LEA (Law Enforcement Agency) not consistent with calling MCAT to come out and to do an assessment on scene
- ✓ Have MCAT respond to scene, not just over the phone
- ✓ Long waits at hospital for LEA – 2.5 – 3 hours with POH
- ✓ Referral process to Brooks Respite is very complicated
- ✓ Working on grant for sobering station
- ✓ Area lacks inpatient services for youth
- ✓ Data collection not necessarily going forward
- ✓ Information that is gathered at one agency not available to partnering members
- ✓ LE training to providers is in progress
- ✓ MCAT training with all LE
- ✓ 911 would benefit from CIT training

Intercepts 2 and 3:



Resources

INTERCEPT 2

□ Initial Detention (Jail)

- ✓ Deschutes County Jail (only jail in the county). 362 beds, 90 beds in the work center
- ✓ Average length of stay – 14 days
- ✓ 6 medical cells for closer observation and increased contact with staff – average population of 4 occupied per day; Number of individuals with MH – 44% lifetime; cross referenced those that receive DCBH services and believe number is approx. 80%.
- ✓ PO (Probation Officer) works with jail staff to coordinate inpatient treatment for inmate, assists with transport needs to facility
- ✓ Turning point does some reach in into the jail
- ✓ SUD (Substance Use Disorder) treatment – 10 hours a week in the jail
- ✓ PEER picks up person to take them to appointments upon release
- ✓ 1 suicide observation room
 - ✓ Staffing:
 - 12-14 Deputies per shift (12 hour shifts)
 - 8 total nurses – 2 per shift
 - 2 MH clinicians
 - Prescribing Nurse Practitioner – on call, not on site; contracted part time; formularies are used, but own medications can be brought in.
 - 1 full time Release Officer
 - Coordinates with PO
 - Assists with applying for OHP (Oregon Health Plan) or reinstatement of benefits
 - Coordinates with DCBH for appointments upon release
 - 2 – 3 CIT trained offers per shift
 - MH (Mental Health) training included in annual training
- ✓ Initial screening

- Includes medical questions and 8 MH questions
 - If inmate meets release criteria or posts bail, they are released within hours
 - No matrix out in years
 - BAC (Blood alcohol content) over 3.0, individual is transported to the hospital
- ✓ 80% of the inmate access MH in Jail
- ✓ Programs in the jail
 - AA
 - NA
 - Church
 - GED
 - Re-Start A&D program - 10 hours a week with Pfeifer & Associates
 - Forensic Diversion Team (4 members)
- ✓ MCAT can do assessments at the jail when requested
- ✓ PO works with jail staff on release planning
- ✓ Attorneys/public defenders reach in
- NA/AA/RE-Start
 - ✓ Forensic Jail Diversion Team (FJDT)
 - 1 Coordinator
 - 2 Peer support specialist
 - 1 Case manager – screening
 - 4 staff – Monday – Friday; business hours; served 52 individuals since started in 2016; 55% reduction in recidivism; 60 days for completion
 - FJDT meets with inmate weekly prior to release to have plan for discharge and warm handoff
 - FJDT also has person trained to assist with OHP and benefits prior to release
- Arraignment
 - Video arraignment next day, or Monday if arrested Friday afternoon/ over weekend
 - 7 judges rotate this duty
- Jail will accept medication and law enforcement is encouraged to bring medication(s) in

INTERCEPT 3

- **Jail**
 - ✓ Referrals made to specialty courts; 3 specialty court judges in the county
 - ✓ Specialty Courts
 - ✓ Mental Health Court
 - 1 judge; 20 Individuals
 - 12 – 18-month program
 - Court can order A&D/MH treatment be administered to someone and remain in treatment to take medications as prescribed or they can be sanctioned
 - 6%-8% lower than others received
 - Court can order Forensic Diversion Team evaluation and contact
 - Prosecutor can recommend A&D evaluation
 - 80% cases dismissed, felony reduced to misdemeanor (depends on charge)
 - ✓ Family Drug Court
 - 1 judge; 30 individuals
 - Court can order BH treatment be administered to someone and remain in treatment to take medications as prescribed or they can be sanctioned.

- 14 - 24-month program
 - Does not drop charges
 - ✓ Domestic Violence Diversion Court
 - Case dismissed if successfully completed
 - ✓ The average stay is 14 days in jail
 - ✓ Jail releases at any time of day – typically 5:30 am or very soon after court
 - ✓ Meet with them in jail, plan development and talk w/ judge
 - ✓ Have increased resources since first SIM: nurses, MH, etc.
 - ✓ When released, released to Forensic Diversion Team
 - ✓ Jail staff ID
 - ✓ Peer Support for staff
- DCMH provides:
- ✓ Receives list of inmates daily to determine any incarcerated clients
 - ✓ MCAT will do in jail evaluations when requested by attorney or court
 - ✓ DCBH pulls up the jail roster to check for clients

Identified Gaps

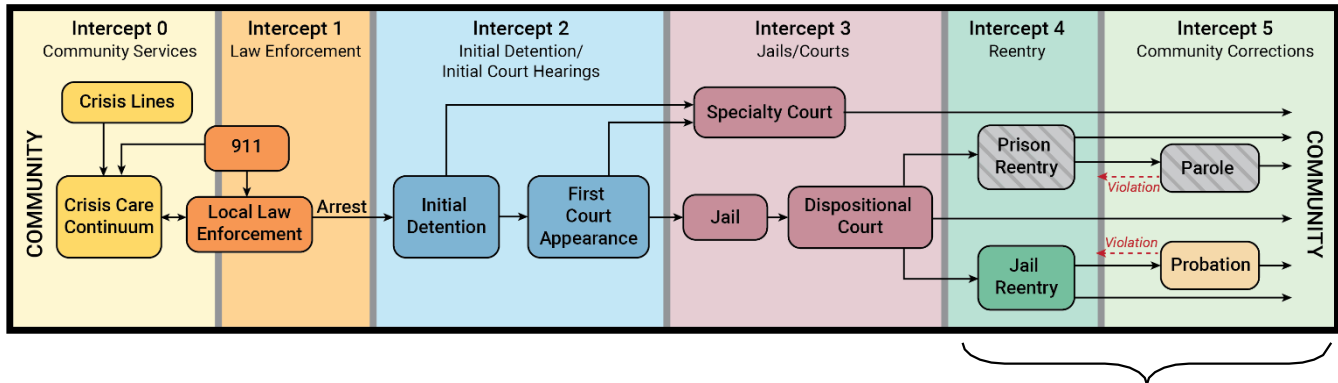
INTERCEPT 2

- Jail
 - ✓ MH Staff not 24/7
 - ✓ Prescriber only limited hours
 - This may cause a delay in when an individual receives medications
 - ✓ If arrested on Friday no first initial court appearance until Monday
 - ✓ OHP benefits are cut out when individual is arrested – this is retro active
 - ✓ No data on MH inmate's length of stay compared to non-MH inmates.
 - ✓ Limited medical and BH (behavioral health) care on site
 - ✓ Jail uses formulary for medications, may not be what works best for individual
 - ✓ Information gathered not necessarily going forward to court prior to arraignment
 - ✓ Only one release officer, no coverage for sick or vacation days. Often not enough time to see everyone or to get plans in place prior to arraignment. Inmate needs to cooperate regarding any BH issues
 - ✓ Easy to get into jail, difficult to get out; how to hand off the person easily from the jail
 - ✓ Time gap from booking to receiving psychotropic medications in jail
 - ✓ Difficult to know when someone is going to be released
 - ✓ Release times, Sunday in particular as nothing is open
 - ✓ Information sharing between the jail, hospital and other providers
- VA services are cut after 60 days
 - ✓ Pension
 - ✓ Services connected with disabilities
 - ✓ No specialized VA court
- No Detox center
 - ✓ Anyone who has a BAC 3.0 or above are transported to the hospital to be medically cleared prior to lodging at the jail
 - ✓ Hospital staff wait until the individual is sober prior to a MH assessment
 - ✓ In lieu of citation, officer has to stay at the hospital with individual until they are medically cleared and transported back to the jail

INTERCEPT 3

- ✓ Release times
 - Late in day
 - Weekends
 - Cannot link to resources
- ✓ Ask for release at specific time to coordinate with needed services
- ✓ Don't always know when
- ✓ Question process
- ✓ 14 days LOS
- ✓ 44% MH in lifetime (both jail and known MH)
- ✓ > 80% accessing MH services
- ✓ Supported housing (don't have place to stay while working on restoration)
- ✓ No Veteran's Courts

Intercepts 4 and 5:



Resources

INTERCEPT 4

□ Prison Re-entry

- ✓ Local PO's will work with the release counselor at the prisons for reach-in on specialized caseloads.
- ✓ Medication aftercare – inmates are released with either medications or an Rx for 30 days
- ✓ Release counselors at the prison work to provide linkages to treatment or services prior to release.
- ✓ Release counselors work with inmate to assistance with re-establishing benefits prior to release
- ✓ 6 months prior to release the Release counselors will contact the Parole Department regarding the release of an inmate to their county.
- ✓ Inmates receive certificate of disposition at release to assist with re-establishing benefits

□ Jail Re-entry

- ✓ Local PO will do a reach in into the jail with their offender to help schedule appointments with treatment providers, DHS, and other community services.
- ✓ There are 7 days of medication given on being released

□ Veterans

- ✓ No identified services for veterans releasing from DC Jail

INTERCEPT 5

□ Probation & Parole

- ✓ Deschutes County Adult Parole and Probation
 - 22 Parole & Probation officers in Deschutes county
 - Have an average of 65-70 case load

Deschutes County - May 2018

- Specialty caseloads assigned out for:
 - Mental health
 - Family Drug Court
 - Domestic Violence offenders
 - Sex offenders
 - Street Crimes
- ✓ PO with specialized MH case load of offenders, averages about 50 offenders
- ✓ PO for MH caseload, is CIT trained, as well as other MH training
- ✓ PO works closely with the Bridges program, ACT program and CCS program staff at DCBH
- ✓ PO works with BH for medications for offenders on his caseload
- ✓ LSCMI assessment used to assess risk on offenders
- ✓ Linkages to services, treatment, housing, benefits, and DCBH
- ✓ Strong partnerships w/treatment & support providers
- ✓ Short term motel/hotel stays
- ✓ Participates on the LPSCC (Local Public Safety Coordinating Council) meets once a month
- ✓ Has bench probation

- **Community Supports**
 - ✓ Funding for housing and transportation through the Justice Reinvestment money
 - ✓ Pfeifer & Associates has some limited funding and housing for SUD individuals in recovery
 - ✓ House of Hope residential homes – Offers clean and sober housing with a faith based approach. They will provide housing for AMI and people with dual diagnosis. Willing to work with this population
 - ✓ HOPE Day Center – Redmond – day drop in center where homeless can wash clothes, take showers, pick up food 2x weekly
 - ✓ Teen Challenge – Faith Based drug and alcohol residential program. Will not allow residents to take psychotropic medications
 - ✓ Shepherd’s House – Clean and sober faith based temporary housing for men. Provides case management and A&D treatment to a small number of men who are actively involved in a one-year recovery program. Additional transitional beds, short stay and cold weather options.
 - ✓ Shepherd’s House Women SUD treatment – limited (I believe 5)
 - ✓ Bethlehem Inn – Clean and sober community based emergency shelter for men, women and families - not very open to BH clients or CJ/BH offenders. Required to be drug and alcohol free – mandatory drug testing.
 - ✓ Oxford Houses – (6) This is a drug and alcohol residential program. Must be in recovery, not actively using or acting out.
 - ✓ Telecare – Deschutes Recovery Center (DRC)
 - ✓ 16-bed secure residential treatment facility for adults with SPMI diagnosis. (8) beds are for individuals under the jurisdiction of the Psychiatric Security Review Board (PRSB) and (8) are for individuals under a civil commitment
 - ✓ Deschutes County Downtown Clinic (DCDC) – works with clients and housing management to find affordable housing.
 - ✓ Emma’s Place – 11-unit long term housing for adults with SPMI, case management provided
 - ✓ Horizon House – 14-unit transitional housing for adults with SPMI, case management provided
 - ✓ Cascade Peer Clubhouse – Bend- day drop in center, provides showers, laundry facilities, food, open 3 days a week

- **Veterans**
 - ✓ Central Oregon Veteran’s Center (COVO)

Deschutes County - May 2018

- ✓ Home of the Brave – 6 bed transitional housing program. Veterans receive case management, including income enhancement, permanent housing, job skills and self-determination.
- ✓ Healthcare for Homeless Veterans (HCVH) – in partnership with the Bethlehem Inn, COVO's HCHV offers a transitional program for homeless veterans. Intensive case management focuses on permanent housing, income enhancement and works with veterans towards enrollment in VA medical so that this issue can be address.
- ✓ Supportive Services for Veteran Families (SSVF) – Provides financial assistance and case management for Veterans and their families who are homeless or in danger of losing their housing. Services include case management; eviction prevention assistance; deposit for rent and utilities; connection to Veteran services; connection with Social Security Benefits; referrals and assistance with finding services; safe and confidential place to talk about personal situations and to get guidance

Identified Gaps

INTERCEPT 4

- ✓ Under 20% of recently released individuals have no address
- ✓ Short time in Jail- makes it hard for P&P to reach in
- ✓ Not always release during working hours-typical 5 am- difficult time for people to connect with services
- ✓ Limited resources for people with physical health needs (RX, etc)
- ✓ No identified services for Veterans re-entry into the community
- ✓ Some people with MH issues are in and out of jail before staff is even aware, putting pressure on the officers and community
- ✓ No data on those released without follow up care
- ✓ Lack of release planning for Veteran's

INTERCEPT 5

- ✓ No safe and affordable housing
- ✓ Housing vouchers available, but not enough housing units for vouchers
- ✓ Disconnect with PO's and BH when offender is not on the specialized case load
- ✓ Limited PO's CIT and TIC trained
- ✓ MDT's are not formalized- more as needed when higher need
- ✓ Limited hotspotting reviews
- ✓ Property managers have put up barriers for offenders or BH clients with poor housing history
- ✓ Limited shelter for people intoxicated – only during the coldest weather
- ✓ No more transitional housing option – funding is gone
- ✓ No sobering center/drop off center
- ✓ Inmate not able to get services in jail due to losing Medicaid coverage

Priorities

**Priorities for Change List
(2-3 year vision)**

24-hour Stabilization Unit (18 votes)
More Peers across all teams (7 votes)
100 % CIT training for all CIT LE, P&P, EMS, Court Staff, MHFA using same skill set/language (7 votes)
CRT County wide team created and trained, 24/7 (7 votes)
Improved Coordination 9-1-1 and MCAT – quick call (6 votes)
Seamless and accurate screening/handoff (6 votes)
Wider community knowledge base, know who to go to (3 votes)
Inpatient treatment for Dual Diagnosis access – short term stabilization/Detox (3 votes)
Improved communication – hand offs, reduce wait time at the ER; Screening tool to help LE get person to the right place (2 votes)
Housing – Housing First Model (2 votes)
Information on data exchange – JIMI (1 vote)
Co-Occurring Court (1 vote)
Bend PD App – want to expand – P&P technology, updated regularly (1 vote)
Mental Health education in schools – standard curriculum/address stigma (1 vote)
Preventative Services (3 votes)
Construction/space needs at jail – physical infrastructure needs to support ideas/goods
Access to local training – not having to travel
24/7 local access/crisis response
High migration – how to plan for growth expected

Quick Fixes / Low - Hanging Fruit

- Law enforcement calling MCAT out to the scene (not just phone contact)
- CRT being utilized by DCSO and Redmond PD
- Exploring use of First-Step app on smart phones for year round usage
- Releasing individuals from jail when agencies and shelters are open
- Deschutes County Jail Screening; collecting of information earlier so that it is available for arraignment; data collection and sharing with community partners, i.e. DCBH, P&P, and Hospital, when appropriate

Parking Lot

This SIM should reside with Deschutes County LPSCC

SIM 2012 Priorities

1. Focus on High Criminal Justice Utilizers
 - Budget neutral focus
2. Expand Detoxification Services
 - Secure setting outside of PEDS
 - Social detox
 - Sobering Services
3. Hire Court Release Officer
4. Enhancement of Jail Mental health Services
 - Reinstitute shared clients list between jail and Deschutes County Behavioral Health Services
 - Psychiatric consultation
 - Add clinician
5. Develop forensic peer program

Other Priorities:

- Funding for Jail Aftercare Medications
- More Cross-Training
- Expand Data Gathering and Tracking across all Intercepts

Recommendations

A broad representation of key stakeholders in law enforcement, courts, behavioral health, physical health, and community planners came together for the Deschutes County SIMs training. They brought together extensive expertise and commitment to improving community safety and resources for corrections involved individuals who primarily have behavioral health issues. This dynamic team used strategic thinking to identify community resources, gaps and priorities. In addition, they developed work plans to address their priorities. The interdisciplinary team conducted a significant amount of work in a single day and that work should be applauded. Our only recommendation is to review the work plan objectives and action steps. As it was discussed at the workshop, adding more details to those action steps will increase the likelihood of implementation. As a reminder, GOBHI staff are available to facilitate a discussion on this work.

Cross Intercept Recommendations

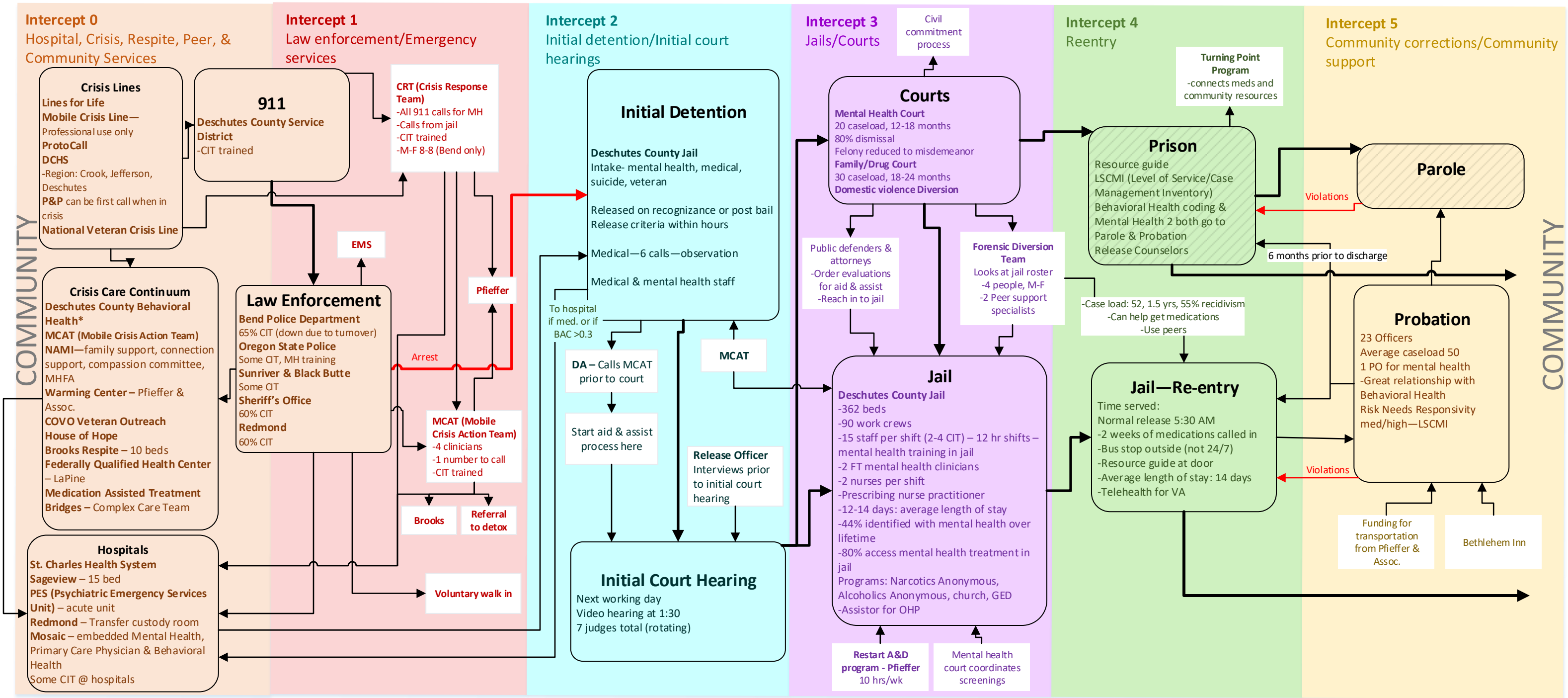
- 1. Behavioral Health staff receive training from Law Enforcement perspective.**
- 2. Review priority list and action plans on regular basis at the Local Public Safety Coordinating Council (LPSCC).**
- 3. Revisit overall plan in 12 months; see where the next step needs to go. May 2019.**

In the two years, what does the group want to see?

Assistance for Dual Diagnosis – difficulty to get them into inpatient treatment due to their MH; Housing First Model; 24/7 sobering center; 23-hour respite; better coordination between MH and LEA at the crisis - frequent meetings; accurate; screen at intake for good numbers at jail, have treatment options when in jail, warm handoff effectively when they leave, re-entry, information on JIMI; co-occurring court; more peers support in MH; 100% CIT trained – including BPD, PO, court staff, court room staff, Expanding Peer support in PO; ER departments, EMS. 100% MHFA trained; more access to training in this area – onsite or tele-learning; Reduce waiting time at the hospitals. Better screening tools (quick) for LEA working with MCAT to divert from jail. Construction for space needs at the jail and Parole and Probation; Dispatch to be able to send call to crisis line when appropriate. MH education into the school systems, as part of the standardized curriculum; more preventative.

SEQUENTIAL INTERCEPT MAP: DESCHUTES COUNTY

MAY 2018



*Walk-in clinic M-F 8-4
-immediate assessment

- EASA
- ACT
- YAT (Young Adults in Transition) drop in center
- Supported Employment
- Supported Housing
- Rental Assistance
- Community Support Service Team
- Crisis case management
- Suicide prevention team
- Forensic diversion team

*Law enforcement agency average wait 2.5-3 hrs
for police officer hold.

Mosaic Mobile Clinic
-Families can contact for help

- *Community Health Workers at hospitals and clinics
- *House of Hope
- *Shepherd House -male only
- *Woman's Shepherd House (1 yr program- A&D)
- *Teen Challenge- A&D Residential Program
- *Horizon House (MH Transition Housing up to 2 years)
- *Hope Center- Day center
- *Food Center
- *Group Homes
- *DCBH- Rental Assistance
- *Cascade Peer Center- 3 days a week

Priority Area 1: 24 Hour Stabilization (18 votes)			
Objective	Action	Who	When
To go from weekday/daylight hours to 24/7	Solicit funds from community partners – United Way Charitable organizations Endowment	Sheriff’s Office Health Services CIT LPSCC	Discuss next steps at the next LPSCC meeting
23-hour respite			
			Determine location & buildings -Next few weeks

Brandon Wyllie, Darlene (House of Hope); Holly; George; Mike; LT. Gill; Ty

Priority Area 2: PEERS (7 votes)			
Objective	Action	Who	When
PEERS for all people on MH P&P caseload	Clarify definition of PEER	Anne P. (Telecare) and DCBH to look at local trainings	Within 1 yr
Increase number of PEERS in the community	Look at rules for rules for background checks	Anne, DCBH, Best Care and P&P to look at forming a committee: (St. Charles, DCSO, NAMI, PEERS)	By September 2018
Prioritizing target areas for PEER expansion	Local certified training – look at community college?		
Bilingual	Funding (OHP/Other) Stable Braided Sustainability Create regional committee		

Eileen White (NAMI) Brandon Wyllie (P&P); Jennifer Mario (DCBH); DeAnn (DCBH); Lisa Rosen (DCSO); Max (DCHS)

Priority Area 3: 100% trained CIT & MHFA – LEA, P&P, EMS, Court Staff - (7 VOTES)			
Objective	Action	Who	When
Structure of training to be looked at	ED – cost (benefit of sending staff vs. current training)	Melissa & Molly	By June 2019
Court Staff to be trained as a group	Looking at current training structure	CIT Committee	Arrange meeting with Eilene in 3 weeks
P&P – at least 3 attend	Meet with Sups who oversee training & come up with system of having all officers attend		
Plan for the commitment of all officers in department being trained	3.5 days for court staff		
ED staff to attend training			

Melissa Thomson (DCBH); Molly Wells-Darling (St. Charles); Judge Stephen Forte; Michelle Robinson; Tanner Wark (P&P)

Priority Area 4: CRT Team for each agency (7 votes)			
Objective	Action	Who	When
Agency Administrator * City Council/Commissions buy in	Gather data to show value of investment	LPSCC	Introduce on June CIT steering committee agenda
Expand CRT to other L.E.A	Start with focus on CIT trained officers/deputies responding to AMI calls		2-year implementation

Nancy, Frank, Cory Darling (BDP); Roger Olson (NAMI); Brandi S. (DDA); Kecia Weaver (BPD)

Appendix Index

Appendix 1- Participant List

Appendix 2- Resources

Appendix 1

Participant List

First Name	Last Name	Agency Name	First Name	Last Name	Agency Name
Tammy	Baney	Deschutes County	Michelle	Robinson	St. Charles Healthcare
Clint	Burleigh	Bend Police Department	Lisa	Rosen	Deschutes County Sheriff's Office
DeAnn	Carr	Deschutes County	Ty	Rupert	Deschutes County Sheriff's Office
George	Conway	Deschutes County Health Services Dept	Chris	Seber	Oregon State Police
Cory	Darling	Bend Police Department	Brandi	Shroyer	Deschutes County District Attorney's Office
Max	Davidson	Deschutes County I/DD	Michael	Shults	Deschutes County Sheriff's Office
Helen	Feroli	Oregon Judicial Department	Robert	Snyder	Bestcare
Stephen	Forte	Oregon Judicial Department	Melissa	Thompson	Deschutes County Health Services
Janice	Garceau	Deschutes County	Michelle	Townsend	Deschutes County Intellectual/Developmental Disabilities
Michael	Gill	Deschutes County Sheriff's Office	Nancy	Tyler	Deschutes County Health Services
Robert	Gilman	DC juvenile	Matt	Vinson	Brooks Respite and Recovery Center
Holly	Harris	Deschutes County	David	Visiko	Telecare-Deschutes Recovery Center
Frank	King	Department of Human Services, Aging and People with Disabilities	Don	Wagner	Oregon State Police
Jim	LaPorte	Deschutes County Community Juvenile Justice	Tanner	Wark	Deschutes County Parole and Probation
Elizabeth	Lawrence	Bend Police Department	Molly	Wells Darling	St. Charles Healthcare
Keith	Macnam		Eileen	White	NAMI
Jennifer	Mario	Deschutes County Behavioral Health	Joel	Wirtz	Crabtree and Rahmsdorff
Brian	McNaughton	Redmond Police Department	Darlene	Woods	House of Hope Ministries
Roger	Olson	NAMI of Central Oregon	Brandon	Wyllie	Deschutes County Parole and Probation
Anne	Pendygraft	Telecare	Kecia	Weaver	Bend Police Department
Chris	Perry	Deschutes County 911		Nieradka	Central Oregon Veterans Outreach
Sally	Pfeifer	Pfeifer & Associates	Jessica	Vanderpool	Deschutes County Sheriff's Office

Appendix 2

OREGON STATEWIDE SYSTEMS & PROGRAMS

- Oregon Center on Behavioral Health and Justice Integration. <http://www.ocbhji.org/>

EVIDENCE BASED PRACTICE

- SAMHSA. Evidence –Based Practices WEB GUIDE. <http://www.samhsa.gov/ebp-web-guide>
- NIJ. National Institute of Justice <http://www.crimesolutions.gov/resources.aspx>

COMPETENCY EVALUATION AND RESTORATION

- SAMHSA's GAINS Center. *Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial.* http://gainscenter.samhsa.gov/pdfs/integrating/QuickFixes_11_07.pdf
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) Competency Courts: A Creative Solution for Restoring Competency to the Competency Process. *Behavioral Science and the Law*, 27, 767-786. <http://onlinelibrary.wiley.com/doi/10.1002/bsl.890/abstract;jsessionid=5A8F5596BB486AC9A85FDFBEF9DA071D.f04t04>

CRISIS RESPONSE AND LAW ENFORCEMENT

- International Association of Chiefs of Police. *Building Safer Communities: Improving Police Responses to Persons with Mental Illness.* <http://www.theiacp.org/portals/0/pdfs/ImprovingPoliceResponsetoPersonsWithMentalIllnessSummit.pdf>
- Saskatchewan Building Partnerships to Reduce Crime. *The Hub and COR Model.* <http://saskbprc.com/index.php/2014-08-25-20-54-50/the-hub-cor-model>
- Suicide Prevention Resource Center. *The Role of Law Enforcement Officers in Preventing Suicide.* <http://www.sprc.org/sites/sprc.org/files/LawEnforcement.pdf>
- Bureau of Justice Assistance. *Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.* https://www.bjatrainng.org/sites/default/files/naloxone/Police%20OOD%20FAQ_0.pdf
- National Association of Counties. *Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.* <http://www.naco.org/newsroom/pubs/Documents/Health,%20Human%20Services%20and%20Justice/CrisisCarePublication.pdf>

Deschutes County - May 2018

- SAMHSA. *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.* <http://store.samhsa.gov/product/Crisis-Services-Effectiveness-Cost-Effectiveness-and-Funding-Strategies/SMA14-4848>
- CIT International. <http://www.citinternational.org/>

DATA ANALYSIS/MATCHING

- The Council of State Governments Justice Center. *Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.* <http://csgjusticecenter.org/corrections/publications/ten-step-guide-to-transforming-probation-departments-to-reduce-recidivism/>
- New Orleans Health Department. *New Orleans Mental Health Dashboard.* <http://www.nola.gov/getattachment/Health/Data-and-Publications/NO-Behavioral-Health-Dashboard-4-05-15.pdf/>

GRANTS/FUNDING

- SAMHSA. *Grants.* <http://www.samhsa.gov/grants>

MENTAL HEALTH FIRST AID

- Illinois General Assembly. *Public Act 098-0195: "Illinois Mental Health First Aid Training Act."* <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=098-0195>
- Mental Health First Aid. <http://www.mentalhealthfirstaid.org/cs/>
- Pennsylvania Mental Health and Justice Center of Excellence. *City of Philadelphia Mental Health First Aid Initiative.* http://www.pacenterofexcellence.pitt.edu/documents/Session10_Piloting_the_Public_Safety_Version_of_Mental_Health_First_Aid.ppt

PEERS

- SAMHSA's GAINS Center. *Involving Peers in Criminal Justice and Problem-Solving Collaboratives.* <http://gainscenter.samhsa.gov/cms-assets/documents/62304-42605.peersupportfactsweb.pdf>
- SAMHSA's GAINS Center. *Overcoming Legal Impediments to Hiring Forensic Peer Specialists.* http://gainscenter.samhsa.gov/peer_resources/pdfs/Miller_Massarro_Overcoming.pdf
- NAMI California. *Inmate Medication Information Forms: LA NAMI Medication Form - English | LA NAMI Medication Form - Spanish*
- Keya House. <http://www.mha-ne.org/keya/?gclid=CPTLpZGERSYCFRc8gQodW00leA>
- Lincoln Police Department Referral Program. <http://www.mha-ne.org/realprogram/>

REENTRY

- SAMHSA's GAINS Center. *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison*. <http://gainscenter.samhsa.gov/cms-assets/documents/147845-318300.guidelines-document.pdf>
- Community Oriented Correctional Health Services. *Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies* <http://www.cochs.org/files/HIT-paper/technology-continuity-care-nine-case-studies.pdf>

SCREENING AND ASSESSMENT

- SAMHSA's GAINS Center. Screening and Assessment of Co-occurring Disorders in the Justice System: A Webinar-Supporting Document. <http://www.prainc.com/wp-content/uploads/2016/09/Screening-Webinar-508.pdf>
- SAMHSA's GAINS Center. *Screening and Assessment of Co-Occurring Disorders in the Justice System*. http://gainscenter.samhsa.gov/topical_resources/cooccurring.asp
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). Validation of the Brief Jail Mental Health Screen. *Psychiatric Services*, 56, 816-822. http://gainscenter.samhsa.gov/pdfs/jail_diversion/Psychiatric_Services_BJMHS.pdf

SEQUENTIAL INTERCEPT MODEL

- Munetz, M.R., and Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, 57, 544-549. <http://ps.psychiatryonline.org/doi/10.1176/ps.2006.57.4.544>
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). *The Sequential Intercept Model and Criminal Justice*. New York: Oxford University Press. <https://global.oup.com/academic/product/the-sequential-intercept-model-and-criminal-justice-9780199826759?cc=us&lang=en&>
- SAMHSA's GAINS Center. *Developing a Comprehensive Plan for Behavioral Health and Criminal Justice Collaboration: The Sequential Intercept Model*. <http://gainscenter.samhsa.gov/cms-assets/documents/145789-100379.bh-sim-brochure.pdf>

SOAR

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- Information regarding SOAR for justice-involved persons can be found here: <http://soarworks.prainc.com/article/working-justice-involved-persons>
- The online SOAR training portal can be found here: <http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>.
- The SOAR Works contact for Florida is available through <http://soarworks.prainc.com/states/florida>.

TRAUMA-INFORMED CARE

- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. *Essential Components of Trauma Informed Judicial Practice.* [http://www.nasmhpd.org/docs/NCTIC/JudgesEssential 5%201%202013finaldraft.pdf](http://www.nasmhpd.org/docs/NCTIC/JudgesEssential%201%202013finaldraft.pdf)
- SAMHSA's GAINS Center. *Trauma Specific Interventions for Justice Involved Individuals.* <http://gainscenter.samhsa.gov/pdfs/ebp/TraumaSpecificInterventions.pdf>
- SAMHSA. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.* <http://gainscenter.samhsa.gov/cms-assets/documents/200917-603321.sma14-4884.pdf>
- National Resource Center on Justice Involved Women. *Jail Tip Sheets on Justice Involved Women.* <http://cjinvolvedwomen.org/jail-tip-sheets/>

VETERANS

- SAMHSA's GAINS Center. *Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions.* http://gainscenter.samhsa.gov/pdfs/veterans/CVTJS_Report.pdf
- Justice for Vets. *Ten Key Components of Veterans Treatment Courts.* <http://justiceforvets.org/sites/default/files/files/Ten%20Key%20Components%20of%20Veterans%20Treatment%20Courts%20.pdf>