



Mental Health Bills with Public Safety Connection in the 2015 Legislative Session

OHA Budget (SB 5526)

AMH Budget includes \$44 M in 13-15 new investment roll up, \$28 M in new investment for community mental health and addictions treatment, including:

- \$7 million for crisis services
- \$6.5 million for jail diversion
- \$7 million for supported housing (rental assistance) and peer-delivered services
- \$1.5 million for the Oregon Psychiatric Access Line for Kids (OPAL-K)
- \$6 million in addictions treatment and recovery support, including increased capacity for detoxification/withdrawal management, sobering facilities, and peer delivered services
- \$4.1 M for aid and assist restoration in communities.

Housing

Housing & Community Services Housing bonds (HB 2198B) – \$20 M (or 20%) dedicated to individuals with mental illness and addictions

Lottery bonds (HB 5030) - \$20 M dedicated for individuals with mental illness and addictions

MH-CJ-PS Priority Bills

Senate Bills:

- **71** (Prescription drug monitoring program reporting by pharmacists)
- **233** (Extending DOC Medicaid suspensions past 12 Months)
- **465** (County ceding responsibility to CMHP in civil commitment process)
- **561** (Suspected suicide reporting process)
- **832** (PCPCH and BHH Integrated Care)
- **839** (Good Samaritan drug overdose reporting)

House Bills:

- **2023** (Hospital discharge coordination for people with BH crises)
- **2420** (Aid & Assist restoration in communities)
- **2948** (PHI sharing with family members)
- **2936** (Sobering centers in statute and in 3 more counties)
- **3347** (Alters definition of mental illness for commitment purposes)



SUPPORT COMMUNITY-BASED ALTERNATIVES TO INCARCERATION

SCOPE OF PROBLEM

Oregon is unable to adequately serve individuals with mental health challenges who enter our jails and prisons. Oregon's challenges are not unique, however, and nationally, jails and prisons hold three times more individuals with mental illness than hospitals do. Additional facts:

- Fifteen percent of men and 31 percent of women in U.S. jails suffer from serious mental illness and more than 70 percent of these individuals has a co-occurring substance use disorder.
- A 2013 Oregon jail survey found that 2/3 of jail inmates have mental health or substance use disorders.
- The Association of Oregon Counties' four public safety summits reflected the high prevalence of inmates with mental illness and the lack of appropriate treatment as a leading problem.

WE KNOW WHAT IS NEEDED

With approximately 180,000 jail bookings in Oregon each year, we urgently need expanded resources for community based alternatives to incarceration. There are examples of communities across the nation and in Oregon that are doing good work and seeing positive outcomes. Unfortunately, funding for these services has been spotty without targeted investments to build the necessary systems and supports. We enthusiastically support a second round of legislative investments to fully fund the community mental health system, including services for people who are justice involved or at risk for incarceration.

A robust array of crisis services, including crisis intervention training for Law Enforcement, Assertive Community Treatment, respite services, crisis stabilization centers, supported housing and sobering stations - along with meaningful collaboration between Behavioral Health, Criminal Justice and Public Safety systems - are key to successful community based alternatives to incarceration. This service array is supported by the USDOJ in its recent missive to the State of Oregon: "It is vital that the State work collaboratively with local agencies to develop strategies to address services for individuals experiencing mental health crises and to prevent their unnecessary hospitalization and incarceration."

WHY MEDICAID EXPANSION ALONE WON'T FIX THIS PROBLEM

Many capacity-based crisis services are not covered by Medicaid, Medicare, Veterans Administration insurance or commercial insurance. Additionally, individuals in need of these services are often in and out of jail before they can apply for Medicaid coverage. A portion of crisis services is Medicaid reimbursable, and we anticipate that Medicaid and other payers will increase reimbursement for crisis services with payment reform.

RETURN ON INVESTMENT

Cost avoidance/benefit data collection for jail diversion programs is just beginning in Oregon and in many other states. There have been some studies across the nation that have shown return on investment - one in Washington State revealed that for those individuals with criminal justice involvement who receive addictions treatment, the re-arrest rate is 33 percent lower than for those who do not receive treatment. This translates to \$2.05 in taxpayer benefits per dollar of cost with the largest savings from reduced health care costs.

THE BOTTOM LINE

It is possible to intervene effectively at various points in an individual's path to the criminal justice system, but a person who is diverted from jail must have access to appropriate behavioral health and support services. Early identification of individuals with mental health and substance use disorders, and strong partnerships between Public Safety and Mental Health systems will increase the likelihood of successful community based treatment, resulting in better long term health and public safety outcomes.

WHAT DOES A CRISIS SERVICE ARRAY FOR PEOPLE AT RISK FOR INCARCERATION LOOK LIKE?

DEPENDING ON THE COMMUNITY'S NEEDS AND RESOURCES, A CRISIS SERVICE ARRAY WILL INCLUDE A COMBINATION OF THE FOLLOWING SERVICES:

- Center-based and mobile crisis response;
- Psychiatric emergency services;
- Respite care services as defined in ORS 409.450;
- Forensic assertive community treatment;
- Sobering centers;
- Supported housing;
- Specialty courts;
- Coordinated transition planning;
- Acute and subacute centers;
- Crisis intervention training; and
- Other programs and services with proven results for diversion of persons with mental health and substance use disorders from the criminal justice system and for re-entry into communities

