

# LPSCC

## Mental Health and Public Safety Subcommittee Meeting

### *Summary Notes for May 24, 2016*

#### **Attendance**

Judge Julie Frantz, Co-Chair, OJD

Judge Cheryl Albrecht, OJD

Jay Auslander, Cascadia

Katie Burgard, MCSO

Eric Collins, MCDA

Jean Dentinger, MHASD

Joanne Fuller, Health Department

David Hidalgo, MHASD

Jeff Howes, MCDA

Judge Edward Jones, OJD

Dr. Lauren Maxim, RMC Research

Bob McCormick, PPB BHU

Eric Sevos, Cascadia

Lindsay Stover, DCHS-MHASD

Elizabeth Wakefield (make nametag), Public Defender

#### **LPSCC Staff**

Amanda Lamb, LPSCC Analyst

Christina Youssi, LPSCC Staff

#### **Welcome and Introductions**

Judge Frantz opened the meeting and introductions were made.

#### **Overview of Year 1 SAMHSA grant evaluation activities and proposed year 2 plan.**

Lindsay Stover provided context for the Multnomah County Behavioral Health Treatment Initiative SAMHSA grant. Enrollment started in March 2015. Dr. Maxim presented the year 1 evaluation, which answered the below questions. For more information, see the presentation.

- Was the MBHTC Initiative delivered as intended?
- Was there expanded access of subgroups vulnerable to behavioral health disparities to quality treatment and services that are culturally specific and linguistically appropriate?
- What types of changes were made to address disparities among identified subgroups in access to Mental Health Court, Forensic Diversion, and Community Court, service use once enrolled, and participant-level outcomes?
- Was the knowledge base of professionals throughout the system enhanced?

There was discussion around peer support. One goal of the grant is to have certification for forensic peer mentoring.

#### **Local Evaluation Panel**

Judge Julie Frantz opened the topic with the time it takes to do an Aid & Assist Evaluation. Judge Frantz has been talking with Dr. Millkey about creating a local board of fitness evaluators. Dr. Millkey created a memo naming interested evaluators, payment, expectations, level of complexity of the case, and reporting requirements. Due to the county board's closure of jail beds, Joanne Fuller is optimistic about funding. Lindsay Stover will circulate the cost breakdown.

### **Introduction to Multnomah County Contract Services**

Joanne Fuller and David Hidalgo gave an overview of the Behavioral Health System of Care which included the role of MHASD (local mental health authority, direct clinical services, coordinated care organization) and the continuum of care in Multnomah County. See the handout for more information.

There was discussion around having a mental health screening at booking. Questions include: divert to where? And what will be done with the information?

It was announced that Nancy Griffith has left Corrections Health. Dr. Michael Seale is the interim Corrections Health manager.

Judge Frantz reminded the group of the subcommittee' three goals:

1. Information sharing
2. Earlier assessment
3. Moving and supporting people out of the justice system

The meeting was adjourned.



# **MULTNOMAH COUNTY BEHAVIORAL HEALTH TREATMENT COURT INITIATIVE EVALUATION 2016**

Lauren Maxim  
RMC Research Corporation

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*Was the MBHTC Initiative **delivered** as intended?*

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# SCREENING FOR SYMPTOMS

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Screenings for mental health, substance abuse, and co-occurring disorders

- 177 **fully or partially screened** across 3 Diversion programs

# SYMPTOM SCREENINGS

Individuals screened for mental health, substance abuse, or co-occurring symptoms

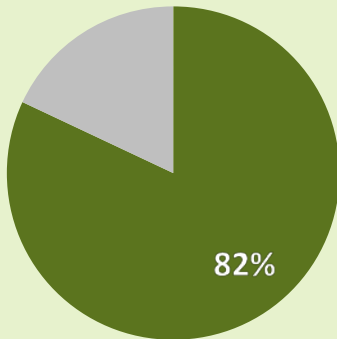
220  
screened



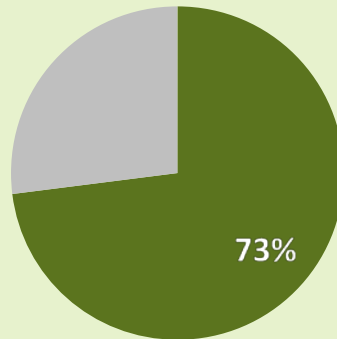
177 screened with sufficient information

■ Positive ■ Negative

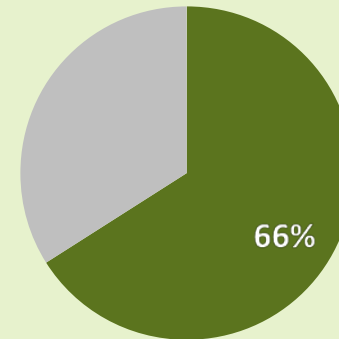
Mental Health  
Symptoms



Substance Abuse  
Symptoms



Co-Occurring  
Disorders



# ENROLLMENT IN DIVERSION PROGRAMS

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- **80 enrolled:** 50 through Mental Health Court and 30 through the Forensic Diversion Program.
  - Baseline **needs assessments** done for 91%.
- **12 discharged:** 6 Mental Health Court and 6 Forensic Diversion participants.
- Of those discharged, **5 successfully completed** the program.

*Was there expanded **access of subgroups vulnerable to behavioral health disparities** to quality treatment and services that are culturally specific and linguistically appropriate?*

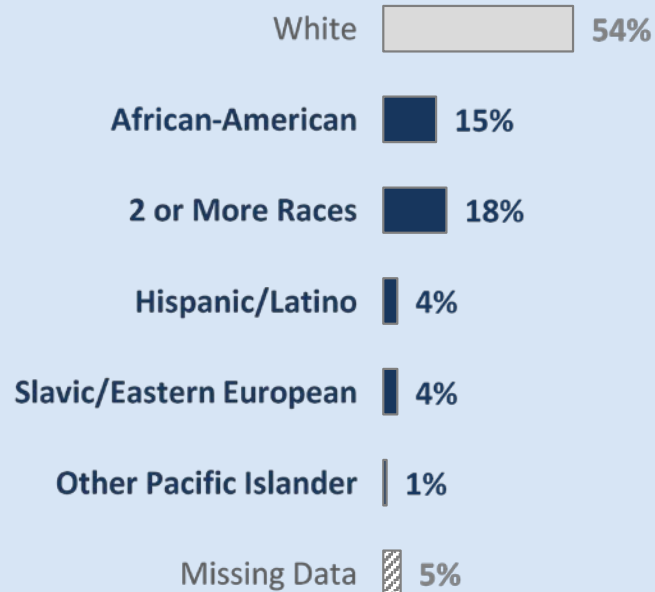


# ENROLLMENT OF SUBGROUPS

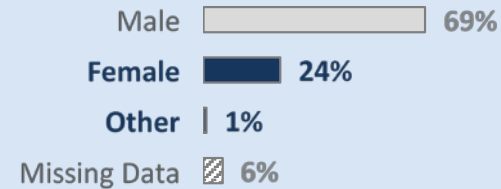
Individuals of color, women, veterans, and those identifying as LGBTQ enrolled in a Diversion program

**41%**  
Identify as  
non-white  
  
(n = 80)

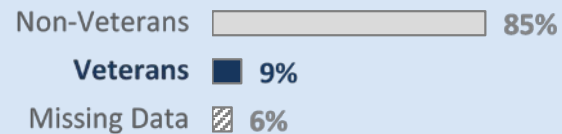
## Ethnicity



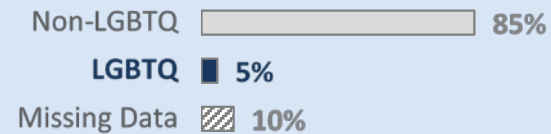
## Gender



## Veterans



## LGBTQ



*What types of changes were made to address disparities among identified subgroups in access to Mental Health Court, Forensic Diversion, and Community Court, service use once enrolled, and participant-level outcomes?*

# TRAINING NEEDS SURVEY

As of December 2015 . . .

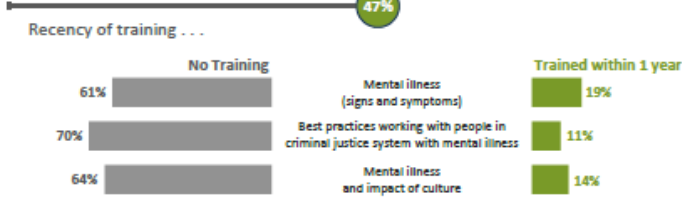


**Goal 3: Assess systems partners' training needs related to identified subgroups' treatment and culturally specific services.**

211–213 total respondents

More than 40% of respondents rated these training topics as their **top priorities** to be more effective.

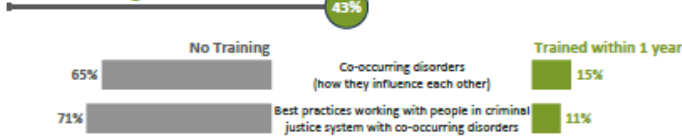
## 1. Mental illness



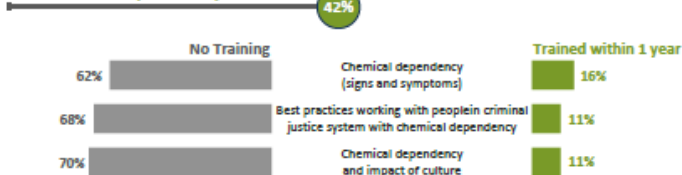
## 2. Procedural fairness



## 3. Co-occurring disorders

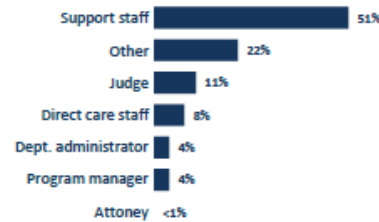


## 4. Chemical dependency

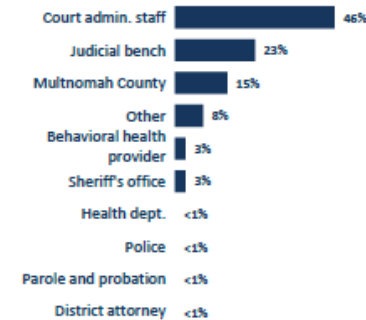


Note. Recency of training: n = 196–229 (among those for whom topic was relevant to their work).

277 respondents



262 organizations



Among those whose work involved these topics, on every topic at least 60% of respondents reported **no formal training.**

A minority of respondents were trained in the **past 6 months to a year on:**

Trauma-Informed Care as a service approach	25%
The effects of trauma on mental illness and chemical dependency recovery	22%
Mental illness (signs and symptoms) and its practices	19%

Other training topics nominated as having an impact on respondents' professional work were issues related to . . .

- Domestic violence.
- Poverty.
- Accessing local services.
- Aging populations.
- Housing resources.

*Was the **knowledge base of professionals** throughout the system enhanced?*

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# TRAININGS THROUGH MBHTC

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- ▶ Systems partners and Diversion program staff
- ▶ 12 trainings, 499 attended
- ▶ Topics:
  - *Transgender 101 and Accessing Services for LGBTQ Clients* (6 trainings)
  - *Trauma-Informed Care* (4 trainings)
  - *Accessing Services for Veterans*
  - *Clients with Addictions and Co-Occurring Disorders*

# KNOWLEDGE AND UNDERSTANDING

**Exhibit 1. After training, participants reported greater understanding and knowledge of topics**

Pre- to post-training	<i>n</i>	Average Change <sup>a</sup>	Statistically Significant Increase for . . .
Trauma-Informed Care #1	76	+26%	 6 of 7 items
Trauma-Informed Care #2	51	+15%	 6 of 7 items
Trauma-Informed Care #3	28	+47%	 7 of 7 items
Trauma-Informed Care #4	30–33	+26%	 6 of 7 items
Transgender 101: Accessing Services for LGBTQ Clients	26	+14%	 5 of 7 items
Transgender/LGBTQ 101: Criminal Justice Professionals	22	+16%	 5 of 7 items
Transgender 101: Accessing Services for LGBTQ Clients #4–6	9–12 <sup>b</sup>	+11–14%	 4–5 of 7 items

*Note.* Transgender Training #3 not included above because respondents did not provide pre-training responses.

<sup>a</sup>Pre- to post-training change; <sup>b</sup>respondents across trainings.

# TRAINING SATISFACTION AND USEFULNESS

Exhibit 2. Over 80% reported high levels of training satisfaction and usefulness

<b>Training</b>	<b><i>n</i></b>	<b>Training was applicable and/or useful to work</b> <i>(Strongly agree or agree)</i>	<b>Overall satisfaction with training</b> <i>(Very satisfied or satisfied)</i>	<b>Overall satisfaction with the subject and materials presented</b> <i>(Very satisfied or satisfied)</i>	<b>Trainer's subject matter expertise</b> <i>(Excellent or good)</i>	<b>Trainer's skill in presenting</b> <i>(Excellent or good)</i>
Trauma-Informed Care #1	75–76	99%	96%	96%	99%	97%
Trauma-Informed Care #2	59–60	97%	95%	95%	98%	98%
Trauma-Informed Care #3	23	96%	96%	83%	<b>100%</b>	<b>100%</b>
Trauma-Informed Care #4	32	94%	97%	<b>100%</b>	<b>100%</b>	<b>100%</b>
Clients with Addictions and Co-Occurring Disorders	34–35	91%	97%	94%	97%	97%
Transgender/LGBTQ 101: Criminal Justice Professionals	21–22	95%	95%	95%	<b>100%</b>	95%