Behavioral Health Summit

Day 1

January 6, 2022

PDF Packet

Live Summit Workshop, January 6-7, 2022, Draft Agenda (Updated 1/5/22)

Day 1 – Thursday, January 6, 2022, 8:00 AM – 5:00 PM

8:00 PLENARY

►Welcome from Judge Nan Waller and Judge Suzanne Chanti

►Opening Remarks:

- Chief Justice Martha Walters,
- Representative Tawna Sanchez
- Oregon Health Authority Director Pat Allen

►Video: Lived Experience Personal Story (Lina deMorais)

►Behavioral Health Summit Process and Goals: (Debra Maryanov, Christopher Hamilton)

- About the Summit: Purpose, Organizers, Participants, Goals, Process
- Statement of Common Interests (Session 1)
- Elements of a Comprehensive System Solution
  - Government Organization (Sessions 4-5)
  - Public Funding Structures (Session 6-7)
  - System Coordination (Session 8-9)
- Introduce facilitators (powerpoint of bios; each facilitator says hello)
- WebEx vote on participant affiliations

9:30 BREAK

9:45 BREAKOUTS

►Comprehensive Solutions for a Complex System

10:45 PLENARY

►Values and Goals: Behavioral Health Bill of Rights for Justice-Involved Individuals

Facilitators: Richard Schwermer, Jenny O'Donnell

12:15 Lunch on Your Own

1:15 PLENARY

►Video: Lived Experience Personal Story (Eoj Johnson)

1:30 BREAKOUTS

►Government Organization, Part 1

3:00 BREAK

3:15 PLENARY

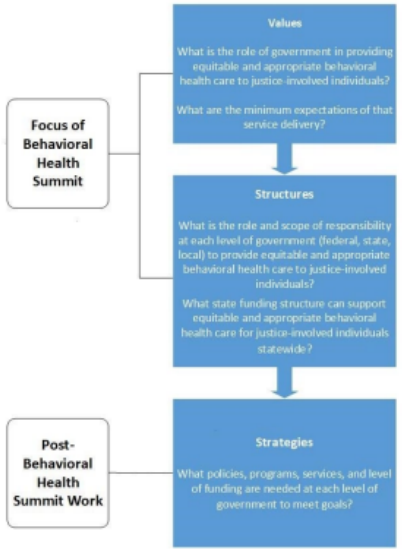
► Government Organization, Part 2

Facilitators: Richard Schwermer, Jenny O'Donnell

4:30 PLENARY

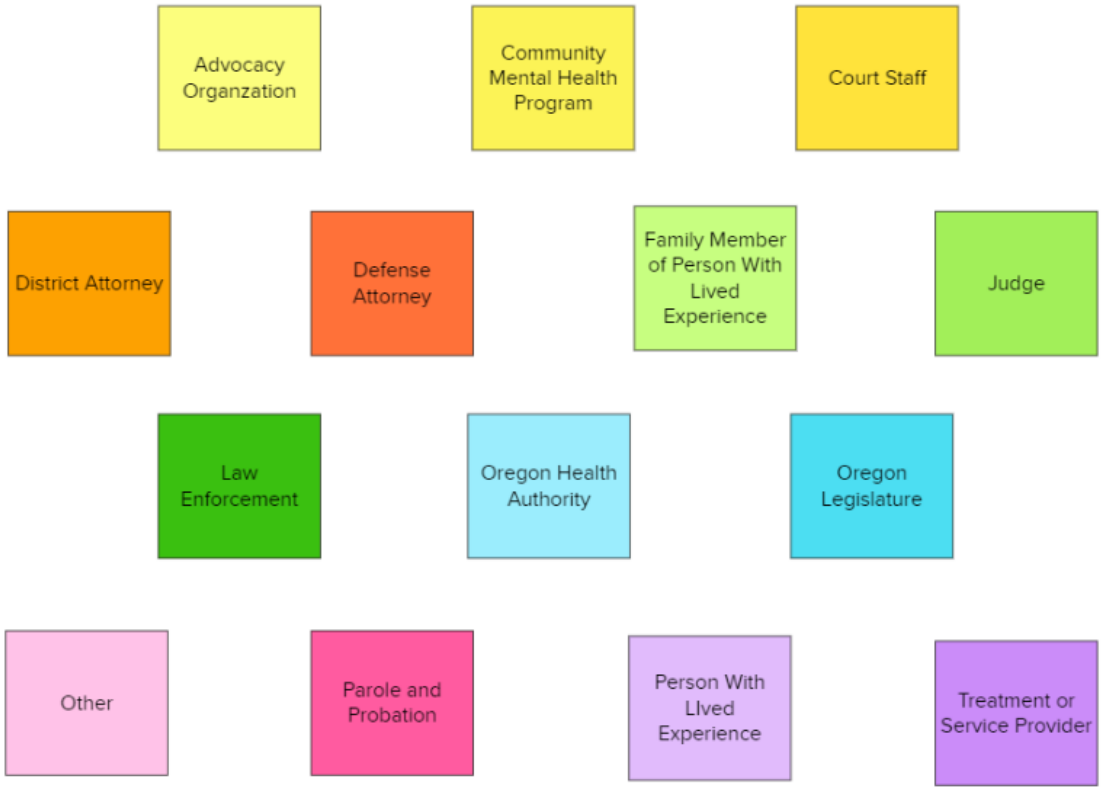
►Arizona Behavioral Health Public Funding Model

Presenters: Kate Vesely, Terrance Cheung, Jason Winsky

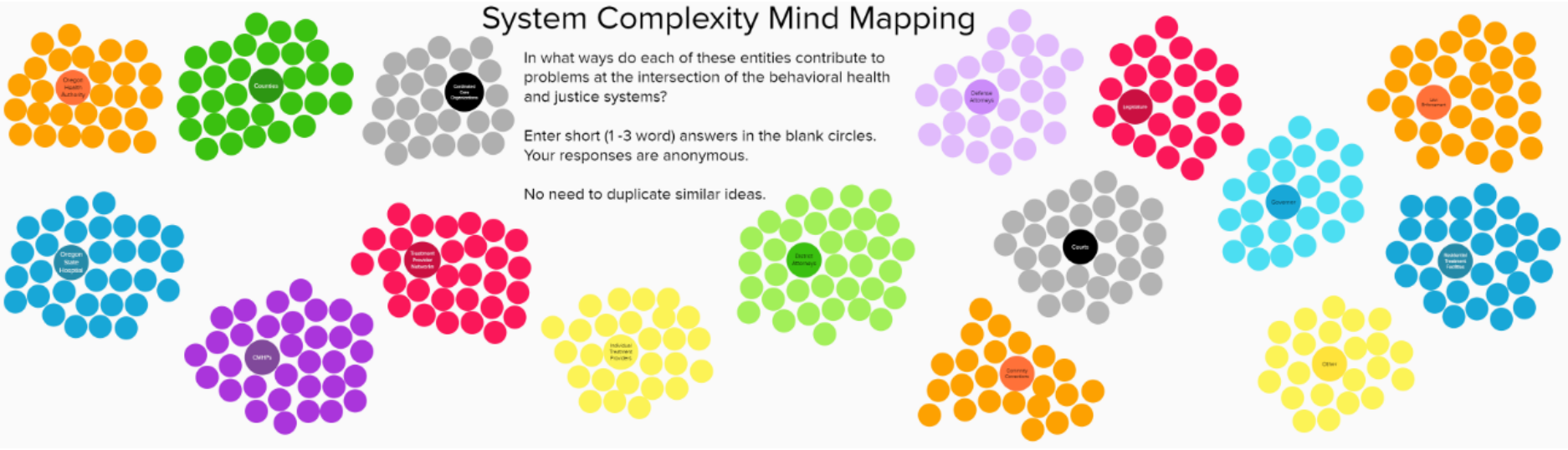


Session 1 Beakout

What is you affiliation in the behavioral health or justice system?
(Select all that apply)



System Complexity Mind Mapping



In what ways do each of these entities contribute to problems at the intersection of the behavioral health and justice systems?

Enter short (1 -3 word) answers in the blank circles. Your responses are anonymous.

No need to duplicate similar ideas.

Session 1
Statement of Common Interest

"With timely and appropriate services and support, most mental illnesses are treatable, and recovery is possible, reducing the likelihood of behavior that can lead to incarceration. However, outdated and untimely responses to mental illness now block treatment and services that can prevent crime and lead to recovery. Rigid legal standards for involuntary treatment and the lack of an adequately funded community-based mental health system have led to a public safety crisis. Instead, the criminal justice system is systematically being used to criminalize mental illness and re-institutionalize persons with mental illnesses into jails and prisons."

Session 3 Breakout

State or Local Government? Balance of Responsibility

Your votes are anonymous. Please choose freely!

- S – Entirely State – funded by the state, managed by state agency, delivered by state employees (e.g., DMV)
- MS – Mostly State – funded by the state, managed by state agency, delivered by local governments under contract with state (e.g., PSRB community placements)
- E – Equally Shared – mix of state and local funding, requirements on local government action by statute or administrative rule, state oversight, managed and delivered by local government (e.g., Measure 110 resource centers)
- ML – Mostly Local – some state funding and administrative support, limited state oversight, managed and delivered by local government (e.g., public schools)
- L – Entirely Local – funded, managed, and delivered entirely by local government (sheriffs)

Entirely Local Function Ideas	Selection
1. Routine treatment for mental health, substance use, and co-occurring disorders	S MS E ML L
2. Family support services	S MS E ML L
3. Peer support services	S MS E ML L
4. Cognitive behavioral therapies to address criminogenic risk factors	S MS E ML L
5. Case management	S MS E ML L
6. Consideration, planning, and coordination for deflection from justice system	S MS E ML L
7. Consideration, planning, and coordination for diversion from justice system	S MS E ML L
8. Jail screening for mental and substance use disorders	S MS E ML L
9. Non-custodial restoration services for individuals who are unfit to stand trial	S MS E ML L
10. Qualified county staff and dedicated funding for high-risk, high-need justice-involved individuals	S MS E ML L
11. Community-based services for individuals with high-risk criminal charges	S MS E ML L
12. Treatment and services for individuals in specialty courts	S MS E ML L
13. Treatment for mental health, substance use, and co-occurring disorders while incarcerated	S MS E ML L
14. Expansion of community corrections model with specialized behavioral health units	S MS E ML L
15. Job training support services	S MS E ML L

Entirely State Function Ideas	Selection
16. Grievance system for behavioral health consumers	S MS E ML L
17. Statewide database to track real-time availability of residential placements for justice-involved	S MS E ML L
18. Centralized coordinator of behavioral health service delivery to justice-involved population to ensure access to treatment and services across case types and geographic regions	S MS E ML L
19. Oversight and evaluation of behavioral health funding streams	S MS E ML L
20. Statewide equity audits of behavioral health care services for justice-involved individuals	S MS E ML L
21. Performance measures for intersection of behavioral health and justice systems	S MS E ML L
22. Data collection and analysis on intersection of behavioral health and justice system	S MS E ML L
23. Statewide guidance on best practices for information sharing	S MS E ML L
24. Linkages between councils, commissions, and advisory boards that address the intersection of behavioral health and the justice system where appropriate	S MS E ML L
25. Facilitation of systematic collaboration among entities that serve justice-involved population	S MS E ML L
26. Evaluation and integration of technology to supports treatment and service delivery	S MS E ML L

Examples of shared responsibility for forensic evaluations:

Entirely state: State agency provides all forensic evaluations statewide using state employees (aid & assist, civil commitment, GEI, etc.); may be delivered locally (like DMV)

Mostly state: State agency contracts with local governments to provide all forensic evaluations

Equally shared: State agency provides all forensic evaluations ordered by state courts; local governments provide evaluations for local courts and community-based supervision of justice-involved individuals

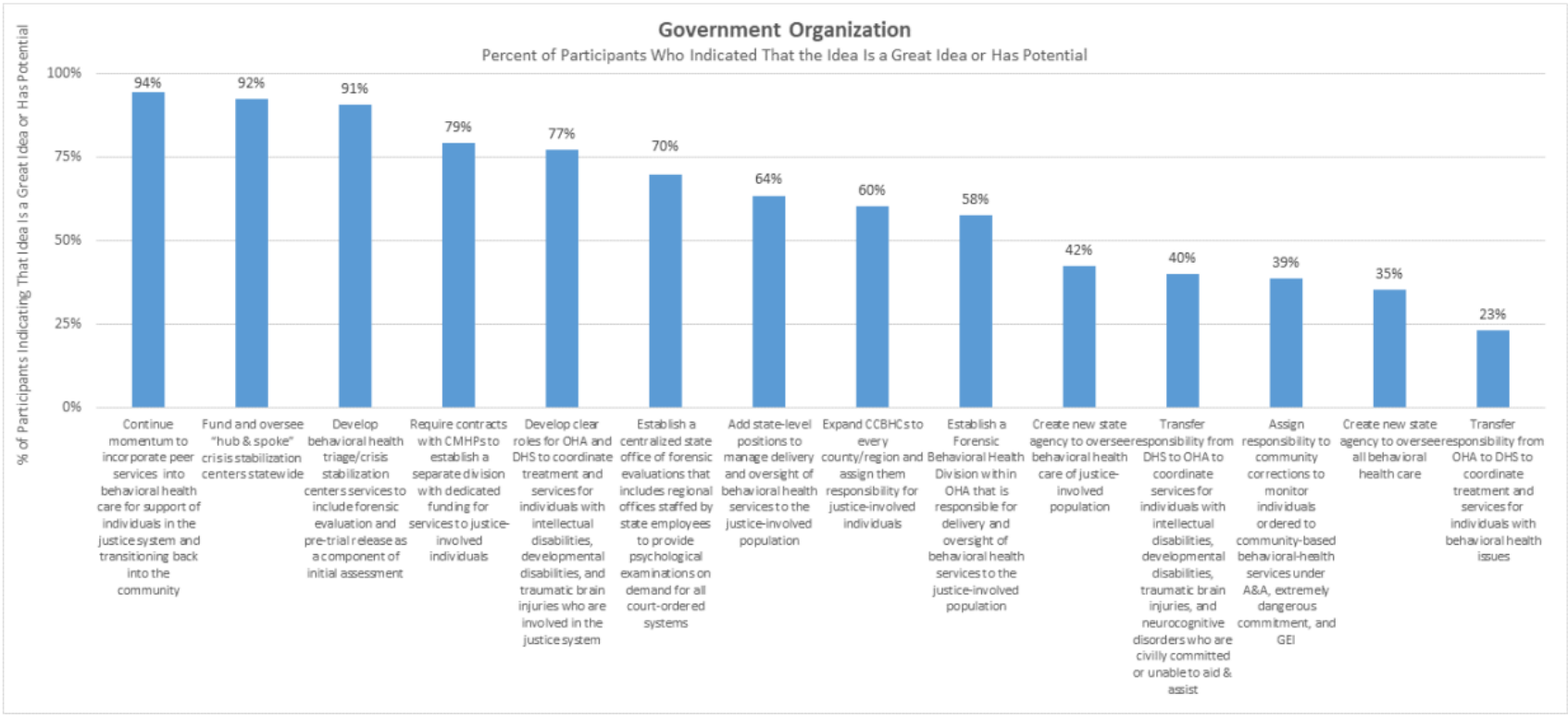
Mostly local: State agencies provide forensic evaluations for individuals committed to Oregon State Hospital (e.g., Oregon State Hospital, Oregon Public Defense Services); local governments contribute to costs of privately obtained evaluations for criminal defendants (e.g., rapid evaluation docket)

Entirely local: State agencies provide forensic evaluations for criminal defendants only; local governments may contribute to costs of privately obtained forensic evaluations for criminal defendants

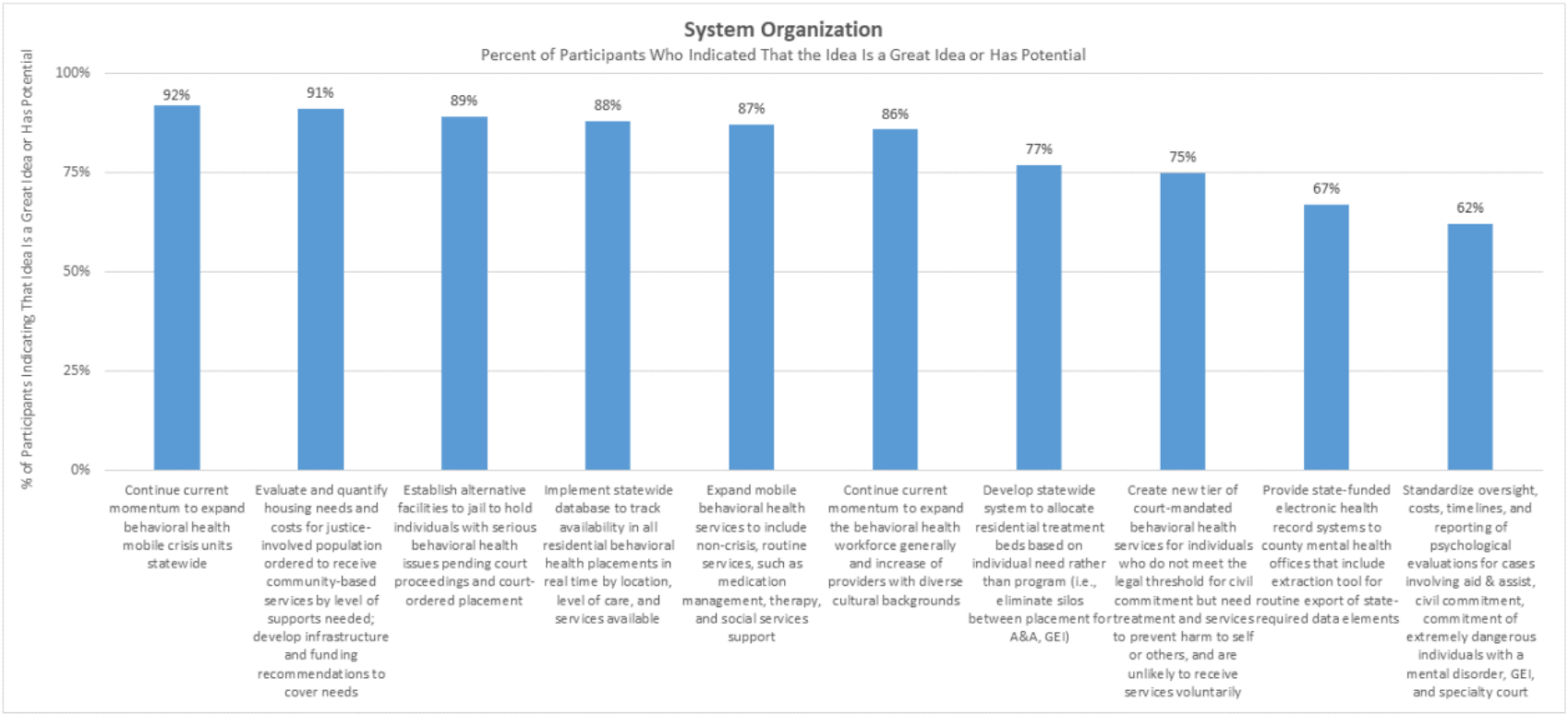
State Managed/Coordinated with Local/Regional Delivery	Selection
27. Crisis Center hub: assessment, stabilization, warm handoff	S MS E ML L
28. Detox services	S MS E ML L
29. Psychiatric day treatment	S MS E ML L
30. 24-hour supervised structured treatment	S MS E ML L
31. Acute psychiatric care (secure or non-secure)	S MS E ML L
32. Extended psychiatric care (secure or non-secure)	S MS E ML L
33. Trauma-informed holding facilities other than jail for individuals awaiting court proceedings that are likely to result in OSH commitment or community restoration	S MS E ML L
34. Use of CCBHCs in every county/region to serve justice-involved individuals	S MS E ML L
35. Psychological examinations on demand for all court-ordered systems (aid & assist, civil commitment, GEI, specialty courts) standardized for cost, scope, evaluator qualifications, and timelines	S MS E ML L
36. State-funded electronic health record systems with extraction tool to reduce administrative reporting burdens	S MS E ML L

Mixed State and Local Functions	Selection
37. Information services for self-help	S MS E ML L
38. Custodial restoration services (OSH, SRTFs) for individuals who are unfit to stand trial	S MS E ML L
39. Coordination of services, supervision, and case review for GEI	S MS E ML L
40. Assisted outpatient treatment for individuals below bar civil commitment	S MS E ML L
41. Treatment and services for individuals with intellectual or developmental disabilities, cognitive disorders, and traumatic brain injuries	S MS E ML L
42. Planning and coordination of services for individuals leaving custodial settings	S MS E ML L
43. Housing analysis, planning, and implementation for all level of support needed	S MS E ML L
44. Housing support services (low-barrier and supportive)	S MS E ML L
45. Efforts to build and maintain qualified behavioral health workforce	S MS E ML L

Session 3- Module 5 Phase 1 On Demand Responses



Session 3- Module 5 Phase 1 On Demand Responses



Session 3 Comprehensive Model of Government Organization

State- Enhanced oversight of state and local behavioral health service delivery for justice-involved population

Service Coordination

- oversight of all court ordered BH care and transition care upon release
- counties
- DHS
- CCOs
- DOC
- community corrections
- OSH
- PSRB
- services advisory committee coordination

Administration

- **Consumer Support**
- hotline for consumers
- two-way communications with advocacy organizations
- consumer advisory committee
- **Equity**
- performance measures
- equity audits
- development and oversight of remedial action plans
- equity advisory committee
- **Policy & Innvation**
- best practices
- legislative concepts
- Medicaid waiver review
- OAR development including alignment of contracts with performance measures
- stakeholder and policy improvement collaboration

Housing

- ongoing assessment of supportive/ residential housing needs for justice-involved
- build or contract for needed housing
- coordinate housing for individuals in court-ordered services

Forensic Evaluations

- oversight of regionally-placed state forensic evaluators
- oversight of forensic evuations for all case types (aid & assist, GEI, civil commitment, specialty courts)

Technology & Data

- development of real-time residential care placement database
- plan development for data needs and application
- oversight of data collection, analysis, and reporting

Counties- Coordinate all Medicaid services for justice involved individuals
Perform all non-reimbursable services. County and county contracted entities.

Service Coordination

- enroll
- keep enrolled
- local intergovernmental communication (court)
- state intergovernmental communication (state forensic office, OSH)

Intensive Case Management

- referrals
- engagement
- reports to courts
- attending court

Service Delivery

- Crisis services
- Medicaid reimbursable services (direct and referred)
- all Non-Medicaid reimbursable direct service provider
- housing
- RTF/SRTF
- forensic evaluations
- transportation
- non behavioral health treatment including anger management or services for family members