

Sequential Intercept Model Mapping Report



Washington County, Oregon
December, 2020



Oregon Center on
Behavioral Health &
Justice Integration

*Prepared by The Oregon Center on Behavioral Health & Justice Integration
A division of Greater Oregon Behavioral Health Inc.*

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 virtually for Washington County, Oregon in December of 2020. The workshop was sponsored by The Oregon Center on Behavioral Health & Justice Integration (The Center). 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 Washington County achieve its goals

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

Background:

The Washington County Department of Health and Human Services and other local stakeholders requested the Sequential Intercept Mapping and Taking Action for Change workshops to provide assistance to Washington County with the:

- 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 over 40 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. Ridg Medford and Chris Thomas from The Center, facilitated the workshop sessions along with Kris Boler and Aylee Rhea from Greater Oregon Behavioral Health, Inc. (GOBHI). Patrick Kennedy and Patrick Mulvihill from GOBHI assisted with the preparation and completion of this report.

The workshop was conducted on a virtual platform. Several individual intercept meetings were conducted as a way to gather information about the current sequential intercept system in

Washington County and to help identify opportunities to help bolster the system. A conclusive workshop was held on Dec. 17th to identify priorities for change and to create action plans for future improvements.

Workshop Goals:

The Sequential Intercept Mapping Exercise has three primary objectives:

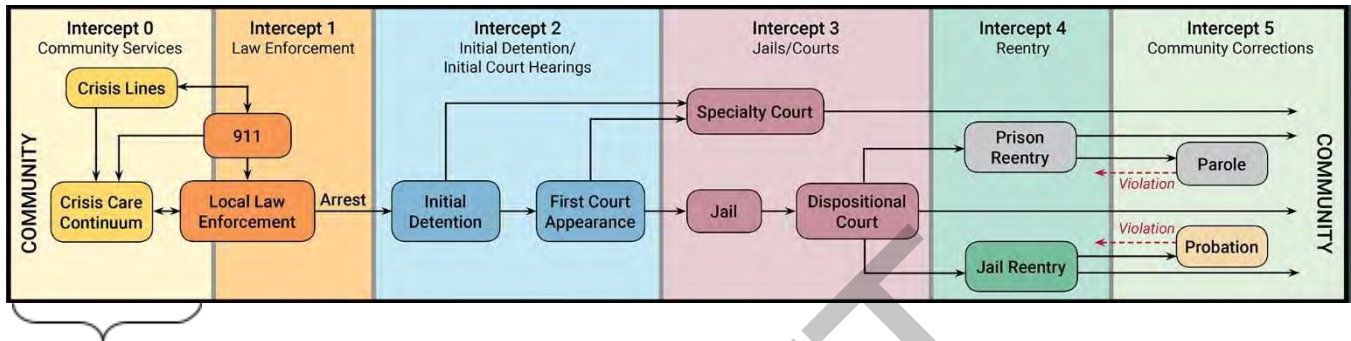
1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the Washington County criminal justice system along six distinct intercept points: Community Services, Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, 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 Washington County Sequential Intercept Map created during the workshop can be found in this report on [page 34](#).

Acknowledgements:

The Oregon Center on Behavioral Health and Justice Integration wishes to thank all participants who took time from their day to brainstorm and develop joint strategies addressing the needs of individuals in the justice system who have co-occurring mental health and substance use disorders.

Intercept 0: Community Services



Resources

Washington County Crisis Line

- 503-297-9111. General crisis line and behavioral health information system. Operated by Multnomah County; 24/7 access.

Lines for Life

- 800-273-TALK (8255). Text number: 839863. 24/7 access. The organization runs several lines:
 - Youth
 - Veterans’ Hotline
 - Suicide prevention hotline
 - Alcohol and Drug (A & D) helpline

A.A. hotline

- Alcoholics Anonymous has multiple active districts in the county, including Beaverton, Hillsboro, and several other communities. The website www.aa-oregon.org lists these volunteer-operated districts.

SAMHSA alcohol and drug line

- 1-800-662-HELP (4357). Mental health and Substance Use Disorder (SUD) helpline, 24/7.

Suicide prevention lifeline

- 1-800-273-TALK

Military Helpline

- 1-888-457-4838

211 info

- 211.info.org
- 1-866-698-6155

Faith based resources

- Offered by several sources and entities (accessed by directly calling services).

Lifeworks Northwest

- Early Assessment and Support Alliance (EASA)
- Strengthening Tools to Recovery, Independence, Determination and Empowerment (STRIDE)
- Transition Aged Youth (TAY) (16-24 years of Age)
- Adult outpatient and rehabilitation
- Supported Employment
- Crisis Services
- Older adult programs and services
- Residential treatment homes

Sequoia Mental Health Services Inc.

- Individual and group therapy
- Intensive community outreach, case management
- Coping skills training
- Treatment planning
- Supportive housing
- Residential Treatment
- Substance Use/Addiction programs

Mental Health Response Team (MHRT)

- Lifeworks NW clinicians and Washington County patrol deputies co-respond to crises in the same car. This partnership is advantageous as it extends a clinical application into the field for the end user -- in the moment of crisis. This gives law enforcement another option separate from hospitals and jail. The goal is steering individuals to another service channel, when appropriate. While not active 24/7, the program is working toward that goal and looking to expand to other areas of the county.

Drop off Centers

- Hawthorn Walk-in Center
 - Volunteer drop off by police; 7 days a week (prior to the COVID-19 pandemic). A separate mobile crisis team working out of Hawthorn responds to homes, the jail, EDs, the broader community and in response to meet with law enforcement. Law enforcement have direct numbers to Hawthorn clinicians, allowing for a communication pathway. This service helps with pre-planned civil issues (e.g. evictions, life changes). It has relationships with area hospitals.
- O'Rourke Center
 - Substance Use Disorders (SUD) services, serving individuals 18-35 years of age, utilizes floating community peers. Group session takes place in the building, 7 days a week, 3 p.m. to midnight (pre-COVID-19).

Temporary winter shelters through Feb. 15th, 2021

- 5 locations in Washington County. Shelter access stems from self-referral, law enforcement referral, or behavioral health referral. 24/7 referral with drop-off. Offers housing in-reach (Community Connect). Warming shelters operate from Nov. 15-Feb. 15.

Community Connect

- Offers housing assistance services similar to Community in Action entities. The organization screens for and seeks housing for those who qualify -- long-term and temporary housing. Funded through HUD. One number, one contact.

www.co.washington.or.us/Houseing/EndHomelessness/homeless_resources.cfm

Homeplate Youth Services

- 503-320-8965. Drop-in and street outreach, serves youth up to age 24.

Western Psychological and Counseling Services

- Beaverton -- 503-626-9494, Outpatient Services treatment.

New Narrative (formerly Luke Dorf)

- Outpatient Treatment and Supported Housing

Bridges to Change

- 10-bed SUD housing for men in Hillsboro; no barriers or rent. Provides resume/skill building help; only 90-day access. The program is sober housing.

CODA

- Treatment provider for substance use disorders.

Recovery Works NW

- Medication assisted treatment provider.

NAMI Washington County

- 503-356-6835. The local National Alliance on Mental Illness branch, a growing program. Its peer led/support groups have a close relationship with mental health and law enforcement. They refer to the Hawthorn walk-in. Peer mentorship grant received. They are a walk-in as well. They serve individuals from St. Vincent, Cedar Hills, Kaiser, statewide connections. Contact:

Shelley@waconami.org

Mental Health and Addictions Association of Oregon (MHA AO)

- Peer-led organization to divert SUD patients from hospitals as appropriate.

Hospitals

- Oregon Health and Science University Hospital, Hillsboro
- Kaiser Permanente Westside Medical Center
- St. Vincent Hospital
- Legacy Meridian Park Medical Center

Hospitals and Process Overview:

- All four above have emergency rooms with secure beds for crisis patients.
- Law enforcement can drop off individuals.
- All four will hold for 12 hours.
- Wait times at hospitals vary (peace officer custody). There has been improvement through legal clarification and cooperation among law enforcement and hospital partners.
- Cedar Hills Hospital
 - No emergency room
 - Law enforcement cannot drop off
- Unity Center for Behavioral Health
 - Psychiatric services
- Tuality

- Older adult specialty unit

Coordinated Care Organizations (CCOs)

- Trillium Community Health Plan
- Health Share of Oregon

Veteran Services

- Military Helpline: 1-888-457-4838
- Disabled American Veterans (DAV)
- Veterans' Administration
 - Disabled aged and veterans programming
 - Suicide prevention team
 - Veterans outreach and in-reach into jail

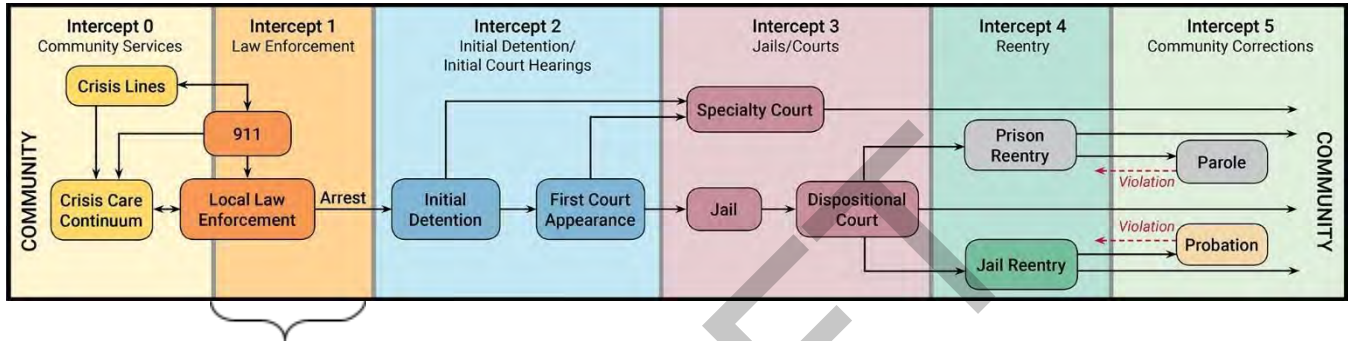
Oxford Houses

- Oxford House Newton
- Beaverton Oxford House
- Oxford House - Castlewood

Identified Gaps

- More resources needed for crisis intervention; wait times for crisis team arrival are too long.
- Connections between Behavioral Health practitioners and EMS teams.
- Need treatment beds for co-occurring disorders
- Need a street resource team, similar to the Crisis Assistance Helping Out On The Streets (CAHOOTS) model practiced elsewhere in Oregon.
- Intensive case management (ICC) to be expanded for people who frequently end up in jail or requiring 911 response.
- Data system incapability -- red tape leads to information sharing issues.
- Continuing medication if a person goes to jail
 - Need more Medication Assisted Treatment (MAT) services and providers.
- Housing stock for people coming out of the hospital
 - Access to recovery housing is limited
 - No wet housing
- Mobile crisis is not operated 24 hours a day
- No specific detox center (medically supported withdrawal) -- the hospitals and jail become de facto facilities. The development stage of such a facility is several years pending.
- No access to permanent, year-round shelter
- More training for Behavioral Health professionals working with the criminal justice system
- More cross-system collaboration for high utilizers
- Data systems pose difficulties (Dr. Cloud, etc.)
- Need Crisis Intervention Team (CIT) training for hospital staff
- Geographical location of resources. They aren't easily accessible to all areas of the county.
- Housing program access: Clients must have email or phone to access the housing list.

Intercept 1: Law Enforcement/Emergency Services



Resources

Dispatch Centers:

1. Washington County 911: Dispatches all police calls in Washington County. 67 dispatchers and call takers. Works with Metro West to route EMS calls. For behavioral health calls, patrol is dispatched first. Patrol can request MRHT, or said team can respond when they see the call in the dispatch system (CAD). Some CIT training, more needed. Mental health calls are tracked by call type. Currently updating its call system.
2. Metro West: Dispatches EMS calls from Washington County 911.

Law Enforcement Agencies:

There are several law enforcement agencies within Washington County. Washington County has a very active CIT program, which actively trains all agencies in the county. The law enforcement agencies include:

1. Tigard Police Department
2. Beaverton Police Department
3. Sherwood Police Department
4. Forest Grove Police Department
5. Tualatin Police Department
6. Wilsonville Police Department
7. Hillsboro Police Department
8. Oregon State Police
9. Washington County Sheriff's Office

- 10. King City Police Department
- 11. Tri-Met Police
- 12. Bureau of Land Management Officers
- 13. Washington County Parks and Recreation Officers

Mental Health Response Team (MHRT)

- 2 teams daily, 11:30 a.m. - 11 p.m., 7 days a week. Sherwood works with this team. Has an officer that fills in for them. Deputies on the team are CIT trained.

Crisis drop off and call process:

If an officer or deputy contacts an individual in crisis; various options are available as a drop off point or follow-up approach.

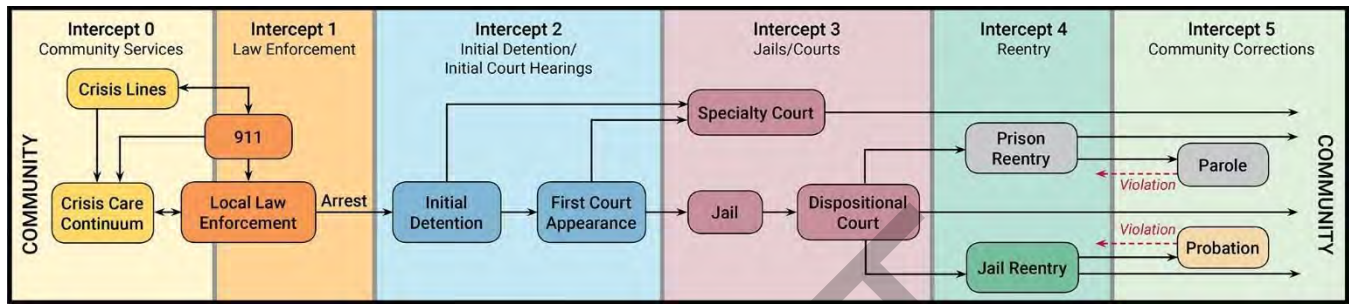
Law enforcement attempts to coordinate with providers prior to utilizing them.

If a mental health call comes into dispatch, an officer is initially sent. The officer can then request MHRT or other services. Often, MHRT monitors radio traffic and proactively responds before being requested by patrol. There is coding in place to track mental health related calls for service within Washington County’s computer aided dispatch (CAD) system.

Identified Gaps

- Funding for programs and staffing
- Need more co-responder teams spread throughout the county with different agencies
- Data sharing between agencies
- More training for dispatch 911 CIT
 - Dispatchers asking for training
 - Sending to training is difficult - would be helpful to have local options
- More trained staff at the hospital (Meridian Park)
- Lack of training for Behavioral health around the criminal justice system and law enforcement culture

Intercept 2: Initial Detention/Court Hearing



Resources

Booking

- In the booking process, the detainee is seen by nursing staff within 4 hours for a health assessment. If the need arises, the detainee is sent to the hospital for further medical assessment and/or treatment. The jail utilizes the Columbia-Suicide Severity Rating Scale (C-SSRS), the Clinical Opiate Withdrawal Scale (COWS) the Drug Abuse Screening Test (DAST-10), the Clinical Institute Withdrawal Assessment (CIWA), the Women’s Risk Needs Assessment (WRNA), and the Level of Service/Case Management Inventory (LS/CMI), among other assessment screening tools at intake.

Jail diversion

- Correctional Health partners are contracted with the jail and have staff working in the jail. The Washington County Mental Health Provider is coordinating as well. There are two full-time Licensed Clinical Social Workers (LCSWs) working inside the jail. Inmates are referred to jail diversion based on determinations via the intake screening tools, or can be referred by jail staff or a self referral.

Initial court hearing process

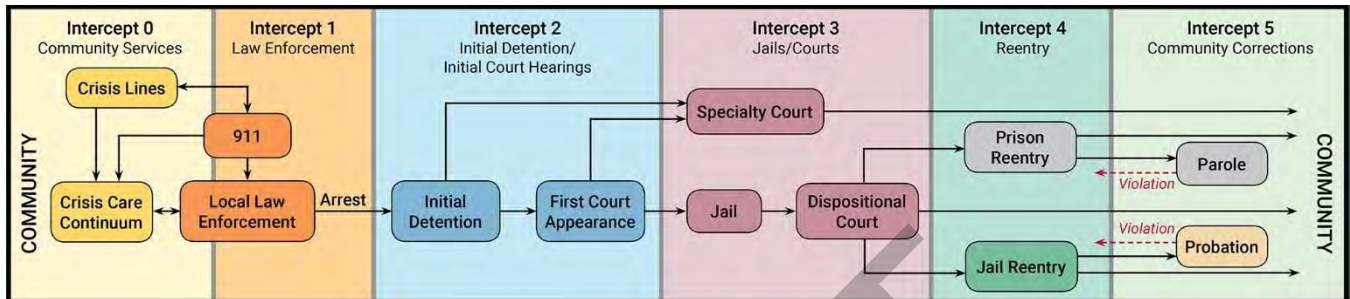
- Circuit Court holds arraignments on the next business day at 3 p.m. Beaverton Municipal Court has arraignment 5 days a week, mostly by video. There is a mental health court which defendants must enter a guilty plea to enter. Drug court programming allows charges to be set aside upon completion of the program.

Identified Gaps

- Screening tools stay at the jail
 - Screening tools would be useful for coordination but not into court record
 - Municipal court would appreciate copies of the screening tools as well
- Limited pretrial services, as well as release or diversion options
- Length of time for aid and assist evaluations
- Custody disrupts medications, healthcare and insurance
- Once in custody, it's difficult to obtain release of information (ROI) from individuals (signature options on tablets would be helpful)
- Housing
- No common (shared) evaluation tools

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Intercept 3: Jail/Courts



Resources

Washington County Jail:

- The jail’s total capacity is 572. A significant number of its population has behavioral health needs. The jail’s exact numbers regarding behavioral health capacity are unknown. There are 56-60 beds in the special needs pod (SNP).

SNP (Special Needs Pod). The Special Needs Pod includes 56-60 beds for adults in custody with a variety of needs. This pod is not solely for behavioral health needs. There is a bi-weekly meeting with behavioral health providers concerning the SNP. Closer contact with behavioral health providers is the main difference. This pod is male only. Deputies have specialized training in crisis education and managing adults in custody in crisis. This facilitates communication between behavioral health and the deputies. Use of the pod decreased victimization and other reportable incidents, significantly reducing the need for written reports. Staff at the jail have made strides to foster a more welcoming jail environment by implementing elements such as accent walls, chalk boards, and potted plants.

Psychiatric programs are in-house. A social worker is present in the facility 7 days a week. Also, a psychiatric nurse practitioner, Monday through Friday, and a psychiatrist on site two times a week. Medications are available if they meet the formulary. Benzodiazepines are tapered off, but the jail provides others. Jail staff can offer a bridge (connection) to other options, but will discuss equivalents. Staff do not prescribe certain antidepressants. It is a case-by-case basis.

Medication Assisted Treatment (MAT) is provided in the facility. The program works with other facilities if methadone is involved, as it is not offered in-house. Staff initiate and work with mental health providers onsite for this program. They are looking to expand the MAT program in their facility. Allied Health Services, CODA Inc., Recovery Works NW and Virginia Garcia are the current providers.

In-house programming includes a cognitive behavioral curriculum called THINK, and Purpose, Awareness, Connection, and Education (PACE), and a Franklin Reality Model. Emotional Regulation (ER) and sobriety SUD classes will be offered in the future.

Peer mentors (5) are assigned to adults in custody (AIC) who request a mentor while they are incarcerated. The mentors come in and visit the AICs through the visiting glass and follow them upon release – assisting with practical needs of reintegration into the community.

Mental Health and Addiction Association of Oregon (MHA AO) provides a peer who works with the men in the jail. In January 2021, MHA AO was anticipated to launch the Department of Labor’s Pathway Home program. The purpose of this program is to provide eligible, incarcerated individuals in state correctional facilities or local jails with workforce services prior to release, and to continue services after release by transitioning the participants into reentry programs in the communities to which they will return.

CODA (Comprehensive Options for Drug Abusers), a treatment provider for substance use disorders, has a contract with the jail to work with the female population and share information with jail staff. Currently, no virtual work is being done during the pandemic.

The jail holds female specific classes and is aware of and supports women in pregnancy. The jail provides one counselor focusing on the female population.

The jail employs 46 non-sworn jail technicians to help manage the adults in custody (AIC) population. They all receive CIT training and other in-service behavioral health training.

Washington County Circuit Court

For the Aid and Assist population, the defense attorney files an initial motion. The case is then funneled to the presiding judge’s docket. If that judge is busy, it may be delegated out to other judges. Jail staff typically do not get involved.

Competency evaluations are referred to the CMHP. A significant majority are sent to the state hospital for evaluations. RAPID (Relational health, Academic skills, Psychological functioning, Intellectual capability and Developmental status) program has been created and strives to speed up evaluations (7-15 days for 365 population).

Community restoration evaluations are ordered by the circuit court through the CMHP.

The Northwest Regional Reentry Center (NRRC), a 125-bed facility in Portland, can handle most cases. Open doors for people to access community programs, but also secure monitoring if needed. Multiple people contract beds from NRRC.

Two staff do community restoration evaluations, and one is monitoring the state hospital 370 list. Part-time staff capacity is devoted to care coordination for that population.

Specialty Courts

Beaverton Municipal Court

- Beaverton Sobriety Opportunity for Beginning Recovery (BSOBR), DUII court - separate city attorney's diversion program similar to the Decker Program in Washington County. No peers are involved, but a request has been submitted for a peer mentor.
- Behavioral Health Court - Predisposition. City Attorney's diversion program.

Circuit Court

- Mental Health Court - This court is not pre-disposition. Attendees must plead guilty to be admitted. This court has a higher level of supervision and more wraparound services, including housing assistance. It is common to find co-occurring disorders. Certain crimes are rule-outs. No serious felony crimes, nor sex offenders. Peers are involved through Bridges to Change but are not program specific. 3 phases with a 4th quasi-phase for extra help and restitution. Total time between enrollment and graduation if everything flows smoothly is one year.
- The circuit court also has a drug court, a Domestic Violence Deferred Sentencing (DVDS) program, a DUI Court and Justice Reinvestment (JRI) programs for offenders who commit crimes and have substance use disorders. There is also an FSAP (family sentencing alternative pilot) program, which allows families to stay together with high level supervision in lieu of prison.
- Veterans' Court - There are two tracks, a high risk-low need track and a low risk-high need track. Several screening tools exist which start at booking. People can be referred through the CRS referral system, by a deputy or the defense attorney. The Veteran's Justice Outreach (VJO) is assigned to the veteran's court team and is a huge part of the program. Most of the treatment is done through the Veteran's Administration (VA) with little exception. VJO handled diversion opportunities pre-covid, to connect to veterans services. Circuit and municipal courts both use flyers to assist in resource identification. A reentry coordinator works with the medical team and uses screening tools to identify veterans.

Identified Gaps

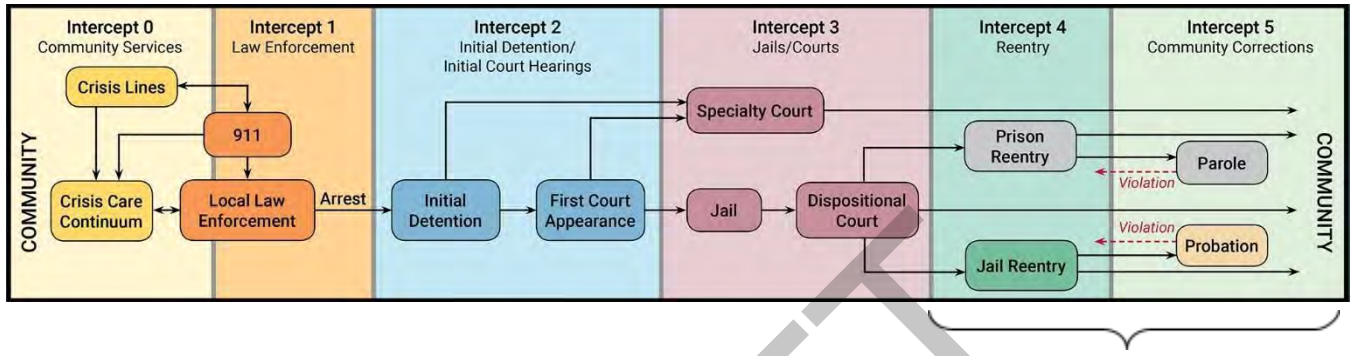
- Communication with the Oregon State Hospital
- Parole and Probation officers (POs) struggle to receive information from the jail on AIC who are being released.
- Parole and Probation is behind on contacting people released from the state hospital to the community. No collaboration from the state hospital to community corrections.
- People with behavioral health issues charged with B & C misdemeanors. The maximum sentence is 30 days. Time runs out during the trial process and eval process before an aid and

assist motion/ evaluation is complete. The subject is released prior to the court resolution and follow-up care is set up.

- Standards are high for civil commitment
- Need more communication between Municipal Court and Circuit Court about shared defendants to increase effectiveness of programs. No shared database.
- Need more pre-sentencing diversion opportunities rather than going to jail for mental health defendants.
- Co-occurring recovery Center
- Need ROI's for those in custody. It is difficult to determine what meds they were on.
- Individuals who refuse to speak with an attorney, but are speaking with corrections staff in the jail. Defense attorneys sometimes view these cases as individuals with behavioral health issues and are referred as such. Need more communication between jail staff and court staff.

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Intercepts 4 & 5: Reentry & Community Supervision



Resources

Intercept 4

Coffee Creek Correctional Institution

- A prison and prison intake facility located in Washington County. Not involved in CIT training.

Washington County Jail

- Programming includes vocational, life-skills education, treatment programs, work based education, mental health services, parenting and family programs, cognitive behavioral services, and work programs.
- Three days of medication is provided at release upon request as well as a 30 day prescription. An outside partner can make the request for medications; it is not automatically created.
- Scheduled release time is 4 a.m.
- Those released are to check in with community corrections within 24 hours. Mentors can help with transportation. There is also a MAX station nearby.
- There is a resource list available through the community health program. Hawthorne drop-in center is always accessible with a good level of in-reach.
- Some housing linkages for SUD. Male only stabilization house. Multiple agencies have grants for SUD housing assistance. Some SUD housing providers have strict 30 day sober rules, clean time in jail can count but 30 day sobriety must be verifiable.
- Jail counselors help to set up housing.
- Parole and Probation (P & P) has a subsidy for housing and can work with other community partners, e.g., "You get one month, we can get one month."

- Community corrections center allows people to leave for work or appointments and to get established. No insurance during this time. Community corrections has transitional beds for prison release; 10-12 beds available.
- Peer mentor services- clothing, food, transportation, setting up and going to appointments. Bridges to Change has a homeless to work program. Peers will accompany individuals to collect their belongings, with a safety plan in place.
- There is a prison to community peer group
- Coffee Creek has a Reframing Opportunity, Alternatives and Resilience (ROAR) program for women

Intercept 5

Community Corrections, Parole and Probation (P&P) specialized caseloads

- Specialized case loads include: Sex crimes, Mental Health, Domestic Violence, Spanish Speaking, Gender specific, Justice Reinvestment (JRI), FSAP, and downward departure and custody.
- Approximately 50 Parole and Probation Officers. Caseload averages vary by population: JRI- 30. DV - 50-60. General - 50-60. Opiate - 80. Sex crimes - 50-60. Mental health - 40-50.
- P&P attend CIT and MHFA, then train the trainer to implement in annual training.
- Screenings used: AXIS 1, COWS score, Werna, LCMI. P&P intake form is not standardized and the form determines where they go based on crime. Corrections staff go through an intake packet with incoming clients; if they use opiates, they go straight to opiate caseload.
- The Community Corrections Center has 215 beds for people on P&P or serving a sentence. Has peers in the center (CODA).
- P&P have counselors on staff to link to community partners. PO's also make links themselves.
- Peer mentors work with community corrections.
- Mentors are assigned to drug court (CODA), IRIS, FSAP (Bridges to Change), Opiate, Jail and Sex Crimes (CODA).
- Spruce house- 2 mentors at house. Serves 12-13 people, dual diagnosis low barrier housing for MH population.
- JRI, Bridges To Change, and Transcending Hope have housing. P&P has contracts with housing companies. New Narrative has supported housing; can use off site, but not on site support. There is a safe sleep village, a safe RV program, and Beaverton has 3 safe parking sites. Faith based community has programs as well. Community Connect offers drop in services for individuals experiencing homelessness.
- Vocational services in Community Corrections. Other agencies have supported employment: Bridges to Health, CMHP's Voc Rehab.
- New Narrative (Luke Dorf) has a program to pay for up to 2 years of housing, MHAHO is getting a similar program.

Identified Gaps

Intercept 4

- Oregon Health Plan coverage ends upon jail entry
- Lack of communication upon discharge from jail
- No sex offender housing options
- Lack of rapid access to medication post discharge
- Need bi-lingual (Spanish) speaking peer mentors
- More employment and housing connections needed
- No female housing for sex offenders and treatment
- 4 a.m. scheduled release time is problematic
- Specific peer support for sex offenders
- Mandated classes (DV) can be perceived as shaming
- Need notification of unscheduled (matrixed) release population to community partners
- Clothing options for women upon release.

Intercept 5

- No wet housing
- Not enough supported housing
- Lack of access to dual diagnosis treatment
- Access to SUD treatment in a time sensitive manner when the consumer is ready for treatment
- No resources for miscellaneous tangible items that are usually not grant funded (hygiene, socks, syringe containers, wound care, etc.)
- Need more respite care
- Need a Mental Health and Substance Use Disorder provider at Community Corrections
- More training and resources for cases involving co-occurring SUD and mental health issues
- Need more Parole and Probation training on mental health
- The intake process and release for adults in custody is unwieldy
- Three visits are required with a counselor before a psychiatrist can be seen

Priorities

Priorities for Change List	
Access to shelter, temporary, transitional supported housing	10 votes
More clinicians in the field - MHRT 24/7	9 votes
Emergency detox center	8 votes
Mental Health liaison between AIC and defense bar, DA's office and court	7 votes
Additional SUD, co-occurring, detox beds	7 votes
Access to wet and supportive housing: housing first model. (Permanent)	6 votes
Housing for people who are actively psychotic	6 votes
Continuity of MH care from community, jail, back to community (benefits, meds, service delivery)	4 votes
A peer run MH/SUD recovery and resource center	4 votes
Access to treatment directly from jail	4 votes
Create team to manage frequent 911 callers	3 votes
Include EMS responders in CIS training. Partner with crisis team response. (CAHOOTS model)	3 votes
BH crisis clinicians co-located with EMS	3 votes
Improve coordination of discharge from state hospital for people found unable to aid and assist	3 votes
OHP disconnect	2 votes
Res treatment/housing for sex offenders	2 votes
Pretrial services and diversion options	2 votes
POs have access to medical info for clients in custody	2 votes
Law enforcement assisted diversion (LEAD)	2 votes
Include EMS in actual mental health plan for county	2 votes
Housing and treatment not coordinated with each other	1 vote
BH clinicians embedded with Parole and Probation	1 vote
Adjustment to jail release time - change time or increase services	1 vote
Sober living for men and people with children	1 vote
MAT while incarcerated and smooth transition for prescribing when entering community	1 vote
More use of MSW, LPC, CADC, LMFT under supervision that are not trained LCSW - to train in community, other areas	1 vote
Ability to connect people to A&D treatment while in custody	1 vote

Quick Fixes

There were several opportunities throughout the meetings which highlighted the level of collaboration within Washington County. When a gap was identified, another agency stepped up to work on collaborative problem solving around that gap. Some quick fixes identified during the workshop were:

- No current shared database between the Circuit and Municipal Courts. A recommendation was made by the municipal court prosecutor to give “read-only” access so the circuit court can access municipal court records. This will help with the initial steps to information sharing.
- Because of a lack of virtual access to adults in custody, the Sheriff’s Office is exploring ways to upgrade their phones and tablets to allow for AIC’s to better communicate with their attorneys and outside providers.

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Priority Area #1: Access to shelter, temporary, transitional supported housing			
Objective	Action Step	Who	When
Expand shelter beds	<p>Collaborate with metro supportive housing services regarding supportive services initiative.</p> <p>Partnership with private companies to donate money to help with the financial aspect. (Nike? Intel?)</p>	Coordinate with the planning group for metro supportive housing initiative and housing authority	ASAP!
Year around shelter	Coordinate with housing authority	Housing Authority, Not for Profits who run shelters	
Shelter beds that will take sex offenders	Coordinate with housing authority	Housing authority, community corrections	

Priority area #2: More MH clinicians in the field / MHRT 24/7 (9 votes)			
Objective	Action Step	Who	When
Increasing number of clinicians in the field with law enforcement	Identify funding sources for officers and clinicians (discussions are in process currently and planned with elected officials)	WCSO, local LE agencies, WCMH (Kristin Burke); Consider including fire chiefs in conversations	Meeting with board of commissioners is scheduled for Spring
More access / increased availability throughout the county	(See above)		
Quicker access to MHRT for EMS	(see above)		
Figure out how to get all players at the table, be able to share data and not be siloed	Create a way to communicate information about the project – so that EMS is kept up to date about what is being worked on Also, information sharing related to patient care with frequent contact with EMS, 911, law enforcement	Lt. Weston can provide updates to group if interested MHRT and crisis clinicians can offer crisis system ROI;	

Topics that came up but do not fit in this narrow topic of expanding MHRT 24/7 (so were not addressed in this group)

- Sort out if there should be an option to pair clinician with EMS in certain circumstances
- Share access to clinician with advanced practice EMS provider so they could respond together to certain calls

Priority Area #3: Emergency detox center (8 votes)			
Objective	Action Step	Who	When
Building costs	Estimate for construction and operation costs	CATT	
Measure 110 Funding	Research funding through measure 110	CATT	
BOC funding	Meet with BOC to secure funding	CATT	
Building design and development	Subgroup to develop building design	CATT	12/21/20
Allocation of position and resources based on secured funding	Researching positions & number needed, salary range, and retention (volunteer positions)	CATT	

Priority Area 4: Circuit Court MH Liaison (7 votes)			
Objective	Action Step	Who	When
Create a BH liaison to the court, defense bar, LE, DA's Office, Jail Behavioral Health and Community Corrections	Bring this before the SIM-Collaborative "Courts and Custody" Committee (include a discussion re: any need for liaison to specific dept.	William Arp-Howard	12/18/20
	Bring before the (Aid and Assist) Rapid Eval subcommittee on Civil Commitment	Chance Wooley	Within 30 days
	Discuss Funding at County HHS	Chance Wooley	Within 30 days
	Arrange for Judge Roberts or designee, DA's office (Jeff MacLean) and PO's Office (Michael Albers) to observe Beaverton Muni court MH Liaison's work	Whitney	Within 90 days

Priority Area 5: Additional SUD, co-occurring, detox beds (7 votes)			
Objective	Action Step	Who	When
Ensure all objectives are DEI and trauma informed and include consumer voices (mental health, SUD, BIPOC, marginalized communities, LGBTQI, as a starting point.)	<p>Apply DEI/trauma-lense to process (Meyer Trust DEI worksheet, e.g.)</p> <p>Ensure inclusion of all parties in every conversation and action</p>	<p>Lead for Each Action item.</p> <p>Partner with culturally responsive organizations.</p> <p>Marci Nelson, Community Corrections</p>	
Establish true co-occurring inpatient treatment (psychoses and suds)	<p>Access information re: what we have</p> <p>Determine actual numbers for what we need</p> <p>Access potential partnerships with existing providers</p> <p>Integrate SUDS/ MH</p> <p>Determine funding streams</p> <p>Address Provider retention, pay and reimbursement rates</p> <p>Add adequate compensation for additional essential services such as housing, peers, room and board, MAT, child care</p>	<p>Kristin Burke</p> <p>Nick O'Con</p> <p>Chief Koch</p> <p>Behavioral Health Manager</p> <p>CCO Representative</p>	

<p>Increase residential SUDS treatment beds to meet county population demands</p>	<p>Access information re: what we have</p> <p>Determine actual numbers for what we need</p> <p>Current beds: 13 men, 15, recommendation 112 men, 74 women (1/3 of these are co-occurring)</p> <p>Access potential partnerships with existing providers</p> <p>Determine funding streams</p> <p>Address Provider retention, pay and reimbursement rates</p> <p>Add adequate compensation for additional essential services such as housing, peers, room and board, MAT, child care</p>	<p>Kristin Burke</p> <p>Nick O'Con</p> <p>Behavioral Health Manager</p> <p>CCO Representative</p>	
<p>Establish a Detox Center (in process?)</p>	<p>Provide information to CATT team regarding needs</p> <p>Endorse plan</p>	<p>Naomi Hunsaker</p> <p>Kathy Prenevost</p> <p>Kristin Burke</p>	

Appendix Index

Appendix 1: Participant List

Appendix 2: Resources

Appendix 3: Map

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Appendix 1

Participant List

First Name	Last Name	Agency Name
Charmaine	Kaptur	TVFR, EMS division
Robin	Willins	MHRT, Washington Co.
Jay	Auslander	Washington Co. Health and Human Services
Dave	Mowry	Washington Co. NAMI
Shelley	Turner	Washington Co. NAMI
Destry	Stoner	CODA
Heather	Hansen	MHRT, Washington Co.
Melisa	Finch	Lifeworks
Kristin	Chaffee	TVFR
Naomi	Hunsaker	Systems Coordinator
Marcia	Hille	Sequoia
Kris	Puttler-Miller	Hawthorne Center
Shawn	Wood	Metro Ambulance
Tim	Case	Wash. Co. EMS
Kathleen	Fink	Wash. Co. 911
Adrienne	Donner	Wash. Co. EMS
Danielle	Farr	Wash Co. SUD ICC
Jordan	Weston	Wash. Co. Sheriff's Office
Christopher	Hamilton	Oregon Judicial Department
Heather	Germundson	MHRT, Washington Co.
Christy	Harangozo	Washington Co. Reps team
Tristan	Sunsted	Washington Co. Jail
Jamey	McDonald	Tigard Police Dept.
Greg	Brown	Beaverton City Prosecutor
Dustin	Sluman	Washington Co. Sheriff's Office MHRT
Jeff	Maclean	Washington Co. Prosecutor
Juliet	Britton	Beaverton Municipal Court Judge
Whitney	Struse	Beaverton Municipal Court Liaison
Danielle	Berner	CODA (SUD)
Andrew	Erwin	Washington County Circuit Court Judge
Janie	Gullickson	Mental Health and Addiction Services of Oregon
Kaylynn	Berrios	Washington Co. Corrections Center
Barbara	Lyberger	Washington Co. Jail
Sierra	Killian	Washington Co. Public Defender's Office
Michael	Albers	Washington Co. Community Corrections
Conor	Wall	Oregon Judicial Dept.

Aimee	Zerfas	Washington Co. Jail Health Services
Marie	Ramage	Washington Co. Veterans Court
Jennifer	Harrington	Washington County Public Defender's Office
Goeff	Vernon	Washington Co. Community Corrections, Mental Health Court
Lydia	Radke	Washington Co. Community Corrections
Kathy	Prenevost	Washington Co. Behavioral Health
Sara	Robert	Washington County Judge
Chance	Wooley	Washington Co. Behavioral Health
William	A	

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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>
- SAMHSA. *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.* <http://store.samhsa.gov/product/Crisis-Services-Effectiveness-Cost-Effectiveness-and-Funding-Strategies/MA14-4848>
- 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/>

HARNEYS/FUNDING

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

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_Massaro_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/ssisdi-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
- 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>

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COMMUNITY

COMMUNITY

Intercept 0
Hospital, Crisis, Respite, Peer, & Community Services

- Hotlines**
- Washington County Crisis Line
 - Alcoholics Anonymous 24 hour hotline
 - SAMHSA alcohol and drug line
 - Warmlines/resource lines**
 - 211info
 - Lines 4 Life: Suicide Prevention Line, Alcohol & Drug Helpline, Youth Line, Military Helpline, and Senior Loneliness Line.
 - NAMI of Washington County

- Crisis Care Continuum**
- Trillium Community Health Plan
 - Health Share of Oregon
 - Lifeworks Northwest
 - Sequoia Mental Health Services, Inc.
 - Hawthorn Walk-In Center
 - O'Rourke Center
 - Community Connect
 - New Narrative (formerly Luke Dorf)
 - Bridges to Change
 - CODA
 - Recovery Works NW
 - NAMI Washington County
 - Mental Health and Addictions Association of Oregon
 - Cascadia Tigard Respite: non-acute respite care
 - De Paul Treatment Centers
 - Western Psychological and Counseling Services
 - Home Plate Youth Services

- Hospitals**
- Oregon Health and Science University Hospital (OHSU), Hillsboro
 - Kaiser Permanente Westside Medical Center
 - St. Vincent Hospital
 - Legacy Meridian Park Medical Center
 - Cedar Hills Hospital
 - Unity Center for Behavioral Health
 - Tuality

Intercept 1
Law Enforcement/Emergency Services

- 911 Dispatch**
- Washington County Consolidated Communications Agency (WCCCA)

- Mental Health Response Team (MHRT)**
- Lifeworks Northwest Crisis Services

- Law Enforcement**
- Beaverton Police Department
 - Bureau of Land Management Officers
 - Forest Grove Police Department
 - Hillsboro Police Department
 - King City Police Department
 - Oregon State Police
 - Sherwood Police Department
 - Tigard Police Department
 - Tri-Met Police
 - Tualatin Police Department
 - Washington County Parks and Recreation Officers
 - Washington County Sheriff's Office
 - Wilsonville Police Department

Citations

Intercept 2
Initial Detention/Initial Court Hearings

- Initial Detention**
- Washington County Detention Center
 - Screenings include:
 - Columbia-Suicide Severity Rating Scale (C-SSRS)
 - Clinical Opiate Withdrawal Scale (COWS)
 - Drug Abuse Screening Test (DAST-10)
 - Clinical Institute Withdrawal Assessment (CIWA)
 - Women's Risk Needs Assessment (WRNA)
 - Level of Service/Case Management Inventory (LS/CMI)

- Initial Court Hearing**
- Washington County Circuit Court or
 - Beaverton Municipal Court

Intercept 3
Jails/Courts

- Courts**
- Treatment Courts**
- Adult Drug Court
 - Washington County Circuit Court
 - Adult Mental Health Court
 - Washington County Circuit Court
 - Veterans Treatment Court
 - Washington County Circuit Court
 - Juvenile Drug Treatment Court
 - Washington County Circuit Court
 - Beaverton Sobriety Opportunity for Beginning Recovery (B-SOBR)
 - Beaverton Municipal Court
 - Mental Health Court (in early development stage)
 - Beaverton Municipal Court

- Jail**
- Washington County Detention Center
- Jail Behavioral Health Providers**
- Jail Mental Health Provider: Correctional Health Partners
 - Jail Substance Use Treatment Provider: Correctional Health Partners
 - Jail Medical Provider: Correctional Health Partners

Intercept 4
Reentry

- Prison**
- Coffee Creek Correctional Facility

- Jail Re-entry**
- Washington County Community Corrections Center (WCCC)
 - Community Corrections Center (CCC)
 - NW Regional Re-entry Center
 - Hawthorne walk in Center
 - Integrative Re-Entry Intensive Supervision Services (IRISS)
 - Bridges to Change
 - Transition group from prison to community support group

Intercept 5
Community Corrections/Community Support

- Community Corrections**
- Washington County Probation and Parole
 - Bench supervision with the Circuit Court
 - Bench supervision with the Beaverton Municipal Court

- Behavioral Health Services Providers**
- Lifeworks Northwest
 - Sequoia Mental Health
 - New Narrative
 - Western Psychological Services
- Homelessness and Housing Providers**
- Community Connect – a single entry into the homeless service continuum
 - Oxford Houses
- Veterans Services Providers**
- Veteran Justice Outreach team

Arrest

Parole Violations

Probation Violations

Released