



# ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

Addictions • Mental Health • Developmental Disabilities

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## AOCMHP Testimony on HB 3194

### Joint Committee on Public Safety

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Contact:

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Dear Co-Chairs and Members of the Joint Committee on Public Safety,

I am providing this testimony on behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), which represents county-based Community Mental Health Programs and Health and Human Services departments.

While AOCMHP is not taking a position on HB 3194, we strongly support increased funding of appropriate treatment alternatives for people with mental illness and addictions, as well as investment in specialty courts and other jail diversion programs, community corrections, law enforcement training and victims services.

Currently, it is estimated that 60% of individuals in jails or prisons are there because of a substance use problem, many with a co-occurring mental illness, and about 20% have a serious mental illness as their primary diagnosis.

#### Cost effectiveness of jail diversion and treatment

In a recent study conducted in Washington State, low-income, childless adults, 30% of whom had recent jail involvement, received chemical dependency treatment as an alternative to incarceration. The results of the treatment demonstrated:

- 21-33% lower rearrest rates for three groups receiving chemical dependency treatment
- \$5,000-\$10,000 savings for each person treated (resulting from law enforcement intervention, jails, courts and corrections agencies cost savings)
- \$2,000 increase in the individual's annual income, resulting in increased tax revenue and less need for public assistance
- 35% reduction in emergency room use

### **Implications of Medicaid Expansion on Jail/Prison Population**

Assuming that Medicaid Expansion will be implemented in Oregon, an estimated 45% of the individuals involved in the criminal justice system will be newly eligible for Medicaid and have a behavioral health condition. We anticipate that Medicaid coverage for the jail population could lead to improvement in continuity of care and stability of justice-involved individuals through the Public Safety system's intersection and collaboration with coordinated care organizations. Better care in the community should result in reducing the burden on jails and prisons for acute and chronic care related to mental illness and substance use disorders. It will be important for local law enforcement and coordinated care organizations to create effective mechanisms for sustained coordination and collaboration, including timely health information exchange.

### **Recommendations for alternatives to arrest and incarceration**

In Fall 2012, OHA convened a statewide workgroup to identify alternatives to arrest and incarceration for people who have a mental illness and have been involved in the criminal justice system for minor violations. The group recommended services, resources and supports for diverting people with mental illness to appropriate and effective mental health care in the community. Recommendations were categorized using the Sequential Intercept Model, which was produced to aid in the development of a comprehensive plan for mental health and criminal justice collaboration. The model outlines actions for system level change at points where the mental health and criminal justice systems could intercept the individual's path to arrest and incarceration. In addition to re-entry transition services for inmates, the workgroup offered several alternatives to incarceration, both at the pre-booking and post-booking stages:

- **Crisis Services** - Crisis Outreach Response Team; Mobile Crisis Response; Voluntary Mental Health Database (LEDS); Assertive Community Treatment (ACT); Respite Centers; Crisis Intervention Training for police officers

- **Transition Services** – Wraparound (Mental Health, A&D, Employment, Housing, Medication Management); Supported Employment
- **Peer services, assessment and treatment at all intercept points**
- **Access to medications**
- **Specialty services for Aid & Assist population and improved coordination with the Oregon State Hospital**
- **Jail Diversion** – Mental Health or Drug Courts; District Attorney Diversion
- **Effective communication and collaboration among systems and within the criminal justice system**

#### **USDOJ Settlement Agreement Obligations**

Another important factor in community behavioral health system investment is the recent USDOJ settlement agreement with Oregon concerning appropriate care and housing for people with serious and persistent mental illness (SPMI). The State of Oregon must comply with the integration mandate of Title II of the Americans with Disabilities Act and Olmstead as directed in the settlement agreement requirements. A component of this agreement is to decrease involvement of individuals with SPMI in the criminal justice system over the next four years, to be reported quarterly through the following measures:

- Percent of adults with SPMI who had a criminal justice event (jail, arrest, other interaction)
- Number of adults with SPMI whose arrest, incarceration, or jail time is related to a behavioral health crisis
- Number of individuals diverted from the criminal justice system by law enforcement referral or linkage to the behavioral health crisis system
- Number of crisis intervention plans that were effective in preventing an inpatient admission and/or emergency room visit and/or jail admission

In closing, there are more appropriate alternatives to arrest and incarceration of people with mental illness and/or substance use disorders, and Oregon should invest in community corrections, jail diversion programs, and community mental health and addictions treatment. Studies have shown jail diversion and investment in community-based care and supports to be cost effective and to decrease recidivism in the criminal justice system. Lastly, in tandem with public safety reform, the State of Oregon is

obligated to decrease the number of individuals with mental illness in jails and prisons to avoid costly consequences of a USDOJ lawsuit.

Thank you for the opportunity to testify on HB 3194.

Sincerely,

*Cherryl L. Ramirez*

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