



Deflection Program Status

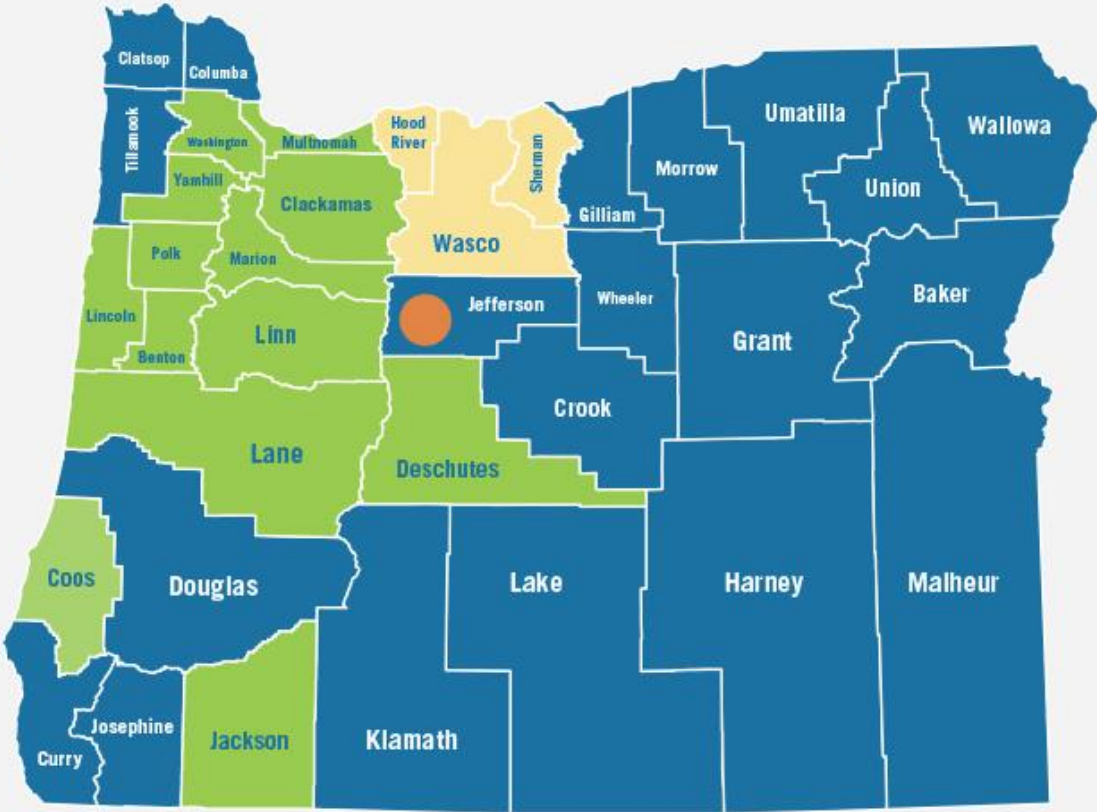
FROM A COMMUNITY MENTAL HEALTH
PROGRAM PERSPECTIVE

Community Mental Health Programs

Entities that are responsible for planning and delivery of services for individuals with substance use or mental health disorders, operated in specific geographic areas of the state through a county financial assistance agreement (CFAA) with the Oregon Health Authority

Service Delivery Structure of Community Mental Health Programs:

- County Department
- Not-for-Profit
- Chapter 190 IGA
- Tribe

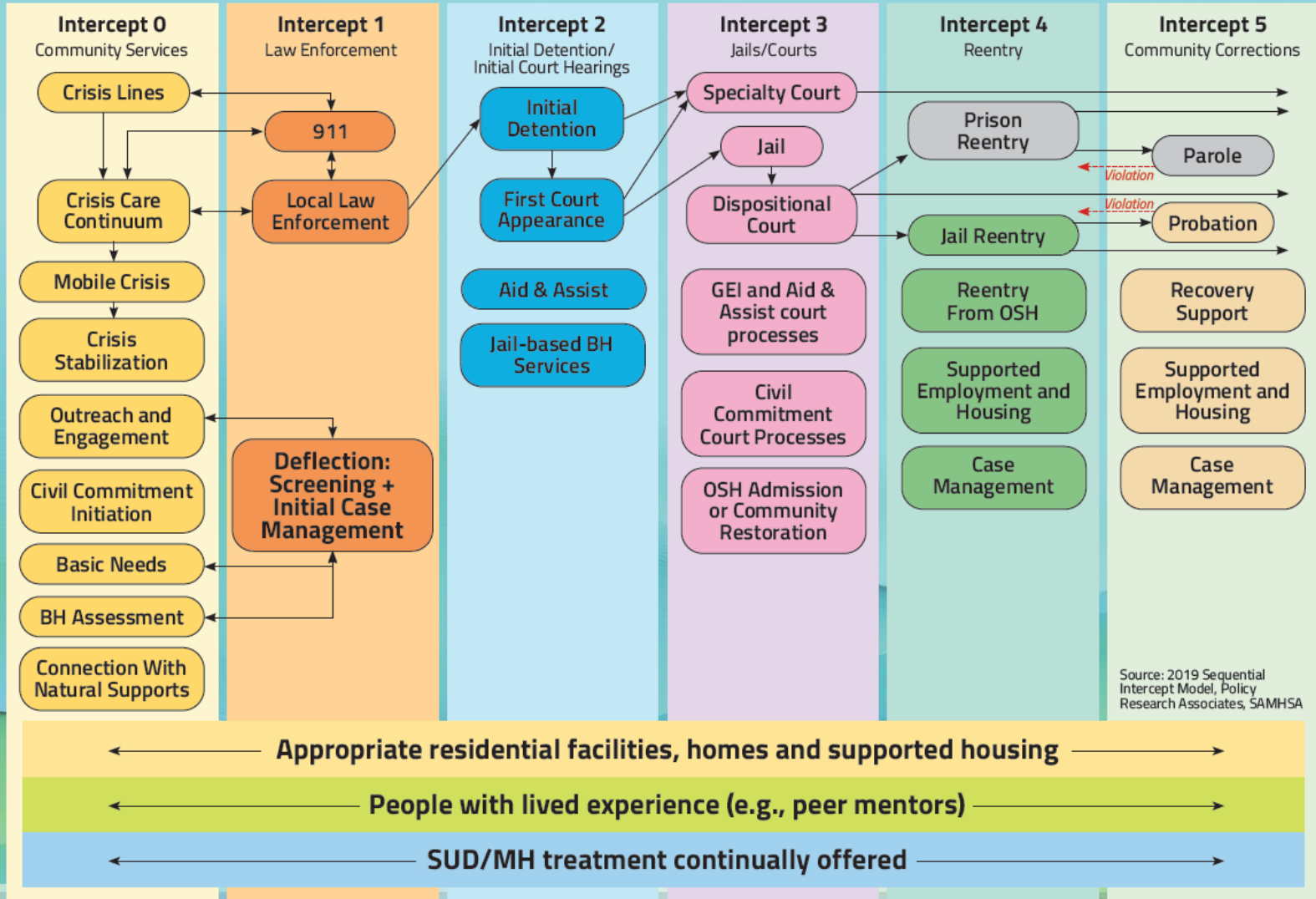


Deflection is a pre-booking Jail Diversion Service

Jail Diversion Services are community-based services that are designed to minimize contact with law enforcement and avoid or reduce jail time. These services include mental health and substance use treatment services, employment and social services, and housing. CMHPs provide jail diversion services through the County Financial Assistance Agreement (CFAA) with OHA.

The one-time Deflection services investment will be distributed using CJC's M110 funding formula through a CFAA contract amendment, expected in June.

Jail Diversion Continuum

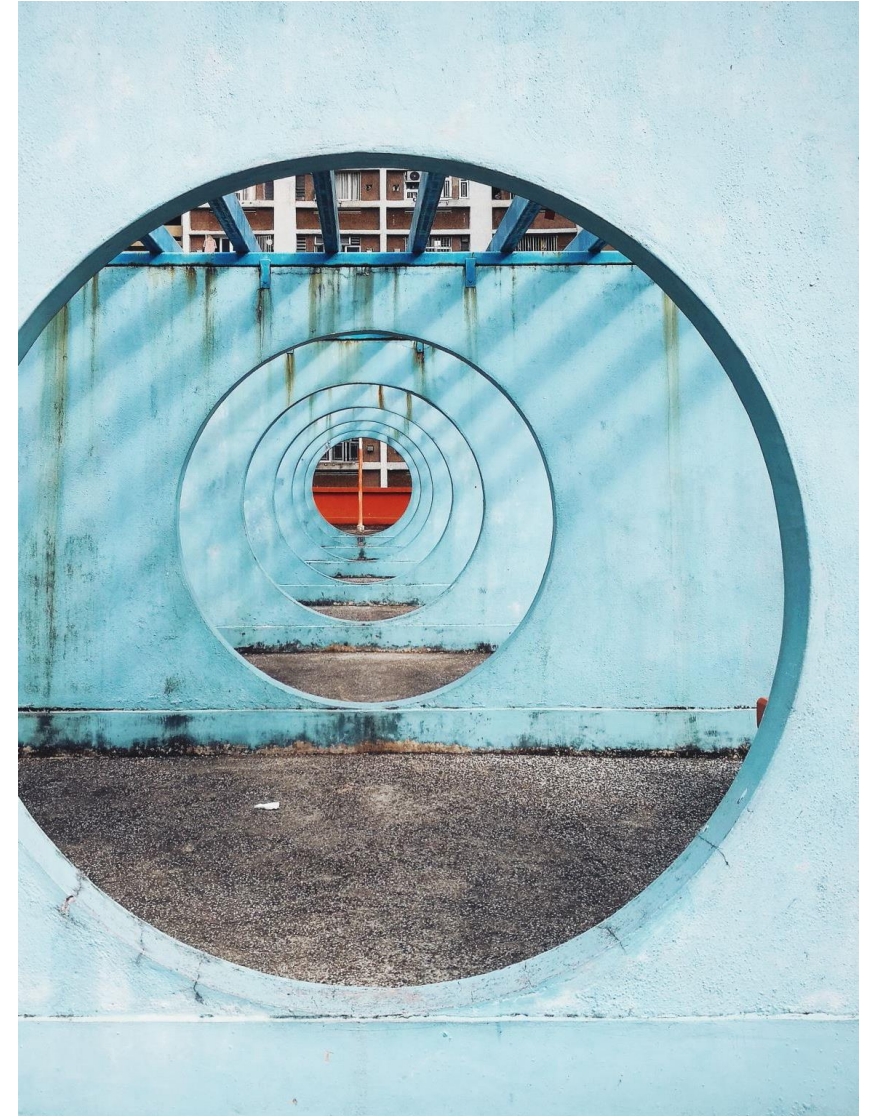


Deflection Models

MOSTLY LEAD AND LEAD-LIKE PROGRAMS

WITH VARIOUS COORDINATORS:

- SHERIFF'S OFFICE
- DISTRICT ATTORNEY
- JAIL CAPTAIN
- COMMUNITY CORRECTIONS
- COMMUNITY MENTAL HEALTH PROGRAM



Where are CMHPs in the process?

Planning !

Considering main target population and the services they will need

Navigating work with Behavioral Health Resource Networks

Establishing parameters, such as county and state boundaries

Developing workflows

Leveraging jail diversion funds

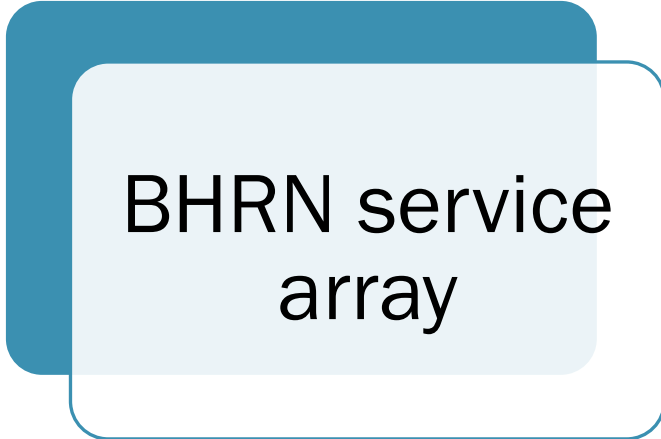
Anticipated Deflection services

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Social need referrals

A light blue rounded rectangle with a dark blue shadow on the top-left corner, containing the text "Peer/recovery ally supports".

Peer/recovery ally supports

A light blue rounded rectangle with a dark blue shadow on the top-left corner, containing the text "BHRN service array".

BHRN service array

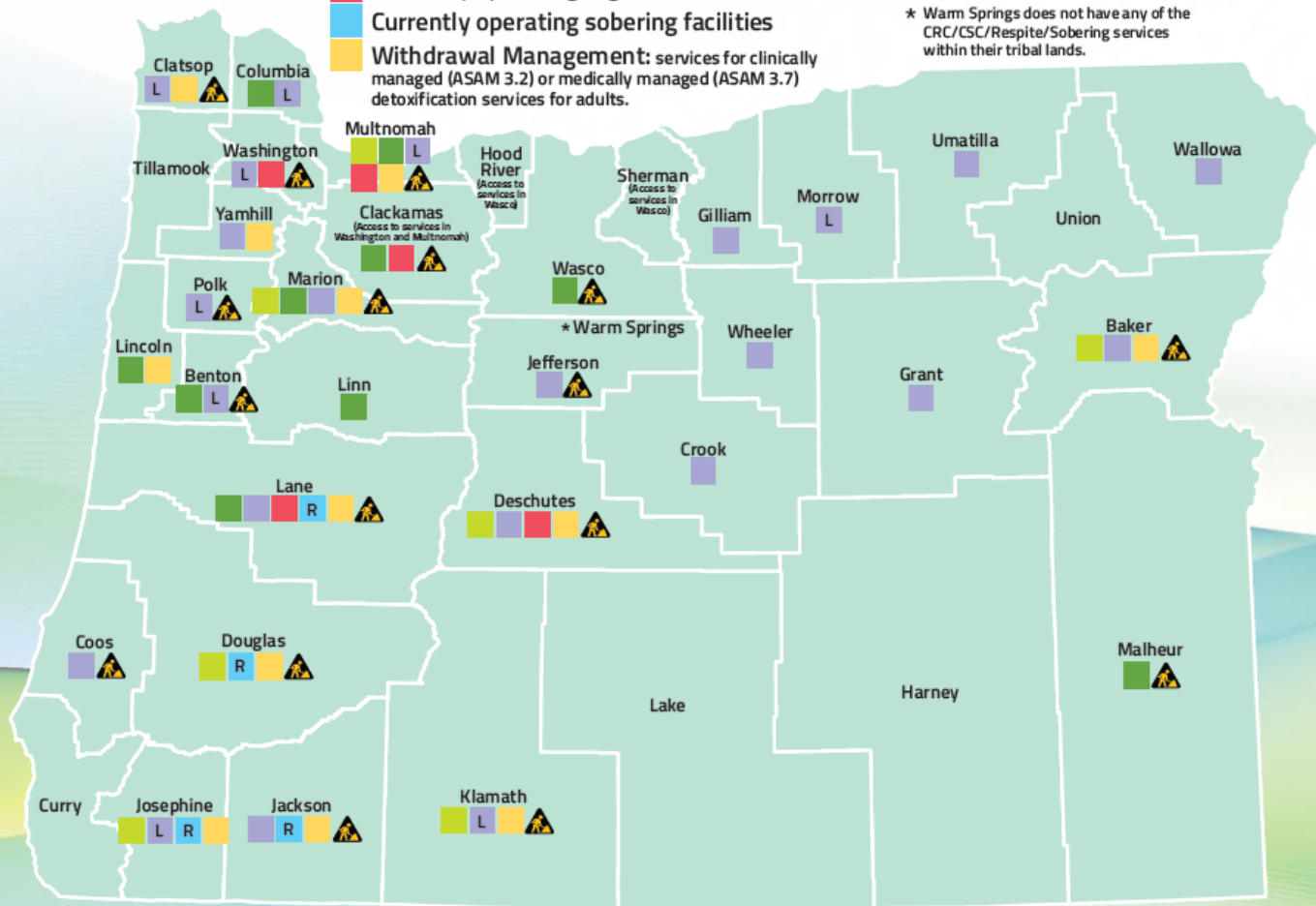


CRISIS RECEIVING CENTERS CRISIS STABILIZATION CENTERS

Definitions subject to change, not OHA approved.

Crisis stabilization centers and other urgent or walk in support services:

- CRC/CSC currently open
 - CRC/CSC currently in planning/capital phase
 - Currently operating crisis respite
 - Currently operating urgent walk in clinic
 - Currently operating sobering facilities
 - Withdrawal Management: services for clinically managed (ASAM 3.2) or medically managed (ASAM 3.7) detoxification services for adults.
 - L Licensed with OHA
 - R Registered with OHA
 - Received legislative investments for CSCs and related facilities
- * Warm Springs does not have any of the CRC/CSC/Respite/Sobering services within their tribal lands.



Crisis Receiving Centers:
Open 24/7 for walk in and provider/partner drop offs with 23 hour recliners and assessment and stabilization services. Ability to refer to higher levels of care and coordinate for basic needs, shelter bed referrals, and follow up outpatient SUD/MH services as needed.

Crisis Stabilization Centers:
Open 24/7 for referrals after screening with average 1-14 days support services provided, including psychiatric evaluation and medication support, case management, therapy, and discharge planning as needed.

Crisis Respite:
Referral only access via mobile crisis and outpatient crisis team assessment, and hospital step down. Support services often include psychiatric evaluation and medication support, case management, therapy, peer support and skills training and are typically multiple days, weeks or longer until the individual is ready to safely transition fully back into the community with clinical and natural supports in place.

Urgent Walk In Clinic:
Open 24/7 with outpatient services, including psychiatric evaluation and medication support, case management, therapy. No recliners onsite. Not typically set up for partner drop offs, but instead voluntary walk in services.

Sobering Centers:
Open 24/7 for intoxicated individuals to safely recover from alcohol and other drugs in 23 hours or less. Typical services include medication assisted induction (buprenorphine, methadone, overdose medications) and withdrawal management facility services, as well as referrals to hospital and or medical detox if needed, and connections to outpatient SUD services and housing supports if the individual is seeking help in these areas.



Considerations for planning successful deflection programs

Acknowledge role of BHRNs and broader continuum of care

Housing navigation will be a big piece of the work

Ongoing and additional funding will be needed to fully implement a LEAD (-like) model statewide

Public relations campaigns will be necessary to inform communities

Simultaneous standing up of crisis stabilization centers, withdrawal management, sobering centers, etc. is critical in order to offer multiple options; there's not just one approach

Crisis Stabilization Center drop off can't be a punitive measure – most are voluntary

Training needed for Law Enforcement on Deflection options and process