Health and Human Services Assets in the Mental Health and Law Enforcement Collaboration / Intersect for the Stepping Up initiative:

**24/7 Psychiatric Crisis Center** –

Evaluations, access to respite and other de escalation services, as well as, access to stabilization services (crisis prescriber, meds, and referral to services)

**Diversion Programs** –

We have 4 Different Transitional Case Management services providing intervention, stabilization, and case management services into community resources. This includes accessing benefits and referrals to long term outpatient services in the community. These programs serve the 370 Aid & Assist) population, Jail population, Acute Care population, and persons with Chronic Suicidality.

**The Law Enforcement / Mental Health Collaboration (LE/MH) teams** (Crisis Outreach Response Team, Mobile Crisis Response Teams, and the Jail Mental health staff) can refer to the diversion services at any time and our staff will go into the jail, Oregon State Hospital (OSH) or the acute care facilities to engage a person at any time when appropriate.

**Peer Services** –

Peer Support Specialists working with persons in the Diversion programs to connect the person to peer services and supports, and support the use of community services such as the bus system, and access to recreational activities.

**370 / DDA partnership** –

Partnering with the District Attorney’s office to add a part time Deputy District Attorney (DDA) has had several positive outcomes: mapping of the process for 370 reviewed with court room partners and printed and given to the Circuit Court Judges, and Defense Attorneys, creating consistency in court room process. Consultation for other DDAs for the 370 process. Reduction of time spent at the jail waiting for the 370 process to run. Reduction in time at OSH for persons who are kept longer than they would have been sentenced for the alleged crime. Consistent coordination with courts for return to court room after 370 evaluation finding, reducing recidivism back to OSH from the jail, and moving more consistently through the criminal justice system. Increased coordination to the Diversion Teams after court room proceedings completed. Increased number of persons in Community Restoration instead of OSH for coordination of benefits and services in the community.
Defining Recidivism as a return to jail within the same calendar year below are the recidivism rates for our 370 and Jail Diversion clients:

<table>
<thead>
<tr>
<th>Program</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>3 year rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>370 *</td>
<td>53.6% / 26%</td>
<td>24.5% / 7%</td>
<td>18% / 0</td>
<td>28% / 11%</td>
</tr>
<tr>
<td>Jail Diversion</td>
<td>78%</td>
<td>52%</td>
<td>34%</td>
<td>41%</td>
</tr>
<tr>
<td>Jail MH</td>
<td>69%</td>
<td>48%</td>
<td>40%</td>
<td>54%</td>
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</tbody>
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*First number is return to jail after release, second is return to OSH after returning to the jail as Able then going off meds and having to return to OSH for another restoration.

Will be working with the Sheriff’s Office to identify a group of persons that have been served through the Diversion programs as well as the Crisis Outreach Response Team and the Mobile Crisis Teams to create a base of data / interactions to compare to post services, key indicators being # of contacts with Law Enforcement and Jail bookings pre program intervention and post intervention.

Questions: How do we want to represent this information in the overall view?

Are we gleaning all the information and data from Penelope that we can regarding this initiative?

How can we address the issues with moving a person to Civil Commitment in this Initiative?