

The Improving People’s Access to Community-Based Treatments, Supports, and Services (IMPACTS) Grant Program

Per Senate Bill 973 (2019)

January 1, 2025



Oregon Criminal Justice Commission

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The mission of the Oregon Criminal Justice Commission is to improve the legitimacy, efficiency, and effectiveness of state and local criminal justice systems.

Acknowledgements

Oregon Criminal Justice Commission staff thank the Oregon Health and Science University-Portland State University School of Public Health (PI: Elizabeth Needham Waddell, PhD), who assisted with the grantee data collection and analysis process since deployment of the statewide data system. We also thank each member of the School of Public Health team who gave us their time to answer questions and provide feedback for this report.

Executive Summary

The Improving People’s Access to Community-based Treatment, Supports and Services (IMPACTS) grant program was established in by the Oregon Legislature through Senate Bill (SB) 973 (2019) in recognition of the shortage of comprehensive community supports and services for individuals with mental health or substance use disorders that lead to their involvement with the criminal justice system, hospitalizations, and institutional placements.¹

The Oregon Legislature has appropriated a total of \$30 million to the IMPACTS grant program since its inception in 2019. This funding is available to Oregon’s counties and federally recognized tribal governments to increase the availability of community-based supports and services to a target population of individuals with a behavioral health condition and frequent criminal justice system and/or emergency services involvement. Grantees currently represent 11 counties across the state and five federally recognized tribal governments. The overall aim of each program is to reduce the frequency with which persons served by the program are involved with the criminal justice system and rely on emergency healthcare services.

Per SB 973, this report will explore several outcomes that have emerged from grantee-reported data, ongoing evaluation efforts, and the potential state government costs avoided due to the high utilizer IMPACTS grant program. It will also briefly highlight the interplay between these high utilizer programs and the recent creation of the Oregon Behavioral Health Deflection Grant Program.

Key findings:

- Co-occurring mental health and substance use disorders were reported among 54 percent of IMPACTS clients. Participants with co-occurring disorders return for services more often than clients enrolled in IMPACTS without a mental health disorder.
- More than one third of IMPACTS clients report one of the following mental health disorders: trauma and stressor related disorders, depression, and/or anxiety.
- Among the 74 percent of clients with known substance use disorder, 61 percent reported use of methamphetamine, and 46 percent reported alcohol use.
- Those releasing from prison engage in IMPACTS services at a higher rate than those without a recent prison stay history.
- Importantly, five IMPACTS programs are operated by federally recognized tribal governments. 29 percent of IMPACTS clients identify as American Indian and Alaskan Native (AIAN). Reported data show that this population returns for services in subsequent months at a significantly higher rate than those who do not identify as AIAN.
- Grantees are reporting unique overlap opportunities between IMPACTS and Oregon Behavioral Health Deflection programs, which both deliver services to distinct but related populations.
- From July 2023 through June 2024, IMPACTS served a total of 839 people. At the end of June 2024, more than 550 humans were actively enrolled.
- The IMPACTS grantees are funded through June 30, 2025, and will not be sustained without further investment from the legislature.

¹ Oregon Laws 2019, chapter 563, section 1-14, available at <https://olis.oregonlegislature.gov>.

ORS 192.245(2):

A copy of the report may be obtained by contacting the Oregon Criminal Justice Commission at (503) 378-4830 or cjc.grants@cjc.oregon.gov. The full report may also be accessed online at: <https://www.oregon.gov/cjc>.

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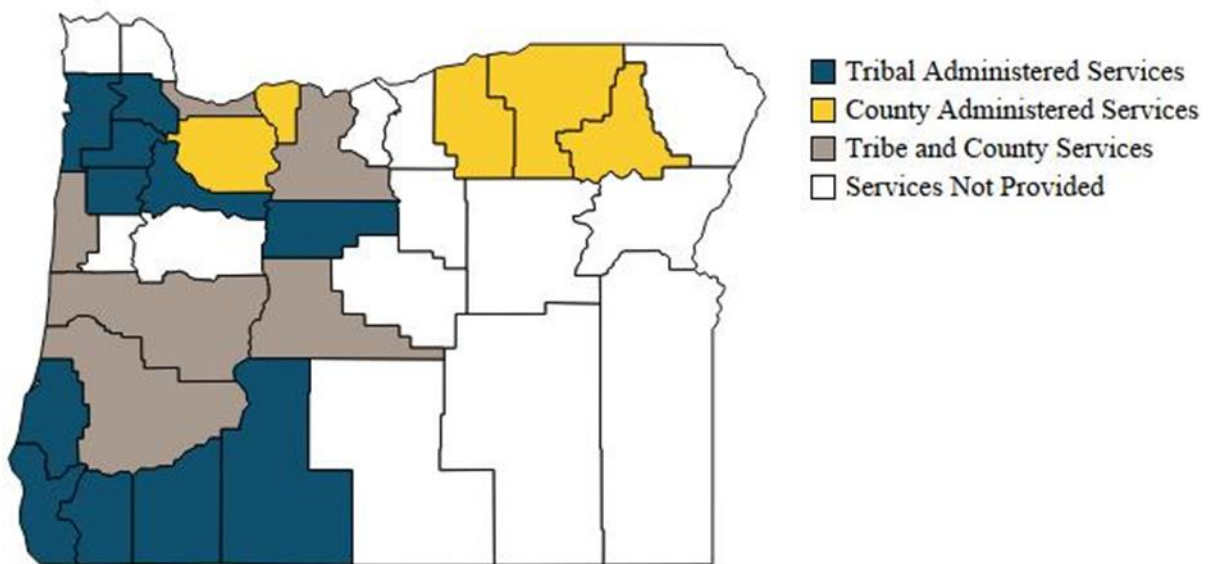
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1. Introduction

The Oregon Legislature established the Improving People’s Access to Community-based Treatment, Supports and Services (IMPACTS) grant program in 2019 through Senate Bill (SB) 973 in recognition of the shortage of comprehensive community supports and services for individuals with mental health or substance use disorders that lead to their involvement with the criminal justice system, hospitalizations, and institutional placements.² Those with a behavioral health condition who are high utilizers of criminal justice and/or emergency healthcare resources are eligible for the target population of this grant. The program is administered by the IMPACTS Grant Review Committee (GRC), established through SB 973, and coordinated by the Oregon Criminal Justice Commission (CJC) in consultation with the Oregon Health Authority (OHA).

IMPACTS grant programs share a common goal of reducing their high utilizer target populations’ involvement with the criminal justice system and the frequency with which those individuals rely on emergency medical services, including institutional healthcare placements, by increasing the availability of community-based supports and services. There are a total of 15 IMPACTS high utilizer grant programs operating across the state, serving five of Oregon’s federally recognized tribes and 11 counties. Figure 1.1 below represents where these programs operate, noting that tribal jurisdictions are complex and cannot be accurately delineated by colonial-defined county boundaries.

Figure 1.1 IMPACTS Grantee Service Regions



² Oregon Laws 2019, chapter 563, section 1-14, available at <https://olis.oregonlegislature.gov>.

The IMPACTS high utilizer grant program received \$10 million in the 2023 legislative session for use in the 2023–2025 biennium. It had previously received a \$10 million appropriation in the 2019–2021 biennium and in the 2021–2023 biennium, respectively. The current grant cycle utilizing 2023-2025 funds ends on June 30, 2025. Table 1.1 below summarizes currently funded programs.

Table 1.1: Funded Grantee Programs

Grantee Name	Total Award To-Date
Clackamas County	\$983,396
Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians	\$400,805
Confederated Tribes of Grand Ronde	\$1,056,764
Confederated Tribes of Warm Springs	\$498,575
Cow Creek Band of Umpqua Tribe of Indians	\$764,087
Deschutes County	\$6,033,291
Douglas County	\$4,263,337
Hood River County	\$212,756
Klamath Tribes	\$1,448,437
Lane County	\$4,237,309
Lincoln County	\$705,790
Multnomah County	\$1,884,778
Umatilla County & Morrow County*	\$962,808
Union County	\$1,172,571
Wasco County	\$276,144
* Regional Consortium	

This report will delve into several outcomes that have emerged from grantee data reporting and evaluation efforts as well as potential state government costs avoided that the high utilizer IMPACTS grant has actualized. It will also briefly explore the additional responsibilities that the 2024 legislative session brought to the IMPACTS GRC, the body authorized to award funds to high utilizer grant programs.

2. Outcome Measures and Evaluation

2.1 Explanation of Measures and Local Evaluation Efforts

The CJC partners with the Oregon Health and Science University - Portland State University School of Public Health (PI: Waddell) (OHSU - PSU SPH), to complete local program evaluations for IMPACTS grantees and to provide technical assistance in data collection to local programs. A critical part of their efforts includes the development and maintenance of a web-

based data system housed in the OHSU Research Electronic Data Capture (REDCap™) system.³ Deidentified, client-level data for the IMPACTS high utilizer program is collected by each program using REDCap™. Local programs evaluate clients upon enrollment, also known as the baseline measurement. The baseline measurement includes information on referral pathways, demographics, behavioral health conditions, system encounters, and other data points, telescoping back one year. Each subsequent month of engagement is captured in a monthly update form, which includes receipt of services and additional system encounters, until client attrition. What follows include program outcomes as shown by grantee-reported data through REDCap™ and through narrative site-level reporting directly to the CJC.

In addition to the outcomes explored in the following sections as captured by REDCap™, the SPH is interviewing each grantee site to compile a report on IMPACTS qualitative findings to be published in June 2025. This will take a deeper look into stories that the quantitative data cannot tell at a local, program-level.

2.2 IMPACTS Clients Served

Though there is variation in the form and specific function of programs, as they are tailored to the needs of local jurisdictions, clients in local programs qualify for the target population by having one or more behavioral health condition(s) and (1) four or more jail bookings and/or (2) a designation of a high utilizer of criminal justice resources and/or emergency medical services as defined by the local program. Since deployment of the REDCap™ data system for IMPACTS in July 2023, through June 2024, 839 clients were entered into the database. In June 2024, 556 clients were active in local programs.

IMPACTS clients most often enter a local program through a public safety referral, which can include police, jail, community corrections, or when law enforcement drops an individual off at a site or center (52 percent). Community-based referrals, which can include walk-in clients, community outreach efforts, word of mouth, and family referrals, represent roughly 33 percent of referrals. Behavioral health referrals, frequently through a behavioral health program, represent about fifteen percent of client referrals into local programs. A recent study by OHSU's Center for Health Systems Effectiveness (CHSE) that looks at the target population statewide using administrative data, reports similar findings to this grantee-reported data. They find that “72 percent of individuals who qualified for the target population in administrative data during [the years of 2018-2022] met criteria based on interactions with the criminal justice system... 23

³ Study data were collected and managed using REDCap electronic data capture tools hosted at Oregon Health & Science University. REDCap (Research Electronic Data Capture) is a secure, web-based software platform designed to support data capture for research studies, providing 1) an intuitive interface for validated data capture, 2) audit trails for tracking data manipulation and export procedures, 3) automated export procedures for seamless data downloads to common statistical packages, and 4) procedures for data integration and interoperability with external sources; Paul Harris, Robert Taylor, Robert Thielke, Jonathon Payne, Nathaniel Gonzalez, Jose Conde, “Research Electronic Data Capture (REDCap) – A Metadata-Driven Methodology and Workflow Process for Providing Translational Research Informatics Support,” *Journal of Biomedical Informatics* 42, no. 2 (2009): 377-381, <https://www.sciencedirect.com/science/article/pii/S1532046408001226?via%3Dihub>; Paul Harris, Robert Taylor, Brenda Minor, Veida Elliott, Michelle Fernandez, Lindsay O'Neal, Laura McLeod, Giovanni Delacqua, Francesco Delacqua, Jacqueline Kirby, and Stephany Duda, “The REDCap Consortium: Building an International Community of Software Partners,” *Journal of Biomedical Informatics* 95 (2019): <https://www.sciencedirect.com/science/article/pii/S1532046419301261>.

percent qualified based on emergency department visits and hospital admissions... and three percent qualified based on an Oregon State Hospital stay.”⁴

Local IMPACTS programs operate to reduce the number of their client encounters in public safety and health systems (including behavioral health), through the provision of community-based treatment, supports, and services. Upon enrollment into IMPACTS, clients are asked about their systems involvement in the year prior. Public safety interactions are the most frequently reported, both in terms of percent of clients reporting interactions during baseline enrollment and the frequency of those interactions. Further, for both law enforcement encounters and stays in jail, the median number is three, indicating more intensive system resource utilization. As Table 2.1 below demonstrates, large proportions of the population report interactions with local law enforcement; just under half of enrolled clients reported at least one interaction, and nearly two in three reported at least one jail booking. At other intercept points in the public safety system, just over one in three clients were under community supervision at enrollment; further, about one in ten had a prison incarceration in the year prior.

Table 2.1 System Encounters among IMPACTS Clients in Year Prior to Enrollment

Encounter Type	Pct*	Median Value**
Public Safety		
Local Law Enforcement Contacts	48%	3
Jail Bookings	66%	3
Parole or Probation Months	38%	12
Prison Incarcerations	11%	1
Health		
Emergency Department admissions	36%	3
Hospital admissions	16%	2
Stabilization or crisis encounters	10%	2
Inpatient mental health service encounters	11%	1
Inpatient SUDs service encounters	11%	1
OSH Admissions	6%	1

* Valid responses for these items ranged from 780 to 817 clients. Percent (Pct.) is indicating percent of clients who responded “Yes.”

** When "Yes" is selected for a system encounter, a follow-up questions asks the number of times in the previous year. Median is calculated based on the subset of cases for which the number of times was entered.

Grantees often report success reaching high utilizers of the jail and 911 services. However, it is evident that those successes only come after many touchpoints with clients and significant relationship-building. Klamath Tribes’ IMPACTS program, for example, reports directly to the CJC that 206 of their members were booked in the Klamath County Jail during the January 1, 2024, to June 30, 2024, period. Their program staff “attempted to meet with them all” within the jail to “motivate change. If they engage... they can join the Contingency Management program along with [alcohol and drug] and [mental health] therapy.” Building that relationship while

⁴ Stephanie Renfro and Christina Charlesworth, “IMPACTS Statewide Evaluation: Grant Cycle 1 Report,” *Center for Health Systems Effectiveness*, Oregon Health & Science University (2024):16, <https://www.ohsu.edu/sites/default/files/2024-12/IMPACTS%20Statewide%20Evaluation%20-%20Grant%20Cycle%201%20Report.pdf>.

participants are in jail allowed for higher engagement in services upon release. Specifically, in the latter half of 2023, they engaged an individual within the jail who had double-digit arrests and multiple prison stays. They picked up this individual upon release and drove them to residential treatment because they had agreed to “enter treatment for the first time.”

Lane County’s Forensic Intensive Treatment Team (FITT), funded through IMPACTS, illustrates how the overutilization of public safety systems blends with the behavioral health sphere. They have begun a collaboration with the Eugene Police Department to have a co-response effort. They note in their reporting to CJC that about “90% of those calls for service (911 or non-emergency line) are related to a behavioral health issue.” This conclusion is reflected in the grantee-reported data as well. High levels of health system utilization were common among enrolled clients in the year prior to their enrollment; one in three reported an emergency department (ED) visit and about sixteen percent reported a hospital admission in the year prior, as shown in Table 2.1 above. The median number of ED admissions was three, while the median number of hospital admissions was one and one-half, again indicating high levels of system resource utilization by IMPACTS clients. Receipt of inpatient mental health, inpatient substance use disorder, or crisis/stabilization services were each reported by roughly ten percent of enrolled clients before enrollment. Oregon State Hospital (OSH) utilization was rare, reported in about six percent of clients at baseline.

Clackamas County shares a success story for someone who had two civil commitments at the OSH who would have fallen through the cracks if not for IMPACTS. They reported to the CJC that a program client “was clearly in distress this fall and was turned away from the medical system... and placed in jail.... In the weeks following [their] release from jail, [they] continued to struggle in the community,” where IMPACTS attempted to support them. They were then hospitalized and their IMPACTS case manager, among other public safety officials, advocated for them to remain hospitalized. Because of this advocacy, the hospital initiated the civil commitment process, [which].... seemed to have helped stabilize [them].” They state that this story emphasizes the “level of coordination that takes place to ensure client safety.”

IMPACTS program participants most commonly present with complex behavioral health histories and varying levels of recent service receipt. Shown in Table 2.2 below, nearly 75 percent of clients were known to have at least one mental health disorder that was self-reported, observed by staff, or formally documented at enrollment. Some patterning exists among the most common diagnoses for IMPACTS clients as seen in Table 2.2 below. Trauma- and stressor-related disorders, depression, and anxiety were each identified in over a third of clients; diagnoses categorized as schizophrenia and other non-substance induced psychotic disorders were identified in about one in four. Nearly 75 percent were known to have at least one substance use disorder. Right at 69 percent of clients had a methamphetamine (or amphetamine/other stimulant) use disorder, while about 46 percent were identified with alcohol use disorder. Fentanyl (or other opioid) use disorder as well as cannabis use disorder were less common, but prevalent, with about 26 percent and 23 percent of clients, respectively.

Table 2.2 Behavioral Health among IMPACTS clients at Enrollment

Behavioral Health Condition(s)	Number	Pct
Mental Health Disorder and Diagnoses		
Has Mental Health Disorder	608	73%
Most Common Diagnoses*		
Trauma- and stressor-related disorder	230	38%
Depression	223	37%
Anxiety	209	35%
Schizophrenia and other psychotic disorders**	161	27%
Bipolar spectrum disorder	103	17%
Unknown	71	12%
Other	66	11%
Other mood disorder	33	6%
Substance-induced psychosis	33	6%
Personality disorder	30	5%
Suicidal ideation/attempt/intentional self-harm	26	4%
Substance Use Disorder and Diagnoses		
Has Substance Use Disorder	617	74%
Most Common Substances Used*		
Methamphetamine	373	61%
Alcohol	282	46%
Cannabis	139	23%
Fentanyl	115	19%
Heroin	57	9%
Other amphetamine/stimulant	53	9%
Don't know	52	8%
Other opioids	48	8%
Other	33	5%
Co-occurring Disorders (COD)		
Has COD	454	54%

* Measured as check all that apply; multiple selections per client possible

** Not substance-induced

Over half of clients were known to have co-occurring disorders. This fits with prior research that has demonstrated a strong nexus between justice system involvement, co-occurring disorders, serious mental illness, and economic disadvantage (including homelessness).⁵ Meaning, even in the context of a population with serious mental illness, the addition of a co-occurring substance use disorder raises the risk of negative and costly outcomes, like future public safety encounters.⁶ The CHSE finds through administrative data sources that about 65 percent of individuals that qualify for the IMPACTS target population statewide have a co-occurring mental health disorder

⁵ Bonfine, Natalie, Amy Blank Wilson, and Mark R. Munetz, “Meeting the Needs of Justice-Involved People With Serious Mental Illness Within Community Behavioral Health Systems,” *Psychiatric Services* 71, no. 4 (2020): 355-63, <https://doi.org/10.1176/appi.ps.201900453>.

⁶ Jacobs, Leah A., Alex Fixler, Travis Labrum, Ashley Givens, and Christina Newhill, “Risk Factors for Criminal Recidivism Among Persons With Serious Psychiatric Diagnoses: Disentangling What Matters for Whom,” *Frontiers in Psychiatry* 12 (2021): <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2021.778399>.

and substance use disorder.⁷ Local IMPACTS programs, therefore, are keenly situated to handle this type of high system utilization through tailoring their programs to meet their target population’s unique and diverse needs.

The Cow Creek Band of Umpqua Tribe of Indians speaks to how IMPACTS can cater programs to populations with co-occurring disorders. They state:

[A tribal member] frequented the emergency department and treatment facilities for years. [They] battled mental health and substance use issues in an unhealthy living environment. In July, [they] joined the cohort and started services within Cow Creek Behavioral Health and was referred to ADAPT for addiction and mental health. [They were] also placed in a transitional housing neighborhood and intensely case managed by the IMPACTS Coordinator.

Here, the tribal member’s substance use further complicated their mental health disorders, which was affecting this individual’s housing. Through six months of intensive case management and wraparound supports in addition to mental health and addiction services, this member, as reported by the grantee, “is employed and just completed a tribal peer support mentor certification program, with the desire to help others.” If not for the flexibility in funding, the tribe may not have been able to target all components of this client’s situation, which are all interconnected, as seen above and in section 2.3 below.

2.3 Program Outcomes to Date

Prior research demonstrates the unique challenges of reaching and retaining clients with significant behavioral health histories and criminal-legal system involvement, particularly those who are unhoused.⁸ The following sections examine program outcomes relating to service provision in the first month of enrollment and associated challenges and, subsequently, investigate differences in continued service provision among existing clients returning for additional service provision over time. Generally, IMPACTS clients report significant levels of behavioral health need upon enrollment, most often situated against a backdrop of recent criminal-legal experiences, and with limited recent treatment service histories.

2.3.1 First Month Service Provision among IMPACTS Clients

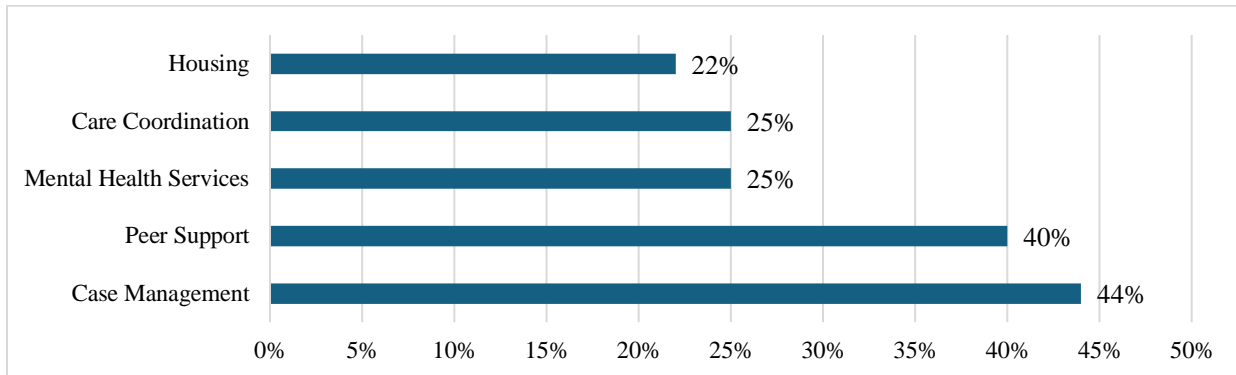
By taking a look at what clients need most at enrollment, it is easier to examine if IMPACTS programs are bridging gaps in the community. A quarter of IMPACTS clients report living in a tent or outside, at least part-time, at baseline. Douglas County, for example, reports to the CJC that their “largest challenge... remain[s] the lack of adequate, accessible and affordable housing options for individuals with histories of frequent incarceration. This deficit in housing contributes to cohort members remaining outdoors despite actively working on stable housing.”

⁷ Renfro and Charlesworth, “IMPACTS Statewide Evaluation: Grant Cycle 1 Report,” 19.

⁸ Nishith, Pallavi, Jin Huang, Jack Tsai, Gary A. Morse, Nathaniel A. Dell, Allison Murphy, and Kim T. Mueser, “The Relationship Between Serious Mental Illness and Criminal Offending in Persons Experiencing Homelessness: The Role of Substance Use Disorder,” *Psychiatric Quarterly* 94 no. 4 (2023): 645–53, <https://doi.org/10.1007/s11126-023-10054-7>.

In addition to housing need, need for mental health services, care coordination, and peer support were reported in greater than half of clients, each, while case management was a need identified for three quarters of clients.

Figure 2.1 Services Provided in First Month of Enrollment



In turn, local programs provide intensive, wraparound services, including treatment services, and use funds to aid in the removal of treatment barriers. Nearly all local programs have emphasized the importance of regular touchpoints with clients, whether in the form of case management, peer support services, or other service provision.⁹ Data from the REDCap™ system for IMPACTS reflects service provision to meet immediate need as well as longer-term goals; Figure 2.1 above highlights these efforts showing the percentage of clients receiving these most common services in their first month of enrollment as reported by local programs. The full scope of service provision by local programs is not captured in the figure.

2.3.2 IMPACTS Client Retention

Grantees across IMPACTS stress the importance of relationship-building with the target population in the criminal justice sphere and in the emergency health systems. Grantees narratively report that one way to accomplish this is through multiple touchpoints.

Lane County’s FIT Team shares an example of the success that comes with continual engagement:

[FITT] have been outreaching a complex individual with serious Fentanyl addiction, who adamantly didn’t want medication assisted treatment or detox. The team did continual outreach and rapport building over a long period of time and continued to provide peer support and positive connection. This person eventually accepted help with housing referrals and... is beginning to start a new life with stable housing.

⁹ Sara Rainer, Rose Goren, Katie Lenahan, and Elizabeth Waddell, “IMPACTS Grantee Perspectives on Program Implementation, 2020-2022,” *School of Public Health, Oregon Health & Science University-Portland State University* (2022): <https://www.oregon.gov/cjc/CJC%20Document%20Library/OHSU%20Report%20on%202023%20IMPACTS%20Qualitative%20Findings.pdf>.

Central to the theme of engaging and retaining clients with high levels of behavioral health need, peer contacts and case management feature throughout the period an individual remains enrolled in a program, and the high volume of these touchpoints represent ongoing efforts by programs to find and engage clients in services. Importantly, the median number of peer and case management touchpoints for clients, summed across their baseline enrollment and subsequent months of service engagement, was four, which could represent weeks or, potentially, months of service provision, depending on the local program structure. In many cases, this could also reflect nearly a year of service provision, as many programs report challenges in finding clients in consecutive months without safe and stable housing. Hood River County illustrates the challenge of engaging clients with housing insecurity. They have an IMPACTS client now engaging in supervision and programming that, as the county notes, “prior to being stabilized with secure housing, client wasn't engaging.”

Multnomah County shares their experience with a typical client, which points to the crux of what the data is showing for IMPACTS service delivery – client courting through touchpoints and flexibility helps levels of engagement, even while the provision of housing, a commonly-identified challenge for programs, is on hold. Multnomah County states:

Client Two is an active and enrolled BTT [Bridge Treatment Team] client on [their] way to become a success story. Client initially began receiving mental health services with BTT but decided not to complete a mental health assessment. Rather than lose contact with the client, BTT offered Peer Support Services, with which the client is presently engaged. The client is currently participating in a [six]-month internship with a local non-profit organization and is residing at a motel while awaiting permanent supportive housing. BTT will maintain a connection with this client until the client has successfully found permanent employment and housing in aims to decrease [their] likelihood of recidivism.

2.3.3 Rates of Engagement among IMPACTS Clients

Another way to understand client engagement and service provision over time is to closely examine the rate of engagement of clients in local programs. Once a client enrolls, each subsequent month is a possible follow-up month of services, unless the client leaves the program or is discharged. Using data on follow-up services delivered July 1, 2023 - June 30, 2024, the rate of engagement, calculated as the number of months with follow-up services divided by the total number of months enrolled, can be interpreted as a percentage of possible months with engagement in follow-up services. Across all programs, the median percentage of months of follow-up services received was 25 percent.

How client engagement differs across demographic characteristics, such as race, as well as how engagement differs across levels and types of previous system involvement, like a prison stay in the year prior, can help better illustrate the goals of meeting clients with high levels of need and service gaps where they are, in addition to providing intensive, coordinated wraparound service provision to meet that need. Understanding individual-level client variation, it is likely those with greater levels of need will, generally, need higher levels of service as well as service provision for longer periods of time, compared to their counterparts with less behavioral health need. Reductions in client receipt of services over time is, therefore, not an unexpected outcome,

as receipt of treatment services may help reduce the severity of existing behavioral health conditions and build greater capacity for recovery among clients.¹⁰ Full details for these tests can be found in the technical appendix.

Among demographic characteristics of clients, rate of engagement did not differ by gender. However, the rate of engagement in follow-up services did differ significantly across racial and ethnic group identification in one respect. American Indian and Alaska Native (AIAN) clients returned for a significantly greater median number of months than their non-AIAN counterparts, although this effect was not detected for clients identifying as Hispanic or Latino/a/x, Black or African American, or white. Comparisons of behavioral health outcomes and treatment utilization among AIAN reveal justice-involved AIAN adults are more likely than those without justice system involvement to report emergency department utilization, mental health services access, and treatment services access, supporting these on-the-ground findings.¹¹ This is where the local programs can intervene and provide wrap around services to steer the engagement away from the emergency services and to IMPACTS. Five IMPACTS programs are operated by tribal jurisdictions. Klamath Tribes is one such grantee and provides contingency management to their target population to encourage constant touchpoints with their program and continued engagement.

Prior justice system involvement also affected rate of engagement, in the form of a prison incarceration in the year prior. The presence of this incarceration history doubled the median number of months a follow-up service was received. Many IMPACTS programs target those who are releasing from prison in order to wrap them in services before they can return to a high utilization of services. For example, IMPACTS staff working for Klamath Tribes reports to the CJC that they made 17 in-reach phone calls to Oregon prisons and also traveled to three Oregon prisons to meet with 160 tribal members across those three visits between January 1, 2024 - June 30, 2024. The program articulates that immediately following release from prison, the program will transport individuals back to their jurisdiction and set them up with basic needs, “including getting them a backpack, clothes, hygiene, and setting up for behavioral health services.”

Another success story that may highlight how intervening after a release from prison encourages engagement comes from Clackamas County. They have a client who became an IMPACTS client in 2021 upon releasing from prison. As illustrated in their narrative reporting to the CJC, they relay:

In the first year of IMPACTS involvement, [they had] 20-30 emergency room visits. [They] cycled through many housing placements due to conflicts with other residents and possible substance use.... IMPACTS funded a motel room for [them] as a longer-term placement, and [their] IMPACTS team continually worked with [them] over the past 2 years. And that consistency, help, and accountability has

¹⁰ Harvey, Allison G., and Nicole B. Gumport, “Evidence-Based Psychological Treatments for Mental Disorders: Modifiable Barriers to Access and Possible Solutions,” *Behaviour Research and Therapy* 68, May (2015): 1–12, <https://doi.org/10.1016/j.brat.2015.02.004>.

¹¹ Renn, Tanya, John Moore, Katie A. Schultz, and Christopher A. Veeh, “Comparing Behavioral Health Outcomes and Treatment Utilization of Those With and Without Justice Involvement Within the Past Year Among American Indian and Alaska Native Adults,” *Journal of Racial and Ethnic Health Disparities* 11, no. 2 (2024): 685–95, <https://doi.org/10.1007/s40615-023-01552-2>.

yielded positive results. The client has not visited the emergency room since December, 2022.... In January 2024 [they] successfully exited supervision and the IMPACTS program. Before [they] exited, [their Parole Officer] and case manager helped [them] obtain long term housing.

While this is, indeed, a success story of IMPACTS allowing for engagement post-prison, it took three years for the program to be able to bring stability to this client. This is where IMPACTS thrives because, as Clackamas County states, “Longevity and consistency is crucial.”

Looking at behavioral health conditions, recent health system (including behavioral health) involvement did not affect rates of engagement. But, when considering behavioral health histories, engagement rates are highest when a client enrolls with a mental health diagnosis. Interestingly, the rate of engagement for clients with co-occurring disorders is about 0.33, or about 33 percent of possible months. While not significantly different than the engagement rate for those clients who enroll with a mental health diagnosis without a known substance use disorder (29 percent), rates of engagement for clients who enroll with a substance use disorder without a mental health diagnosis is significantly lower (18 percent).

2.4 Statewide Evaluation Efforts

Broadening this to a statewide lens, the CJC partners with OHSU’s Center for Health Systems Effectiveness (CHSE) for the purposes of a long-term evaluation project examining the statewide effects of IMPACTS program implementation. Together, the CJC and the CHSE identified specific outcomes to measure using administrative data, broadly seeking to study whether and how reductions were seen in (1) emergency department visits, (2) jail bookings, (3) institutional placements at the Oregon State Hospital (OSH), and (4) whether and how increases were observed in mental health and substance use disorder treatment rates in geographic areas operating IMPACTS programs versus those parts of Oregon without a local program.¹²

The CHSE first completed their “2023 IMPACTS Statewide Evaluation: Baseline Report,” examining the IMPACTS target population in 2018-2019 before implementation of local programs.¹³ The CHSE has now completed an evaluation of the first grant cycle (July 2020 to June 2022), “IMPACTS Statewide Evaluation: Grant Cycle 1 Report.”¹⁴ This evaluation of the first grant cycle revealed several important findings, including a reduction in the rate of convictions, for both misdemeanors and felonies, for areas of the state operating IMPACTS programs.

¹² Data included in the CHSE’s work are drawn from multiple administrative sources, including from the Oregon Judicial Department’s eCourt/Odyssey systems, the Department of Corrections, the OSH, and Oregon Health Plan (Medicaid) claims from Integrated Client Services (ICS) at the Oregon Department of Human Services. These data are first linked to an individual by demographic information by ICS, and the CJC uses those links to connect an individual’s data across multiple streams, removing personally identifiable information from the data before provision to CHSE for evaluation.

¹³ Stephanie Renfro and Erika Simeon, “IMPACTS Statewide Evaluation: Baseline Report,” *Center for Health Systems Effectiveness*, Oregon Health & Science University (2024), https://www.ohsu.edu/sites/default/files/2024-08/IMPACTS%20Baseline%20Report_2023_rev_10052023_0.pdf.

¹⁴ Renfro and Charlesworth, “IMPACTS Statewide Evaluation: Grant Cycle 1 Report.”

Importantly, the unadjusted rates of conviction for areas without IMPACTS increased throughout the evaluation period. The unadjusted rates of conviction for this first grant cycle service areas saw overall decreases. This gap appeared to be widening at the end of the first grant cycle evaluation period. The statewide evaluation also found increased rates of both alcohol and other drug treatment and engagement in IMPACTS service areas. Additionally, the authors note, “These early results suggest enhancing community-based services may improve health and reduce criminal justice involvement for a targeted population with behavioral health needs and history of intensive service use.”¹⁵ A further cumulative, statewide evaluation incorporating the second grant cycle (July 2022 - June 2024) is expected in 2026.

3. Cost Avoidance Analysis

3.1 Methodology

In odd numbered years, SB 973 (2019) requires an analysis of costs to state government that were avoided as a result of IMPACTS and any increased costs to local governments. Estimates of costs avoided because of diversionary efforts by local programs are presented below, drawn from both individual client records as well as local program reporting to the CJC. At enrollment and in each subsequent month of service provision, need for diversion services as well as provision of said services, are captured for jail, the emergency department, and the Oregon State Hospital. These estimates are influenced by several external factors, including the relative costs of healthcare and public safety service provision across the state and the structure of local programs, leading to high levels of variability within individuals and within program sites for these outcomes. As a result, care should be taken in expansive generalization of these findings.

Demonstrative examples of costs avoided, including those provided by a subset of IMPACTS grantees housed in law enforcement agencies, community health, or behavioral health, are also included in the discussion below, in addition to other intangible considerations relevant to the IMPACTS target population. Taken together, these efforts can provide a limited evaluation of costs avoided. It is important to note that due to the multiple funding sources for involved state and local entities, some of these calculations speak to costs avoided by local government but may also affect the state as early intervention can reduce the severity of treatment need and the risk of future criminality, particularly criminality associated with substance use.

3.2 Criminal Justice System Cost Avoidance

Many local programs report tangible results in the form of reduced jail bookings and stays by IMPACTS clients. Douglas County shared directly with the CJC that their average jail bookings have seen a measurable decrease from 5.4 bookings per member for qualified IMPACTS participants in the 2020-2021 timeframe down to 3.6 bookings per member in the 2022-2023 timeframe, which represents a 34 percent decrease. Across all IMPACTS programs, 137 clients were reported to be diverted from jail at least once across their span of enrollment with

¹⁵ Renfro and Charlesworth, “IMPACTS Statewide Evaluation: Grant Cycle 1 Report,” 7.

IMPACTS, ranging from one to more than six hundred times in one outlying case, with the median number of diversion events equaling two.¹⁶

A jurisdiction's jail bed cost depends on many factors – most notably, the size and location of the facility and levels of medical care and programming provided to adults in custody. One average provided by an IMPACTS program was \$169 for the cost of one day. Despite variability in reporting of diversion events, this represents at least \$245,000 in avoided costs across programs since mid-2023, assuming only one-day stays for each diversion event. Depending on an individual client's criminal risk and alleged offenses, this could extend into a multi-day jail stay, potentially doubling or tripling these avoided public safety costs. For example, the average length of stay, reported by Lincoln County for their IMPACTS population, was about 14.5 days. This value itself is a significant reduction from before program implementation.

Law enforcement's time spent with high utilizers of criminal justice and healthcare resources can also be especially costly to communities. For example, Deschutes County estimates that their Stabilization Center (DCSC), which receives considerable funding from the IMPACTS grant, reduces the costs associated with law enforcement time spent engaging with clients with significant behavioral health need. If the stabilization center did not exist, central Oregon law enforcement officers would spend more time at the emergency department with clients on Police Officer Holds to receive mental healthcare, nearing an average of 150 minutes (2.5 hours), most often for two officers. In comparison, with the DCSC, one law enforcement officer spends only four minutes on average per client drop-off. As law enforcement time costs approximately \$86 per hour in Deschutes County, diverting individuals represents significant avoided costs, with county estimates at about \$63,000 annually.

3.3 Behavioral Health Cost Avoidance

Given the nexus of behavioral health conditions and criminal activity, diversion of IMPACTS program participants from the emergency department is a routine and commonly provided service among grantees. Douglas County estimates that, on average, an emergency medical transport (EMT) claim averages \$516 per trip, and an emergency department (ED) visit costs about \$649 per admission. This is consistent with federal estimations, which put the cost of an emergency department visits at \$682.53 per visit, on average.¹⁷ Additionally, it costs roughly \$1,875.02 per day for an inpatient stay in which the principal diagnosis is a mental health or substance use disorder.¹⁸

¹⁶ Jail diversion was reported for 137 clients, ranging from one to more than six hundred times across enrollment, for an all-program total of 1,452 jail diversion events. Mean = 4.74 (SD=55.46). Diversion events are summed for all programs for baseline and subsequent months.

¹⁷ Lan Liang and Brian Moore, "Costs of Emergency Department Visits in the United States, 2017," *Agency for Healthcare Research and Quality*, <https://hcup-us.ahrq.gov/reports/statbriefs/sb268-ED-Costs-2017.jsp>. Used to calculate the average value for emergency department visit and adjusted in 2023 for inflation.

¹⁸ Kathryn Fingar, Kevin Heslin, Kimberly McDermott, Pradip Muhuri, and Pamela Owens, "Inpatient Stays Involving Mental and Substance Use Disorders, 2016," *Agency for Healthcare Research and Quality*, <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb249-Mental-Substance-Use-Disorder-Hospital-Stays-2016.jsp>. Used to reference the average value for inpatient stay and adjusted in 2023 for inflation.

Deschutes County's IMPACTS program reported directly to the CJC that its DCSC has diverted approximately 65 people from the ED since July 2023. Given the figures above, this approximates between \$45,176.34 - \$121,876.42 in annual cost savings for a year of this county's program alone. Among all programs, 137 clients were reported to be diverted from the ED, at least once across their span of enrollment with IMPACTS, ranging from 1 to 112 times, with the median number of diversion events equaling two.¹⁹ Despite variability in frequency of ED admission and diversion among IMPACTS clients, 532 diversion events, using the average cost, would represent \$363,106 in costs avoided. If half of those events arrived at the ED via EMT, this could reflect an additional \$137,256 in costs avoided across the state via reduction in EMT utilization as an unanticipated benefit of implementation of IMPACTS programming in local jurisdictions.

Diversion from the Oregon State Hospital (OSH) represents the rarest type of diversion among IMPACTS programs statewide but remains the costliest in comparison to jail and ED utilization. According to hospital data estimates, given the median length of stay for aid and assist status (89 days) and the civil commitment status (245 days), a typical cost per episode of care for aid and assist status is \$144,013.57, while that for civil commitment reaches \$396,441.85. Any diversionary activity from the OSH represents significant costs avoided to the state, as rates of Oregon Health Plan enrollment among this population is high. Local IMPACTS programs reported a combined 32 OSH diversions across enrollment, which, conservatively, could reflect up to \$4,608,434.24 in costs avoided through community-based treatment, support, and services.²⁰

Though presented in this section as separate systems with avoided costs for each, the effect of IMPACTS program implementation is best understood through an integrated example of how costs avoided can often be seen per client in the local community. As an example, a Douglas County client who enrolled in their program in 2019 had more than 35 lifetime jail bookings, five of which occurred in 2019, as well as frequent ED utilization (as reported to the CJC). Their IMPACTS program served this individual with intensive wraparound services, and after, this individual has accrued only one booking in the last four years, resulting in approximately \$3,550 savings in jail costs per year. The individual had 20 ED visits and 19 emergency transport claims in 2021 and had 18 ED visits and 20 emergency transport claims in 2022. After continued IMPACTS engagement, their emergency department and EMT utilization dropped to just 3 visits and 6 claims in 2023, respectively. This decrease in ED and EMT utilization from 2021 and 2022 to 2023 represents a potential savings of \$16,961 across both services, per year, for a single client. IMPACTS assisted this member extensively, providing 157 services and encounters since 2021, including hoteling, clothing, transportation, treatment coordination, utilities, and provided

¹⁹ ED diversion was reported for 75 clients, ranging from 1 to 112 times across enrollment, for an all-program total of 532 ED diversion events. Mean = 7.09 (SD=55.46). Diversion events are summed for all programs for baseline and subsequent months.

²⁰ OSH diversion was reported for 18 clients, ranging from 1 to 4 times across enrollment, for an all-program total of 32 OSH diversion events. Mean = 1.78 (SD=1.11). Diversion events are summed for all programs at baseline and subsequent months.

a more permanent housing solution. They are now stably housed and have continued as a low emergency medicine utilizer through 2024.

While these local program synopses are speaking to a subset of grantees, it illustrates the local cost savings to public safety and healthcare infrastructure that trickles into state government. For example, the costs avoided to the ED will bleed into savings for Oregon Health Plan recipients. Further, early targeted community-based interventions can represent significant costs avoided in the future for costs associated with prosecution, individuals in custody, and community supervision.

3.4 Intangible Considerations

Other considerations for this cost avoidance analysis include costs that cannot necessarily be quantified. Examples of these intangibles include things such as the value of someone connecting with stable housing, securing employment, and being reunited with family. Wasco County's program's success stories illustrate the impact the program is making, without a quantifiable cost savings:

Three... individuals placed at the La Casa Vida program would have been homeless had this program not been available. Additionally... three individuals have successfully been able to reunify with their children, having regular visits, due to the family-supportive nature of this program.

By providing wraparound services, IMPACTS is allowing clients to receive both basic provisions, such as housing, but also assists them to set up their own support systems. For example, the residents of their program, have all “developed their sober supports,” and “one resident enrolled in college and has started classes. Another has gained employment and has some income started.” Douglas County additionally has an example of an intangible savings by aiding their client in creating their own support system. This individual was “able to become more reliant on assistance from individuals in their life; rather than IMPACTS staff, going from 13 services over 14 encounters in January 2023, to no services, no encounters in December 2023.”

Perhaps the greatest intangible cost avoided is the value of individuals who would have ended their lives but-for grant-funded interventions. For example, approximately two percent of individuals (158 individuals) who visited the Deschutes County Stabilization Center reported that they would have ended their lives if the Stabilization Center had not been open.

The cost savings related to public safety within a community are also difficult to quantify, yet the greater number of individuals who can be stabilized, the fewer community resources they require. For example, Deschutes County emphasizes that:

Instead of calling 911, [they] have worked over about a year with one person to call [their] Stabilization Center front desk.... Most often the person just needs supportive people who are willing to talk.... [In another] case, [they] opened up [their] respite unit for a person who often overuses the ED when they are feeling suicidal. For

approximately four weeks, [they] had a standing hold on one of [their] respite beds that they could access when they were feeling suicidal and we found that having that support was extremely helpful in reducing their ED utilization. The individual even reported reducing the number of days they needed in respite, which is a huge victory.

As IMPACTS clients are diverted from jail, emergency departments, and institutional placements, both law enforcement and healthcare providers have more time available to respond to other public safety or healthcare events. The flexibility of IMPACTS funding has additionally allowed jurisdictions to run their programs to meet the needs of the high utilizer populations they are serving. By setting up their target populations to be successful in more aspects of their lives than their immediate, basic needs, these programs contribute to a reduced use of public safety systems as supports in the future.

4. Conclusion: Evolving the IMPACTS Grant Program

4.1 New Behavioral Health Deflection Grant Program

During the 2024 legislative session, lawmakers passed House Bill 4002, which recriminalized user amounts of controlled substances and created the Oregon Behavioral Health Deflection Program (BHD), amid a myriad of other law changes.²¹ The legislature established this program under the existing IMPACTS Grant Review Committee, which now holds the authority to make grant award decisions for both IMPACTS and BHD. Section 76 of HB 4002 defines what constitutes a deflection program:

[A deflection program is] a collaborative program between law enforcement agencies and behavioral health entities that assists individuals who may have substance use disorder, another behavioral health disorder or cooccurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.²²

Further, these programs aim “to assist individuals whose behavioral health conditions, including substance use disorder, lead to interactions with law enforcement, incarceration, conviction and other engagement with the criminal justice system.”²³ Like IMPACTS, this grant is open to all counties and federally recognized tribal governments in Oregon. As part of the 2023-25 biennium, 28 of the 36 Oregon counties applied and received funding, and seven of the Tribal governments opted-in to begin their applications for funding.

IMPACTS and BHD are related, distinct, and complementary. Both grant programs aim to create more community-based services to serve populations whose underlying behavioral health

²¹ [HB 4002 \(2024\)](#) added two members from the Oregon Criminal Justice Commission to the IMPACTS Grant Review Committee. For a full membership list, visit: <https://www.oregon.gov/cjc/bhd/Pages/default.aspx>.

²² Oregon Laws 2024, chapter 70, section 76 (1), available at <https://olis.oregonlegislature.gov/liz/2024R1/Downloads/MeasureDocument/HB4002>.

²³ Oregon Laws 2024, chapter 70, section 76 (3)(a)(A), available at <https://olis.oregonlegislature.gov/liz/2024R1/Downloads/MeasureDocument/HB4002>.

conditions disproportionately affecting their involvement with the criminal justice system. Where these programs divert from one another is the criteria of high utilization. IMPACTS serves a target population that each grantee has determined as “high utilizers” of both the criminal justice system and emergency healthcare services. For BHD, to date, grantees may choose to use deflection funds to serve any individuals with Possession of Controlled Substance charges or suspected charges and may also decide to include more crime types for individuals with varying criminal justice system involvement.

While looking at those differences, several IMPACTS grantees have shown in their reporting how the programs complement each other as they serve overlapping populations. For example, Klamath Tribes, a tribal government that opted in for BHD funding, expects the changes HB 4002 brought to allow their IMPACTS program to “have more contact with IMPACTS eligible tribal members, providing more opportunity to reduce jail/ER use” due to an increase in referrals from county public safety partners. Not only do some IMPACTS programs expect referrals to increase, but several have served as examples for developing BHD programs. The Confederated Tribes of Coos Lower Umpqua and Siuslaw Indians (CTCLUSI) states that Lane County’s deflection coordinator had reached out to them as they stood up their BHD program. Further, Lincoln County, who funds their LEAD program through both IMPACTS and BHD, to varying degrees, emphasizes the importance of touchpoints with this population:

The LEAD team made first contact with an individual during a drug-related law enforcement interaction. The individual had a history of substance use and law enforcement contact. At the time of the first meeting, the individual was not interested in services. Peer support providers maintained contact with the person for two weeks with the goal of building trust and rapport. After two weeks, that individual came into the office and requested support getting into a detox program. That person has not had additional law enforcement contacts to date.

This is where IMPACTS can balance BHD as it has flexibility to allow engagement over time for those high utilizers. Multnomah County corroborates the importance of continued engagement because “it takes time and patience to build relationships with individuals.” Lane County, a grantee for both IMPACTS and BHD explains that IMPACTS has “been very helpful filling the much-needed gap in our crisis continuum.” IMPACTS allows grantees to have multiple touchpoints with their target population, which leads to increased engagement as the sections above address, and can fill in the gaps for BHD.

4.2 Future Funding for IMPACTS

The current IMPACTS grant cycle ends June 30, 2025. Grantees are currently funded for maintenance of program operations, but not expansion. If the program does not receive an appropriation as part of the 2025-27 biennium, a no-cost extension may be given to grantees through June 30, 2026. The remaining unallocated funding (\$3,442,100) for use in this biennium may feed an evaluative process of current programs in early 2025, but it will not maintain all programs or allow for capacity building through June 2026.

A commonly identified barrier IMPACTS grantees have reported is that they have reached a limit in their service capacity without increased funding. As a grant program that has been operating

since 2020, many jurisdictions have signaled a readiness to expand their local programs but are restricted by constrained funding. Without further investment from the legislature, the IMPACTS programs that counties and tribes operate will neither grow nor continue through 2026.

4.3 Future of Legislative Reporting

The January 1, 2025, IMPACTS outcomes and cost avoidance analysis report will be the final report submitted separately from the Oregon Behavioral Health Deflection Program outcomes report.

Beginning September 30, 2025, the report required by SB 973 (2019), Section 7, will be combined with the report required by HB 4002 (2024), Section 77, further linking the IMPACTS and BHD grant programs.

Appendix A: Program Summaries

The following pages detail the 15 IMPACTS grant programs that are currently funded through June 30, 2025. These summaries contain details including, but not limited to, the service areas, services provided, goals, successes, challenges, and current statuses of each funded program, and the grant cycle year for which it has been funded

Clackamas County



Total Award
\$983,396

Funded Years
2020-2025

Population
421,401*



*Per U.S. Census - April 1, 2020

The Clackamas County Sheriff's Office Parole and Probation Division operates their IMPACTS program. This initiative enhances coordination with behavioral health providers, local hospitals, and emergency room social workers, broadening support for individuals under parole and probation supervision. Through providing case management and targeted services relating to healthcare, crisis mental health services, and housing, the IMPACTS team promotes client stability and wellness.

This team includes a crisis mental health services coordinator manager, a project coordinator, and parole and probation officers with mental health caseloads who serve as liaisons across agencies. Through this collaborative model, the program provides clients with essentials such as phones and post-incarceration medications. It also assists clients in securing transitional and long-term housing, obtaining disability benefits, connecting with long-term healthcare providers, and engaging in treatment programs.

"It's been amazing to see how a little stability helps clients find balance with their medications and become more self-sufficient in the community."

Housing shortages and a lack of accessible mental health and substance use treatment services remain significant barriers to fully supporting individuals and reducing criminal justice involvement.

Over the past year, with strong support from the Parole and Probation Division, the Clackamas County IMPACTS team has developed a cohesive process to identify and address the needs of their most challenging clients. The value of embedding a mental health services coordinator manager with a crisis intervention background within Parole and Probation has become increasingly clear, as it has significantly improved outcomes for clients with severe mental illness.

Recognizing this positive impact—and in response to a growing number of clients with acute mental health needs—the program secured additional funding to add a Qualified Mental Health Professional (QMHP) to the team. Working alongside the mental health services coordinator manager, this expanded team now provides a higher level of care both on-site and in the community, offering critical support to clients on community supervision in Clackamas County who are in crisis.

Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians



Total Award
\$400,805

Funded Years
2020-2025

Population
1,314*

The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians' (CTCLUSI) IMPACTS program is designed to offer culturally responsive services, crisis response, and care coordination to their target population. The most crucial aspect of their program is the Community Services Officer (CSO) who travels and makes visits in the field to members of their service group. Their model centers meeting individuals where they are in order to increase the likelihood of their engagement in services and viewing individuals as more than the sum of their actions.

CTCLUSI identifies eligible participants through a screening tool and collaboration with local law enforcement, social service agencies, and other community partners. Operated within the Tribal Police Department, the program has flexibility in responding to those in active crisis. This method is intended to reduce high-risk behaviors of tribal youth and families that are affected by co-occurring mental health and substance use disorders.

The Tribe also operates a grant-funded vehicle, allowing the CSO to reach tribal members across CTCLUSI's vast geographic area, comprised of more than 13,900 square miles on the Oregon coast – one of the largest of all IMPACTS programs. The vehicle is also used to transport clients to appointments and inpatient treatment services.

The program has increased collaboration within the community and amongst community partners through their program's participation in an outpatient clinic operated by the Nancy Devereux Center, in Coos Bay, where they see many houseless clients. The CSO is able to be a point of contact for Tribal members that are seeking services (behavioral health, mental health, social, and medical).

CTCLUSI's stated challenge is the lack of availability of inpatient and outpatient treatment programs. Often, there is an extended delay for services and rooms are not available. Another barrier to IMPACTS clients receiving these crucial services are treatment facilities requiring private pay. The CSO helps to bridge this gap by advocating for clients within treatment facilities. They share a success story:

*“Thanks to... [the community service officer's] connections and follow up, [an] individual was able to complete inpatient treatment and transition to an outpatient facility to help them with their substance use problems. This demonstrated the **importance of building relationships and collaborating with the shared goal of providing support.** Without these, the individual would likely still be on a waitlist to get treatment services.”*



*Per 2024 Oregon Blue Book

Confederated Tribes of Grand Ronde

Total Award
\$1,056,764

Funded Years
2020-2025

Population
5,623*



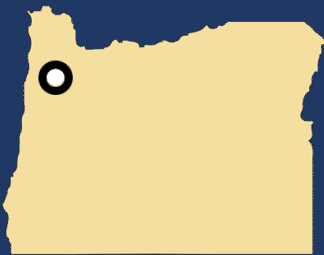
The Confederated Tribes of Grand Ronde's IMPACTS program provides post-treatment and post-incarceration transitional services to Tribal members throughout their seven-county service area. This program focuses on creating individualized, client-centered care plans to assist their members' transition into the community. The crux of their program is addressed here:

*"We [are]... able to connect Tribal members in need with residential treatment, housing assistance, and other need supplies to support successful treatment and continuity of care.... and find **culturally relevant ways to assist program participants in treatment, recovery, and resource connection.**"*

Located within Tribal Behavioral Health, this program screens jail bookings and electronic health records to identify eligible members and assist those who have entered or been released from jail. They also perform jail in-reaches and accept law enforcement diversions as well as community referrals. From July 1, 2023, to June 30, 2024, the Grand Ronde IMPACTS program served 70 members in the areas of crisis intervention, rental assistance, and other supports. Other services they provide include stabilization services, wraparound services, sobering services, and peer support.

While connecting with clients remains a large challenge for the Tribe, they were able to increase the number of members served in the most recent quarter through targeted outreach efforts. They state:

*"We continue to see **great successes in our outreach and services** efforts and hope to continue to connect members in need."*



*Per 2024 Oregon Blue Book

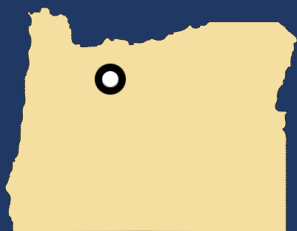
Confederated Tribes of Warm Springs Reservation



Total Award
\$498,575

Funded Years
2020-2025

Population
5,363*



The Confederated Tribes of Warm Springs' IMPACTS program provides services to Tribal members housed in the Jefferson County Adult Correctional Facility due to the closure of the Warm Springs Correctional Facility. They also have access to jail booking information and law enforcement contacts to identify members.

The program is designed to assist the target population transition from custody by connecting them with needed treatment, supports, and services in the community. The Certified Recovery Mentor maintains daily contact with local correctional facilities to intervene immediately upon release of Tribal members in order to create individual assessment plans and necessary referrals.

The program is administratively housed within the Public Safety branch and led by their General Manager. The Administrative Specialist provides support to the Public Safety department where IMPACTS personnel provide planning and mentoring services. Like many of the programs, recruitment and retention remains challenging due to the competitive nature of the positions.

The Tribe expresses the continued need for IMPACTS services in their community:

*"The Confederated Tribes of Warm Springs continues to be very enthusiastic about the services we are able to provide to our tribal members who are involved within the criminal justice system. **We believe our involvement... [with IMPACTS] provides services that would not be provided otherwise.**"*

The program successfully purchased a vehicle, allowing them to meet clients in a County correctional facility and a State correctional facility, as they are both located a significant distance from the Tribe. This is crucial as they have gained entrance into the courthouse within their jurisdiction to attend arraignments, meet with clients, transport clients to appointments, and offer services directly to members.

*Per 2024 Oregon Blue Book

Cow Creek Band of Umpqua Tribe of Indians

Total Award
\$764,087

Funded Years
2020-2025

Population
1,760*



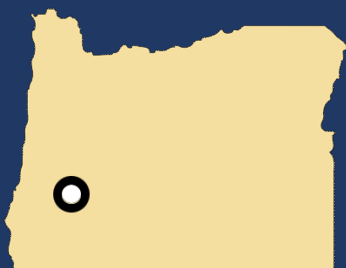
The Cow Creek Band of Umpqua Tribe of Indians (CCBUTI) operates their IMPACTS program through their Tribal Social Service department. It aims to intercept individuals at the jail and emergency department to provide wraparound services via intensive case management. The Tribe focuses on holistic and culturally responsive care plans designed to meet the individual needs of each Tribal member.

Relying on the emergency department, jail booking data, community outreach, and law enforcement diversion to identify members of their target population, CCBUTI focuses on providing medical, housing, and psychiatric care services. CCBUTI measures their success through the accomplishments of their individual clients.

CCBUTI's collaborations and relationships in the community are essential to their program, through monthly meetings with the IMPACTS steering group as well as through partnerships. The steering group includes Adapt, Umpqua Health Alliance, Mercy Medical Center, Chadwick Clubhouse, Roseburg Police Department, Douglas County Circuit Court, and the Local Public Safety Coordinating Council. Another partner with whom they are contracting is Douglas County's IMPACTS Adapt Sobering Center, Detox Unit, and Crisis Resolution Rooms to allow their Tribal members to access those additional resources. The Tribe describes the IMPACTS funding's effect in strengthening these collaborations as follows:

*"It's now been over 4 years since this Tribal member entered the IMPACTS cohort due to Emergency Department visits for severe depression and suicidal ideations. Medication management was a daily struggle... **This woman has now completed therapy, is successful at medication management, and found she can be adventurous!** Not only has this individual found herself to be independent, but also realizes when to ask for help."*

*"Over the span of the... grant... growth and success of the IMPACTS program has continued among Tribal members. Departments within Cow Creek and Community Partners have also **grown and strengthened in collaboration, which is exciting.**"*



*Per 2024 Oregon Blue Book

Deschutes County

Total Award
\$6,033,291

Funded Years
2020-2025

Population
198,253*



Deschutes County's IMPACTS program continues to provide essential services to individuals in crisis through the Deschutes County Stabilization Center (DCSC) and the Community Crisis Response Team (CCRT). These services include risk assessments, case management, peer support, 23-hour respite, and crisis psychiatric appointments. The DCSC is open 24/7, offering immediate assistance to community members in need.

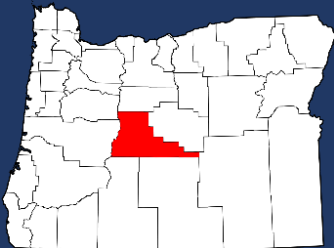
The program works closely with local law enforcement (including jail deputies, patrol, and parole and probation officers) and the local hospital to divert individuals from the criminal justice and medical systems, connecting them to vital services. Located on the same campus as the adult jail, DCSC plays a key role in reducing arrests and providing a more supportive alternative.

The crisis program, operating out of DCSC has also partnered with 911 dispatchers to respond to calls involving mental health crises, extending their reach into the community 24/7 and beyond the facility.

Even with the ability to engage clients in the community, reaching the IMPACTS target population remains the program's biggest challenge, as many individuals struggling with substance use and homelessness prioritize basic survival needs. To address this, the program provides essential services through peers and case managers and supplies like tents, sleeping bags, and phones to help stabilize individuals so that further support can be offered.

Since its opening, the DCSC has served 4,293 unique individuals through 14,585 visits. Of the 82 identified IMPACTS clients, the center has provided 1,801 individual services or visits, demonstrating the effectiveness of relationship-building and ongoing support. This engagement is particularly crucial for individuals who may not engage with outpatient services, offering critical care when they need it most.

The IMPACTS program and its 24/7 services, including the stabilization center and crisis response team, offer a vital alternative to emergency rooms and jails. It provides comprehensive care and a pathway to recovery for individuals in crisis, helping them avoid criminal justice involvement and connect to essential community resources.



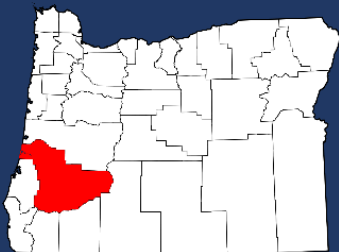
*Per U.S. Census - April 1, 2020

Douglas County

Total Award
\$4,263,337

Funded Years
2020-2025

Population
111,201*



*Per U.S. Census - April 1, 2020



Douglas County's IMPACTS program centers around a dedicated Intensive Care Coordination (ICC) team, focusing on intercepting individuals before they enter the jail or emergency department and coordinating care for those members. The county's treatment partner, Adapt, operates the mobile crisis program and the substance use disorder treatment facility. The IMPACTS grant allowed growth and success for a robust mobile crisis program with 24/7 assistance, two mobile crisis vans, a sobering center, and restoration rooms, and it added an outreach navigator for jail in-reach services.

Umpqua Health Management uses a program to automatically identify individuals in their target population. This has led to increased engagement and helped identify and reduce barriers to stability. Adapt has been working to with the Oregon Health Plan to reinstate benefits for those being released from jail to improve continuity of care.

One identified challenge for the program is the lack of affordable housing for those with criminal records. Community partners are working to increase transitional and semi-permanent housing options.

The program is gaining recognition in the community and receives proactive inquiries from law enforcement and attorneys. This expansion is shown through the 552 encounters and 905 services to individual IMPACTS clients in quarter 3 of 2024. Their cohort now contains 635 individuals, 125 of which were active as of June 2023, and receive myriad services, including:

“Job search, rental assistance, finger printing to assist with record expungement, clothing, toiletries, medical advocacy, SSI paperwork, transportation, ... housing applications, housing coordination,... phones, and job search assistance.”

They have reported many successes in individual cases that touch on finding transitional housing, completing treatment programs, and maintaining employment. Specifically, their IMPACTS program successfully engaged an individual with co-occurring diagnoses. They state:

“This person frequently expressed interest in in-patient substance use treatment and in-patient mental health. IMPACTS staff... picked up the subject when released and provided a warm handoff to transport... [them] to treatment.”

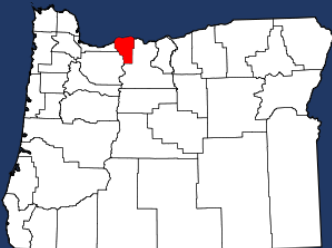
Hood River County



Total Award
\$212,756

Funded Years
2022-2025

Population
23,977*



*Per U.S. Census - April 1, 2020

Hood River's IMPACTS program, housed in Parole and Probation, primarily focuses on providing shelter to their target population as the first step in delivering services to those with many unmet behavioral health needs. The services provided include a local peer mentor to aid in transitioning back into the community, assist in re-enrolling clients in Oregon Health Plan, and dedicating housing to those in the identified target population.

The program funds Mid-Columbia Community Action Council's ability to dedicate two of the 13 units at the Hood River Shelter to high utilizers as well as two of the six full-time shelter stabilization staff for the winter season.

The shelter can offer these individuals not only overnight shelter, but healthy meals, warm clothing, toiletries, access to laundry and showers, and services that include on-site visits with outreach workers, health insurance enrollment assisters, community health workers, and health care and social service professionals. Because of this, the county's collaboration with Mid-Columbia Community Action Council (MCCAC) is imperative to the program's success. The county explains that:

"collaboration... has remained consistent and essential during the implementation of our program."

With the two dedicated rooms, the shelter was able to serve 13 members of the IMPACTS target population during the last winter season. The program made significant strides with these individuals and enrolled all 13 into the Oregon Health Plan. As an example of program success, the county noted that:

*"One client residing at the shelter actually **gained employment** as a Peer Support Specialist with Mid-Columbia Center for Living."*

Housing remains this program's biggest challenge. For the shelter specifically, it is only open seasonally, which means that the clients to whom they have successfully connected become increasingly difficult to find upon the closure of the shelter. Conversely, the shelter is consistently full in the coldest times of the season, and other housing options do not currently exist for this population. Interested partners in the community working diligently to find a year-round shelter location in Hood River County.

*"[Mid-Columbia Community Action Council] emphasizes that the accomplishments and work of 2023 reflect their mission to **build a better future through partnership** and equity-centered programs that prevent and eliminate poverty and homelessness."*

Klamath Tribes



Total Award
\$1,448,437

Funded Years
2020-2025

Population
5,200*



*Per 2024 Oregon Blue Book

The IMPACTS program that Klamath Tribes has implemented provides dedicated jail diversion staff to work with Tribal members to address basic needs, provide behavioral health treatment, and implement a contingency management plan. Since implementing their program, they have made significant strides in providing wraparound services, case management, peer support, and housing assistance. They connect with their target population as early as possible through jail and prison in-reaches, community outreach, and jail rosters. They also collaborate by attending Klamath County Sheriff's Office's jail diversion services meeting for release planning.

Klamath Tribes focuses on diverting individuals from the criminal justice and medical systems through providing transportation to residential treatment centers, offering housing support, and meeting basic needs. Another component to their program is providing contingency management, which encourages client recovery by providing rewards for participating in recovery events and activities. They additionally have a peer who in-reaches at the jail daily to talk with tribal members.

"The Peer Support has increased contacts due to her connection to the community/lived experience."

This program is working to overcome challenges created by non-engagement. For example, Klamath Tribes has adjusted how members of their target population qualify for supports, so they can serve a greater number of individuals. Their qualifying population is now 274 tribal members as their current approach is to target those cycling through the jail to yield the most effective results.

The Tribe illustrates the impact of their program when detailing a story of a client with criminality and addiction issues:

"One of our clients, who is a tribal veteran, struggling with mental health, was able to complete Alcohol and Drug Treatment, DUI Program, secure safe housing and employment. This patient is doing very well. We also had another client who completed the DUI program, secure safe housing, full time employment and was able to complete parenting class to get his kids back in his home. The IMPACTS funds helped restore confidence in these clients that there is help available and they are able to get back to their normal, everyday life."

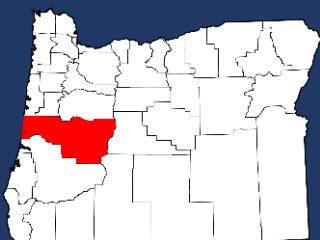
Lane County



Total Award
\$4,237,309

Funded Years
2020-2025

Population
382,971*



*Per U.S. Census - April 1, 2020

Lane County centers their IMPACTS program on funding the Forensic Intensive Treatment Team (FITT, or FIT Team) through their Behavioral Health Division to provide community-based wraparound services to their target population. The FIT Team focuses on diverting individuals from the criminal justice system, medical systems, and emergency services through pro-active street outreach, jail in-reaches, warm hand-offs, mental health and substance use treatment, therapy, medication management, and peer support. Their services extend to complex case management as well as the provision of basic needs, such as housing referrals, tents, food, and bus passes. The mission of their program is providing mobile, compassionate, person-centered care anywhere in the community with a keen eye towards overall harm reduction.

“The program continues to focus on supporting the community’s most complex behavioral health clients with excessive bookings in jail systems.”

The FIT team is a multidisciplinary team including a licensed clinical supervisor, three Qualified Mental Health Professionals (QMHP), two Peer Support Specialists, two jail-based Qualified Mental Health Associate/Court Liaisons, Office Assistant, and a part-time Psychiatrist.

The team provides care for 50+ high-risk clients at one time. The team has launched “street-side prescribing” that allows for psychiatric evaluation, blood draws, prescribing, and medication injections during street outreach.

“FITT continues to build strong connections with the Lane County Law Enforcement community, with a special focus on the Eugene Police Department and Lane County Adult Corrections. They have the shared commitment of connecting citizens to behavioral health services to stop the cycle of incarceration.”

Lane County remains challenged by several barriers in their community. One of which is the lack of housing for this highly stigmatized population. Furthermore, the lack of detox and residential addiction treatment programs is another barrier to recovery for their clients. Though housing availability remains an acute unmet need, the FITT program is certified and was able to roll out Integrated Co-Occurring Disorders treatment, which combines mental health and addictions treatment for FITT clients.

“We now integrate mental health, addictions, and primary care for FITT clients.”

Lincoln County

Total Award
\$705,790

Funded Years
2020-2025

Population
50,395*



Through Law Enforcement Assisted Diversion (LEAD), Lincoln County's IMPACTS program diverts members of the target population from the criminal justice system before they enter it. Specifically, the Lincoln County Sheriff's Office redirects those engaged in low-level criminal activity to services and resources instead of jail and prosecution. They work with a community-based treatment partner, ReConnections, to create individualized service plans, identify needs (e.g., medical, shelter, substance use disorder treatment), and provide case management and peer support services.

The program faces several challenges, particularly in interactions with individuals aged 55 and older who have disabilities but do not qualify for specific services. These individuals are often unhoused, and resources are limited. Despite this, the program has seen a 16% increase in people accessing services between the 2023 and 2024 fiscal years due to increased buy-in from other county law enforcement agencies.

The strengths of the program include strong collaborations between their treatment provider, ReConnections, and law enforcement, continued buy-in across law enforcement agencies in the county, and the dedication and commitment of ReConnections navigators. These navigators are certified in handling co-occurring disorders and are Qualified Mental Health Associates.

Additionally, ReConnections maintains a duplex to improve access to temporary housing. The team is also expanding its collaborative efforts, particularly with the local Tribal community. The team is also continuously developing professionally to better support law enforcement officers and their clients.

*This voluntary program allows those living with mental health issues, substance use, or co-occurring disorders to **access resources to assist in their recovery**, reducing the harm done to themselves and the local community.*



*Per U.S. Census - April 1, 2020

Multnomah County



Total Award

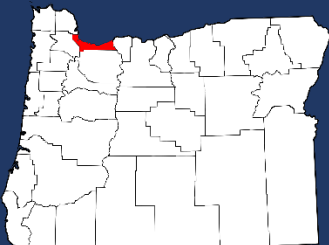
\$1,884,778

Funded Years

2022-2025

Population

815,428*



*Per U.S. Census - April 1, 2020

Multnomah's Bridge Treatment Team (BTT) is designed to decrease adverse system interactions and improve health outcomes for individuals with complex behavioral health needs. BTT provides time-limited mental health treatment, case management, crisis intervention, and peer support for individuals who are in the criminal/legal system, or who are at risk of recidivism due in part to their experience with mental illness.

BTT provides culturally responsive, trauma-informed, and client-centered services to individuals who are experiencing mental health-related concerns or have incurred criminal charges. Currently, BTT is staffed with Peer Support Specialists, Clinical Services Specialists, Mental Health Consultants, a Program Specialist Senior, and a Supervisor.

The program offers housing assistance, post-discharge support, direct client assistance such as clothing and food, transportation services through TriMet and Taxicabs, linkage to substance use disorder programs such as Medication Assisted Treatment, and Peer Support assistance with court appearances, community activities, and other appointments.

BTT receives referrals from the Aid & Assist program, Mental Health Treatment Court, and directly from Oregon Health Authority. BTT Participants have access to the Behavioral Health Resource Center and sub-acute treatment beds at the Crisis Assessment and Treatment center, which aid in stabilization, medication management, and referral services.

Below is a quote from one BTT client, who was successfully housed and stabilized after a relapse:

"I appreciate y'all. Taking me grocery shopping and playing basketball sometimes. Everything...I like that nobody gave up on me."

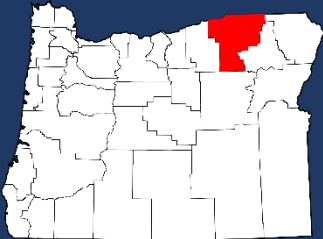
Umatilla and Morrow Counties



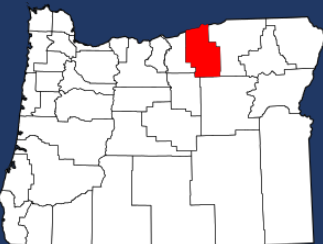
Total Award
\$962,808

Funded Years
2022-2025

Umatilla Co.
Population
80,075*



Morrow Co. Population
12,186*



*Per U.S. Census - April 1, 2020

Umatilla and Morrow counties are currently the only counties in the IMPACTS grant program to apply jointly as a regional consortium. Awarded as part of the 2022-2024 grant cycle applications, they are currently wrapping up their first full year of implementing the program in both counties.

Their IMPACTS program operates out of Community Counseling Solutions (CCS), and the team is composed of peers who provide peer support, skills training, and case management. The objective of this team is to mitigate the frequency of emergency medical services utilized in Umatilla and Morrow counties and to decrease the involvement in the criminal justice system. The Peer Supervisor, Peer Navigator, and Peer Mentor are the members of the team, all of whom are located in Hermiston. Hermiston's geographic location enables the IMPACTS team to serve both counties.

The IMPACTS team has demonstrated significant success in addressing the immediate needs of individuals who have been unable to access community support due to their lack of knowledge of resources or their inability to access them within the community.

Through IMPACTS, the consortium has been able to identify numerous barriers to treatment, and they have found methods to provide services to overcome them. They have two company vehicles to provide transportation to services for individuals who need it.

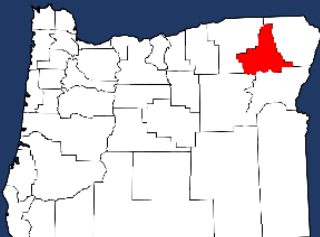
The IMPACTS team has collaborated with many agencies, including the emergency departments of local hospitals (Good Shepherd Medical Center and St. Anthony's Medical Center), the Sheriff's Offices of Umatilla and Morrow counties, Parole and Probation, and police departments in both counties. Additionally, the team has collaborated with legal advocates, attorneys, the Oregon State Hospital, Yellowhawk Tribal Health Center, houseless shelters, and other programs within CCS and the State. The IMPACTS team is committed to ensuring that community partners are easily accessible and are vigilant in their efforts to receive referrals, coordinate care, and assist community members in leading a healthier lifestyle.

Union County

Total Award
\$1,172,571

Funded Years
2020-2025

Population
26,196*



*Per U.S. Census - April 1, 2020



Located within their Center for Human Development (CHD), Union County's IMPACTS program is expanding provision of services that are already available through the CHD, such as case management, outreach, and peer support. These services include working directly with the target population to find and keep employment, re-establishing Oregon Health Plan (OHP), and accessing recovery housing and temporary shelter.

The main challenge this program has faced is difficulty retaining employees and hiring. However, they successfully added a critical position, a part-time Qualified Mental Health Professional located in the jail. This clinician focuses on identifying and treating underlying behavioral health issues and making connections to community-based resources and outpatient care, thereby "giving IMPACTS-eligible [justice-involved individuals] a better chance of engaging in services when they are released." The program receives a monthly calls-to-service report from law enforcement, which allows the IMPACTS team to view the number of calls that took place in the reported month for individuals that fit within the target population.

They also receive weekly reports of those entering the emergency department with a qualifying diagnosis and access information about their target population from jail bookings, law enforcement contacts, electronic health records, and Collective Medical software.

Their team's collaboration continues to assist in outreach efforts and intercepting individuals at the earliest point possible. The team meets monthly with law enforcement, including Union County Parole and Probation and the La Grande Police Department, to identify members of their target population. This collaboration has enabled the program to successfully identify and subsequently support their clients. Here is a recent success story:

*"We received reports from Law enforcement about an individual who fits IMPACTS criteria who was on the verge of being evicted from her place of residence due to many complaints and reports from neighbors/failing inspections. The IMPACTS team reached out. With appointments set and services offered, **she recently passed her inspection**, and her law enforcement contacts have decreased significantly."*

Wasco County



Total Award
\$276,144

Funded Years
2022-2025

Population
26,670*



*Per U.S. Census - April 1, 2020

The La Casa Vida housing program (funded through IMPACTS) is run by Bridges To Change and has provided housing to six individuals. All of the residents of this program are engaged in clinical programming with the Center For Living, and they have regular case management with an assigned peer mentor. Of the six residents, two of these have stabilized, maintained employment, and moved onto independent rental housing. One individual's housing needs were met on a temporary basis for stabilization, and then moved into a transitional housing program also run by Bridges To Change. One resident is currently enrolled in college classes, which has introduced long term goal-oriented planning to their lives.

Five of the residents have been able to reunite with their children and are able to parent their children, who now reside with them, which is one of the goals of the La Casa Vida program. This not only changed the lives of these clients but had positive impacts on the children as well, who otherwise may have remained in the foster care system.

All these individuals have grown their sober supports in the community and established primary care providers. Without this program, the program states that these individuals were likely to have remained repeat utilizers of both the jail and hospital emergency resources. Two of the residents entered the program while on formal supervision over a year ago. Neither of these individuals have had a violation since this time, resulting in one client completing all his requirements, having remained in full compliance, and therefore completed supervision successfully. The program further states:

*“Without the support of La Casa Vida, Wasco Community Corrections was highly concerned that this high risk, high needs individual was very likely to commit further violations, which were averted. One final notable item is that **none** of the residents of La Casa Vida have criminally recidivated after entering La Casa Vida.”*

*“Program staff have observed firsthand the **pride and joy of residents** now behaving as responsible parents and learning new parenting skills as they grow.”*

Appendix B: Technical Appendix

The following pages show the results of the comparison testing for the rate of engagement for IMPACTS clients, in terms of differences in both demographic and behavioral health histories (Table B.1) and in terms of differences in system histories. For each client, the percentage of possible follow-up months that are served by an IMPACTS program are generated, and the medians of this value are used in this analysis to determine whether and how rate of engagement differs significantly among groups. Further discussion of this item is located in Section 2.3.3.

Shown in Table B.1, one demographic characteristic achieved significance related to American Indian-Alaska Native identification. Those clients identifying as AIAN returned, at the median, about 33 percent of possible months, which is significantly more than their non-AIAN identifying counterparts who returned about 20 percent of possible months ($p = 0.0153$). A second item, relating to tribal affiliation, was also significant, although the significant comparison was to the category of unknown tribal affiliation ($p = 0.0001$).

Behavioral health history also operated to modify rate of engagement for IMPACTS clients ($p = 0.0001$). Those clients with co-occurring disorders returned for the highest percentage of possible months at around 33 percent, although this is not significantly different than the rate of engagement for clients with a mental health disorder(s), but no substance use disorder(s), which is about 29 percent of possible months. However, the rate of engagement for those with co-occurring disorders was significantly greater than the rate of engagement for clients who presented to a local program with a substance use disorder(s) only, at around 33 percent of months versus 18 percent ($p = 0.014$). Not shown in the table, the rate of engagement for those clients with a mental health disorder(s) only, substance use disorder(s) only, or co-occurring disorders was significantly greater than the rate of engagement for clients who presented without a behavioral health condition.

Turning to differences among client-level system histories, shown in Table B.2, a prison incarceration within the prior year doubled the rate of engagement for IMPACTS clients to about 50 percent of possible months versus about 25 percent of months for clients without ($p < .05$).

Table B.1 Demographic and Behavioral Health Differences in IMPACTS Client Rate of Engagement

Group	Number of Clients	Median Service Rate*	Overall P-Value*
Ethnicity			
Hispanic or Latino/a/x	17	0.36	0.94
Not Hispanic or Latino/a/x	597	0.25	
Race			
White	365	0.20	0.06
Not White	249	0.33	
AIAN	201	0.33	0.02*
Not AIAN	413	0.20	
Black or African American	24	0.31	0.74
Not Black or African American	590	0.25	
Gender			
Female	204	0.28	0.87
Not Female	410	0.25	
Male	382	0.25	0.57
Not Male	232	0.29	
Employment			
Employed	56	0.27	0.79
Not Employed	474	0.29	
Tribal Affiliation			
Tribal affiliation	193	0.33	<0.01*
No tribal affiliation	317	0.25	
Don't know	103	0.10	
Stable housing			
Stably housed	242	0.33	0.08
Not stably housed	334	0.20	
Don't know	28	0.17	
Co-Occurring Disorder			
MH and SU	338	0.33	<0.05*
MH Yes, SU No/DK	93	0.29	
MH No/DK, SU Yes	136	0.18	

*P-value < 0.5

Table B.2 System History Differences in IMPACTS Client Rate of Engagement

Prior Year System History	Number of Clients	Median Service Rate	Overall P-Value*
Jail			
Jail Booking	290	0.25	0.65
No Jail Booking	168	0.30	
Don't Know	40	0.23	
Local Law Enforcement Encounter			
Local Law Enforcement Encounter	258	0.20	0.30
No LE Encounter	130	0.33	
Don't Know	206	0.19	
Prison			
Prison Incarceration	54	0.50	<0.05*
No Prior Prison Incarceration	369	0.25	
Don't Know	156	0.20	
Parole and Probation			
Parole/Probation	201	0.25	0.76
No Parole/Probation	165	0.29	
Don't Know	221	0.25	
ED Admission			
ED Admission	208	0.25	0.89
No ED Admission	244	0.28	
Don't Know	136	0.25	
Hospital Admission			
Hospital Admission	88	0.33	0.70
No Hospital Admission	360	0.25	
Don't Know	132	0.29	
OSH Admission			
OSH Admission	34	0.33	0.29
No OSH Admission	422	0.27	
Don't Know	122	0.20	
MH Service Encounter			
MH Service Encounter	61	0.33	0.83
No MH Service Encounter	361	0.27	
Don't Know	151	0.20	
SUDs Service Encounter			
SUDs Service Encounter	73	0.25	0.14
No SUDs Service Encounter	313	0.30	
Don't Know	190	0.18	
Crisis Center Encounter			
Crisis Center Encounter	39	0.22	0.32
No Crisis Center Encounter	334	0.29	
Don't Know	203	0.20	

*P-value < 0.5