

Inspection Details

Overview

Were you given an overview of the type of housing units for Inverness Jail facility? YES

Were you given an overview of the type of housing at MCDC? YES

Any observations regarding types of housing units? YES.

Observations regarding types of housing units at Multnomah County Detention Center (MCDC) and Inverness Jail

I recently toured both the Multnomah County Detention Center (MCDC) and Inverness Jail with a particular focus on the conditions experienced by adults with serious and persistent mental illness (SPMI). While both facilities are part of the same system, the environments and practices around mental health housing were strikingly different.

Inverness Jail

At Inverness, staff explicitly described the importance of getting people with mental health challenges out of their cells for walking, socializing, and engagement in activities. The philosophy described by staff emphasized:

- Reducing the amount of time people with SPMI spend locked in their cells
- Facilitating regular out-of-cell time, movement, and social interaction
- Recognizing isolation as harmful to mental health

This approach aligns with emerging standards for “treatment-oriented” or therapeutic housing units where out-of-cell time, programming, and social connection are considered core components of care rather than optional add-ons. For example, reform efforts described by the Vera Institute recommend mental-health treatment units that provide at least 20 hours per week of out-of-cell time (10 hours structured therapeutic activities and 10 hours unstructured time).

Multnomah County Detention Center (MCDC)

In contrast, staff at MCDC reported that many people with mental health needs are in their cells the majority of the day. They indicated that their intention is to provide more out-of-cell time and programming, but that chronic staffing shortages severely limit their ability to do so. The physical configuration of the housing units was also visibly less conducive to therapeutic engagement: more closed, more barren, and less obviously designed with mental health in mind.

From a clinical and ethical perspective, housing people with SPMI in conditions where they are locked in their cells most of the day closely resembles restrictive housing or de facto solitary confinement. National bodies have taken strong positions opposing this practice for people with serious mental illness:

- The American Psychiatric Association (APA) states that restrictive housing (22+ hours per day in a cell) for adults with serious mental illness should be avoided except in rare situations involving significant danger, and even then must include access to meaningful out-of-cell therapeutic activities.
- The U.S. Department of Justice's Guiding Principles similarly state that, generally, people with serious mental illness should not be placed in restrictive housing, and if they are, conditions must be modified to allow adequate out-of-cell activity and clinical contact.
- The National Commission on Correctional Health Care recommends that seriously mentally ill people either be excluded from prolonged segregation or that conditions be changed to ensure adequate out-of-cell therapeutic activity and access to exercise areas.

The current practice described at MCDC—where individuals with SPMI are confined in their cells for most of the day due to staffing—places the facility at odds with these national standards and with current evidence on mental health and restrictive housing.

Anecdotally, based on my years working in correctional environments and supporting individuals entering and returning from incarceration, I have observed meaningful improvements in outcomes when correctional officers and sheriff's deputies receive specialized training in working with individuals with serious and persistent mental illness (SPMI). These improvements are further enhanced when facilities adopt a modified or soft-uniform dress code for designated mental-health housing units. For example, allowing staff to wear polo shirts with appropriate agency insignia—rather than full tactical or patrol uniforms—can significantly reduce fear responses among individuals with extensive trauma histories or prior negative experiences with law enforcement.

In practice, this combination of trauma-informed training paired with a less militarized visual presence appears to foster greater rapport, reduce escalation, and create a more therapeutic environment. While not a substitute for clinical intervention, these operational adjustments can play an important role in supporting stability, safety, and engagement among adults with SPMI in custody.

Facility Maintenance (structure integrity, cleanliness, etc.)

How would you describe the conditions inside the facility? Everything appeared to be in operable order.

How would you describe the conditions outside the facility? Neat and tidy

How would you describe the cleanliness inside the facility? Everything appeared to be clean.

How would you describe the cleanliness outside the facility? Everything appeared to be clean.

Other observations regarding maintenance of the facility? Nothing to note.

Recommendations regarding maintenance of the facilities? Nothing currently.

Staffing

How would you describe the staffing at the facility? It was reported numerous times to the folks on the tour how short staffed MCDC is.

Other observations regarding staffing: Staff that we interacted with appeared to be friendly. Answers from staff were somewhat inconsistent when we began talking about folks with SPMI and how they were served within MCDC.

Recommendations regarding staffing: When agencies are short staffed, they often pull coverage from posts to fill needed posts. In my opinion, the very last housing unit that should have staff pulled from is mental health housing. This is and always should be treated as a priority population.

Food

Did you tour the kitchen area of the facility? YES

Were you provided an overview of the food? YES

Did you observe how dietary restrictions are accommodated? YES

Other observations regarding food? YES. The food we sampled that was from that days meal was delicious. I would have been impressed if that was served at a mid-scale restaurant. It was buffalo chicken, and it tasted fresh and flavorful.

Recommendations regarding food? None at this time.

Education and Programming

Were you given a tour of where programs are offered in the facility? YES

Were you provided an overview of what programs are offered? YES

Were you given an overview about how adults in custody request access to different programs? YES

Did you observe programs offered on an individual or group basis? There were no programs taking place at that moment while on the tour.

Other observations regarding education and programming? None other than recommendations below

Recommendations regarding education and programming? At MCDC, there appeared to be minimal—if any—structured programming available to individuals in custody. Staff noted that this is intentional, given the short average length of stay at the facility. Inverness Jail offers comparatively more programming, yet the volume and scope remain insufficient to meet the needs of the population it serves.

If the goal is to support successful reentry and reduce recidivism, programming cannot be viewed as optional or secondary. Evidence consistently shows that individuals are more likely to stabilize in the community when they have access to skill-building, treatment, pro-social engagement, and concrete reentry supports while still in custody. This requires not only internal programming delivered by the jail, but also ongoing partnerships with community-based organizations that can provide warm handoffs to real-time resources such as housing, employment pathways, peer mentorship, transportation assistance, and behavioral health or substance use treatment.

Sustainable reentry outcomes are strongest when jails function as a bridge—not a barrier—to the community. Integrating outside nonprofits and service providers into the jail environment ensures that individuals leave custody with established relationships, practical supports, and a clear plan for the transition back into the community.

Corrections Health

Were you given a tour of the medical clinic? YES

Did you observe how adults in custody can be offered medical services (if they aren't requesting the services, how are they made aware)? YES, the process was explained to us quite well.

Were you given an overview of how adults in custody request access to medical services? YES, again, the process was explained quite well.

Other observations regarding corrections health services? Yes, information given to the folks on the tour was inconsistent between MCDC and Inverness jail especially regarding the availability and distribution of medication assisted treatment for opioid use disorder.

Recommendations regarding corrections health services: communication between medical staff at Inverness Jail and MCDC to make sure everyone is on the same page with respect to services and resources.