

**Local Public Safety Coordinating Council**

**Progress Report  
on  
Bridging the Gaps between the  
Mental Health and Criminal Justice Systems**

**June 16, 2003**

**Based on the May 2002 Report,  
"Recommendations for Improving Options and Outcomes for Persons with  
Mental Illness in Multnomah County's Criminal Justice System"**

In May of 2002, over a hundred Multnomah County advocates and professionals attended a conference on *Bridging the Gaps between the Mental Health and Criminal Justice Systems*. Sponsored by the Local Public Safety Coordinating Council (LPSCC), the conference presented new models of social service and criminal justice coordination, and fostered discussion on recommended improvements that had been developed by a LPSCC working group. The report *Recommendations for Improving Options and Outcomes for Persons with Mental Illness in Multnomah County's Criminal Justice System* was the result of conference attendee's input and additions to the LPCSS working group's draft.

This *Progress Report* updates the status of work toward implementing the recommendations.

While this report shows improved communications and collaboration between social service and criminal justice systems, this year has also brought severe budget reductions that have affected both systems' ability to provide needed services. For example:

- Elimination of the State General Assistance program on January 31 resulted in the loss of income for 1,090 people with disabilities in Multnomah County; 125 were homeless at the time, and another 248 at immediate risk.
- Reductions in the Oregon Health Plan (OHP) resulted in loss of medical care, mental health and addiction treatment for many; some now qualify only for medications, which may also be cut June 30.
- 4,000 previously eligible Multnomah County Mental Health consumers are no longer eligible for these services after State Mental Health and OHP cuts.
- An estimated 460 to 750 individuals in the County lost OHP coverage for methadone treatment.
- 1,955 County Aging and Disabilities Services clients lost coverage for medical, mental health and addiction treatment due to elimination of the Medically Needy program; an additional 1,100 Long Term Care clients lost waived services.
- Reduction of jail capacity resulted in decisions to cite in lieu of, and to increase use of book and release; however, reduced booking of some categories of non-violent offenders also reduces the opportunity to bring people into needed treatment.

Thus the results for the past year can only be judged as mixed. For those who remain eligible for services, mental health and other human services, along with the diverse parts of the criminal justice system, are achieving many of LPSCC's goals. However many people who need services are no longer eligible to receive them, falling into a gap which has unfortunately widened over the past year.

**Report Content:** The following outline summarizes progress made this past year on LPSCC recommendations. Where reporters have identified a new issue where progress has been made or is needed, the item is identified as "new" or as a "recommended action." A list of contributors to this report, and of abbreviations used, is at the end.

## **LPSCC Recommendations, Status, and Progress Made**

### **1: OVERALL COORDINATION**

#### **A. Improve cross-training**

**Status: Improving**

- Last May's conference brought many diverse disciplines together.
- MH representatives assist with mandatory 1-day training for corrections deputies.
- A follow-up visit by LPSCC leaders to the Los Angeles program led to consensus decisions to stay on our current course rather than adopt their model.
- 13 Cascadia staff now have clearance to come into the jails and have been cross-trained in CJ systems.

#### **B. Improve information sharing and coordination**

**Status: Improving**

*With County Human Services agencies & providers:*

- MH Call Center is available 24/7, and can mobilize a response of the mobile outreach service or a client's provider.
- MH is working with the Bureau of Emergency Communications on triage protocols for 911 operators when working with mental health calls.
- MH has a full-time Criminal Justice Liaison, to take referrals from all parts of the system regarding transitioning a person from a corrections placement; this role is expanding to cover Portland Business Alliance referrals, and bicultural service.
- Cascadia's Discharge and Transition Team (DATT) has a single number to call for discharge and transition case management for clients from intensive placements.
- DD has a specialized corrections case manager for clients with a developmental disability who are also in the CJ system.
- DD has an advisory role with Portland Police Bureau, and is discussing coordination with the District Attorney's office.

*Within Criminal Justice System:*

- Forming the Adult Mentally Ill Offender Unit has increased communication between the jail and community supervision staff.
- Jail mental health, release planning, and parole/probation staff attend a joint monthly meeting.

- There is good cooperation among Corrections' Health, Corrections' Counselors & Sheriff's Deputies; communication between jail facilities needs attention.
- When a Police Officer runs a warrant check, they access the name of the Probation Officer and electronic case file; a single phone number assures to Probation 24/7.

*Connections with Entitlements:*

- The SSI Continuum Project connects CJ applicants who need MH treatment with SSI benefits before they leave the jail.

*Recommended Action:*

- Develop a similar "OHP Continuum Project" to connect offenders with OHP coverage before they leave the jail. [Note: those covered by OHP will no longer lose coverage if in custody less than 30 days.]

**C. Increase options for crises** **Status: Improving**

- MH's Urgent Walk-In Clinic is now open 24/7, co-located with Mobile Crisis Outreach & the after-hours Call Center.
- Cascadia's ACT team and Mobile Outreach Service are available to work with ER's in their support of a MH client.
- MH explored many options for a secure treatment facility, but none were feasible; instead, MH has expanded community options and continues to use ERs for those who must be placed in a secure facility.

*Recommended Action:*

- Delete obtaining a single secure treatment facility from LPSCC action list.

**D. Remove barriers to cross-agency problem solving** **Status: New**

- Confidentiality laws remain a barrier to cross-agency communication about who is receiving MH treatment.

*Recommended Actions:*

- MH and LPSCC are working on a voluntary release of information form and a Multi-Disciplinary MH/CJ Team for "frequent flyers," i.e. high users of both systems.
- Explore other legal options to collaboratively communicate, track clients, and share care plans.

**AREA 2: PRE-BOOKING**

**A. Improve walk-in treatment options** **Status: Improving**

- MH contracts for a 24-hour, 7 day a week walk-in clinic, which also serves urgent needs, plus a separate specialized family clinic open weekday evenings and Saturdays for child and family issues.
- Mobile Outreach does targeted outreach, responds to referrals about individuals with mental illness, and works closely with the CIT teams, Portland Business Alliance's Downtown Crime Prevention Program, and others.

*Recommended Actions:*

- Marketing and awareness of the Walk-In Clinics and Mobile Outreach availability are ongoing needs.

**B. Improve transport options**

**Status: In Development**

- MH is planning with the CJ system to deliver police custody voluntary transports, who need a place to be taken, to the Urgent Walk-In Clinic (except those resisting transport or otherwise needing ER services).
- MH is using transportation vouchers for transport when secure transport is not needed (e.g. by cab to walk-in clinic).

**C. Improve basic supports & housing**

**Status: Needs Work**

- MH has increased payments for transitional housing (ranging from a hotel room, to 1st month's rent); also MH has maintained transitional housing options for homeless mentally ill, as well as crisis respite, despite budget cuts.
- Both MH and CJ representatives participate in a Special Needs Housing committee, which is assessing needs and recommending action to the County Commissioners to increase permanent housing options.
- The Special Needs Housing Committee has applied for a Supportive Housing systems change grant seeking ways to better coordinate services & housing.
- New housing is being opened or construction started: Always Welcome (15 units, transition for MI/CJ); Clinton Ridge (29 units, MI), Midland Commons (46 units),
- City of Portland is expanding the successful Fresh Start program to help place the "hard to house."

*Recommended Actions:*

- Much more supportive housing, and more types of housing, such as expanded adult foster care, and Room and Board, are needed for people with MH and CJ issues.

**D. Improve use of trained officers**

**Status: Improving**

- Crisis Intervention Team (CIT) training includes other jurisdictions' officers.
- Data shows that using a CIT trained officer in calls involving a mentally ill person leads to in better results.

*Recommended Actions:*

- Evaluate & remove barriers (officer's time, jurisdiction's costs) to getting more CIT officers trained.

**AREA 3: BOOKING**

**A. Improve access to MH services at the time of booking**

**Status: New**

- MH and CJ are in the process of developing screening at booking for mental health needs.

*Recommended Action:*

- Implement MH collaboration at booking, through: MH staff on-site or on-call; connecting offenders with their MH treatment provider; and a system for evaluation of those who may need treatment.

**B. Improve pretrial release of inmates with mental illness**

**Status: New**

- Close Street Supervision, a Sheriff's Office program, has 2 Deputies who provide supervision to MH clients in the community prior to trial, improving pretrial release.

## **AREA 4: POST-BOOKING**

### **A. Improve access to MH services**

**Status: Improving**

- Jail mental health services have been restored with the new County Income Tax.
- MH's Criminal Justice Liaison, and Cascadia's Discharge and Transition Team (DATT) and Assertive Community Treatment (ACT) team, link referrals from the CJ system with MH services, 24/7, and facilitate discharge and community transition.
- Correction's Transition Services Unit helps people transition from state corrections, as well as from county jail, to community settings.
- The Mental Health Network meets every month, involving: DCJ, Mental Health, ORDOC, Cascadia, Bridgepoint, ASAP and NAMI.
- A barrier remains that judges do not routinely receive information on whether a defendant is a MH client, or whether there is an existing MH assessment, unless the defendant discloses this information.

#### *Recommended Action:*

- Add staff (e.g. escorts) to meet offenders at their release, walk them to scheduled appointments, and assist with learning community access skills.

### **B. Improve placement in Alcohol and Drug services**

**Status: New**

- There are limited dual diagnosis treatment options for people with a mental illness and a substance addiction.

#### *Recommended Action:*

- Improve options for people with a dual diagnosis.

### **C. Expand MH services for defendants at Community Court** **Status: Mixed Results**

- Added a second MH position to the Community Court Project at end of 2002 (with federal Weed & Seed funds).
- Applied collaboratively for a BJA grant to fund a 3rd position, but were not selected.
- All defendants in community court receive information about who to contact for social services, including mental health.
- Because misdemeanors are being reduced to violations (due to lack of indigent defense counsel), and no jail sanction is therefore available, services may be less likely to be a part of the sentence because they cannot be enforced.

#### *Recommended Actions:*

- Look at whether reducing misdemeanors to violations has resulted in a reduction of social service or mental health treatment as a sentencing condition.
- Look at whether consolidating Community Courts at the Justice Center has increased failure to appear.

### **D. Reduce caseloads for mental health Probation Officers**

**Status: Mixed Results**

- All mental health Probation Officers have been combined in one unit and a definition of MI adopted, improving services and caseload size.
- Partnerships are excellent, but due to layoffs at probation and with community partners, services have suffered.

**E. Advocate for MH coverage**

**Status: No Action**

- No group adopted the goal of advocating for MH coverage by private health plans for their enrollees.

*Recommended Action:*

- Delete advocacy for MH coverage by private health plans from LPSCC action list.

**Area 5: PRE-TRIAL ASSESSMENTS**

**A. Improve access to Oregon State Hospital assessments**

**Status: Mixed Results**

- Oregon Advocacy Center won a lawsuit and federal court order requiring the Oregon State Hospital to provide mandated services within 7 days of request; but the state legislature did not adopt as a statutory requirement.
- However, timely OSH service continues to be difficult to obtain, with individual advocacy and complaints the best initial strategies for enforcing the court order.

*Recommended Action:*

- Due to changes in the system, this recommendation to improve “aid & assist” evaluations of OSH needs revising. A new strategy is needed to address where evaluations should best be done, and how to pay for it.

**B. Expand local pre-trial evaluations**

**Status: Improving**

- Local pre-trial evaluations have increased, with several effects: evaluations are more timely; evaluations cost less, but the cost has been shifted from the State OSH to become a local expense; and local transportation costs have been reduced.

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### **Abbreviations used in the report:**

<b>ACT</b>	Cascadia's Assertive Community Treatment team
<b>Aid &amp; Assist</b>	An evaluation to determine whether a person is mentally fit to aid and assist the attorney with their defense
<b>ASAP</b>	Alcohol Safety And Prevention Treatment Program
<b>BJA</b>	Bureau of Justice Administration
<b>Call Center</b>	MH's single number to call for access to MH services
<b>CIT</b>	Crisis Intervention Team
<b>CJ</b>	Criminal Justice covers all aspects of the criminal justice system, including law enforcement, detention and court systems.
<b>DATT</b>	Cascadia's Discharge and Transition Team
<b>DCJ</b>	Multnomah County Department of Criminal Justice
<b>DD</b>	County Human Services' Developmental Disabilities department
<b>ER</b>	Emergency Room, used in selected local hospitals for treatment of persons with a suspected mental illness who require a secure facility
<b>LPSCC</b>	The Local Public Safety Coordinating Council for Multnomah County
<b>NAMI</b>	National Alliance for the Mentally Ill
<b>MDT</b>	Multi-Disciplinary Team, involving mental health & criminal justice professionals
<b>MH</b>	County Human Services' Mental Health department, providing access services, and contracting for and overseeing services for those with a mental illness.
<b>Mobile Outreach</b>	Provides on-site intervention for people with MH issues
<b>ORDOC</b>	Oregon Department of Corrections
<b>OSH</b>	Oregon State Hospital

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