



**Program #40047 - Corrections Health Transition Services** **FY 2026 Department Requested**

**Department:** Health Department **Program Contact:** Michael Crandell  
**Program Offer Type:** Operating **Program Offer Stage:** Department Requested  
**Related Programs:**  
**Program Characteristics:**

**Program Description**

Corrections Health at the Multnomah County Detention Center, Inverness Jail, and Juvenile Detention Home collectively houses over 1,000 adults and 80 juveniles. Each year, over 36,000 adult individuals and 2,500+ juveniles receive care. Over 40% of those juveniles have significant mental health conditions. Over 2,500 juvenile individuals are cared for each year from Multnomah, Washington and Clackamas counties-- brought in from the community, other jurisdictions and other community holding facilities.

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. That care is delivered to BIPOC populations who are disproportionately involved in the justice system. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY26 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care. This program offer works to assist community justice involved individuals to successfully transition, approximately 200 individuals per month, back into the community by providing direct services, including medical and behavioral healthcare, and substance use disorder treatment planning and coordination. It addresses the social determinants of health, thereby improving the quality of life, reducing disparities and ultimately, reducing recidivism.

Beginning in FY25, this program also expanded its role to provide expanded medication supported recovery (MSR) to more adults in custody than previously possible via the deployment of a dedicated MSR medication pass (Suboxone). This will enhance addiction support and recovery for those in the carceral settings and reduce the amount of overdoses in the settings.

This program also is leading the implementation of methadone in the adult jail sites via a pilot contracted opioid treatment program (OTP) partner. This program seeks to enhance the administration of MSR long-acting injectables for those exiting custody.

**Performance Measures**

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of referrals processed	2,000	2,500	2,500	2,750
Outcome	# of warm handoffs for adults in custody (AICs) leaving custody to community treatment	250	250	250	275

**Performance Measures Descriptions**

Presently, the sources of TSP referrals include: Internal CH Behavioral and Clinical Providers, MCSO, Forensic Community Partners, Department of Community Justice, Portland Police Bureau, and the AICs themselves self-referring. TSP will continue to refine the level of supportive services offered to AICs with a focus on addressing the social determinants of health. Our hope is to keep AICs linked with their community partners so as to not disrupt the course support or treatment plans when they return to the community.

## Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
<b>Program Expenses</b>	<b>2025</b>	<b>2025</b>	<b>2026</b>	<b>2026</b>
Personnel	\$1,515,835	\$288,119	\$2,407,740	\$354,540
Materials & Supplies	\$21,299	\$0	\$21,873	\$0
Internal Services	\$0	\$48,721	\$4,399	\$49,031
<b>Total GF/non-GF</b>	<b>\$1,537,134</b>	<b>\$336,840</b>	<b>\$2,434,012</b>	<b>\$403,571</b>
<b>Program Total:</b>	<b>\$1,873,974</b>		<b>\$2,837,583</b>	
<b>Program FTE</b>	10.40	3.00	16.28	2.80

<b>Program Revenues</b>				
Intergovernmental	\$0	\$336,840	\$0	\$403,571
<b>Total Revenue</b>	<b>\$0</b>	<b>\$336,840</b>	<b>\$0</b>	<b>\$403,571</b>

## Explanation of Revenues

This program generates \$49,031 in indirect revenues.

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

SUD Comprehensive Opioid, Stimulant, and Substance Use Site-based Program (COSSUP) - \$403,571

## Significant Program Changes

Last Year this program was: