

# LPSCC

## Mental Health and Public Safety Subcommittee Meeting

### *Summary Notes for April 26, 2016*

#### **Attendance**

Judge Julie Frantz, Co-Chair, OJD  
Nancy Griffith, Co-Chair, Director Corrections Health

Judge Cheryl Albrecht, OJD  
Jay Auslander, Cascadia  
Ranana Bear, Forensic Diversion  
Kevin Bodia, Forensic Diversion  
Katie Burgard, MCSO  
Michelle Campbell, Forensic Diversion  
Chris Christy, Oregon Health Authority  
Jean Dentinger, MHASD  
David Hildago, MHASD

Jeff Howes, MCDA  
Judge Edward Jones, OJD  
Katie Lentz, Forensic Diversion  
Adam Renon, Office of Commissioner Shiprack  
Chuck Sparks, Multnomah County District Attorney  
Lindsay Stover, DCHS-MHASD  
Elizabeth Wakefield (make nametag), Public  
Defender

#### **LPSCC Staff**

Abbey Stamp, LPSCC Director  
Amanda Lamb, LPSCC Analyst  
Christina Youssi, LPSCC Staff

#### **Welcome and Introductions**

Judge Julie Frantz opened the meeting and introductions were made.  
Judge Jones proposed the following questions:

- 1) What can be done to improve the identification, assessment and, if needed, treatment of newly booked inmates with mental or behavioral health issues? What barriers are there to early recognition and prompt treatment? Most such inmates are already known to local service providers, what can we do to assure corrections staff has timely access to those providers and their records?
- 2) In 2015 Multnomah County sent 48 misdemeanor defendants to OSH to treat until fit. Added together, they spent over 4,000 days at OSH and cost just under three million dollars. Our subcommittee should undertake an assessment of those 48 individuals by asking each local agency or program in the criminal justice/mental health complex to determine what, if any, contact they had with each of these individual and what they did or might have done to resolve the individual's situation without a referral to OSH. For at least some of these individuals, they and the community might have been better served by an alternative to OSH.

There was discussion around information sharing.

Forensic Diversion's Katie Lentz and Michelle Campbell: There is more communication in jail. There is a weekly meeting. Notifications come sooner since new statute. People are not willing to take medication or do treatment. Sometimes Defense Attorneys are not able to talk to clients.

Nancy Griffith: Defense Attorneys are notified if they are not responding. Could notify attorneys by dorm. Katie Burgard said they do track reaching out

to attorneys, forensic diversion etc., and could have that for the next meeting. Corrections health has access to health records and prescriptions but it is only connected to hospitals and not to providers. Michelle mentioned a previous list of who is jailed on the mental health floors that went out to mental health treatment providers. We must call provider because county records include eligibility for Medicaid, previous treatment, but no access or portals to providers' systems.

David Hidalgo: We could reach out to the three major providers (Cascadia, Lifeworks, Central City Concern) to ensure there is a process set up for a period of time with designated staff.

Lindsay Stover: We should investigate models like San Francisco's Safety Net Provider Network, which created an MOU so information can be shared among jail, providers, etc.

Judge Albrecht: Under HIPPA, a court order with a protective order can accomplish something.

Jeff Howes: looking at the 7 people at OSH as of March 1st, police knew they are in mental health crisis during arrest. If the charge is there, DA must issue the case because there are not good alternatives. DAs don't know if they were at OSH for evaluation or treat-until-fit.

Judge Frantz to Jean, Nancy, Michelle, and Katie: It would be helpful to know available resources. Then the case can be made to legislators that funding is needed.

David Hidalgo: some money from SAMHSA has been used to supplement the rate. Addictions residential treatment is not going to expand due to federal legislation to limit to 16 beds. Mental Health residential treatment regularly operates at 93% capacity. Need to create more STP beds. Need one for women. There isn't a dedicated Forensic Diversion residential home. We need more advocacy for/to other counties to have their own beds. Tap in to Aging & Disabilities more to get folks into other systems.