

MULTNOMAH COUNTY

FY 2025 Budget Work Session Follow Up

Corrections Health

May 16, 2024



Commissioner Meieran (District 1)

1. How much are we currently spending on anti-psychotic medications?

Response

FY 2022 = \$402,113

FY 2023 = \$441,059

FY 2024 = \$332,459 (thru March 2024)

2. Please provide the FY 2025 budget and an explanation of how the estimates were calculated for outside medical services (contracted services). Include any data/trends/information that informed your budget estimate. Please provide historical information on actual spending in previous fiscal years.

Response

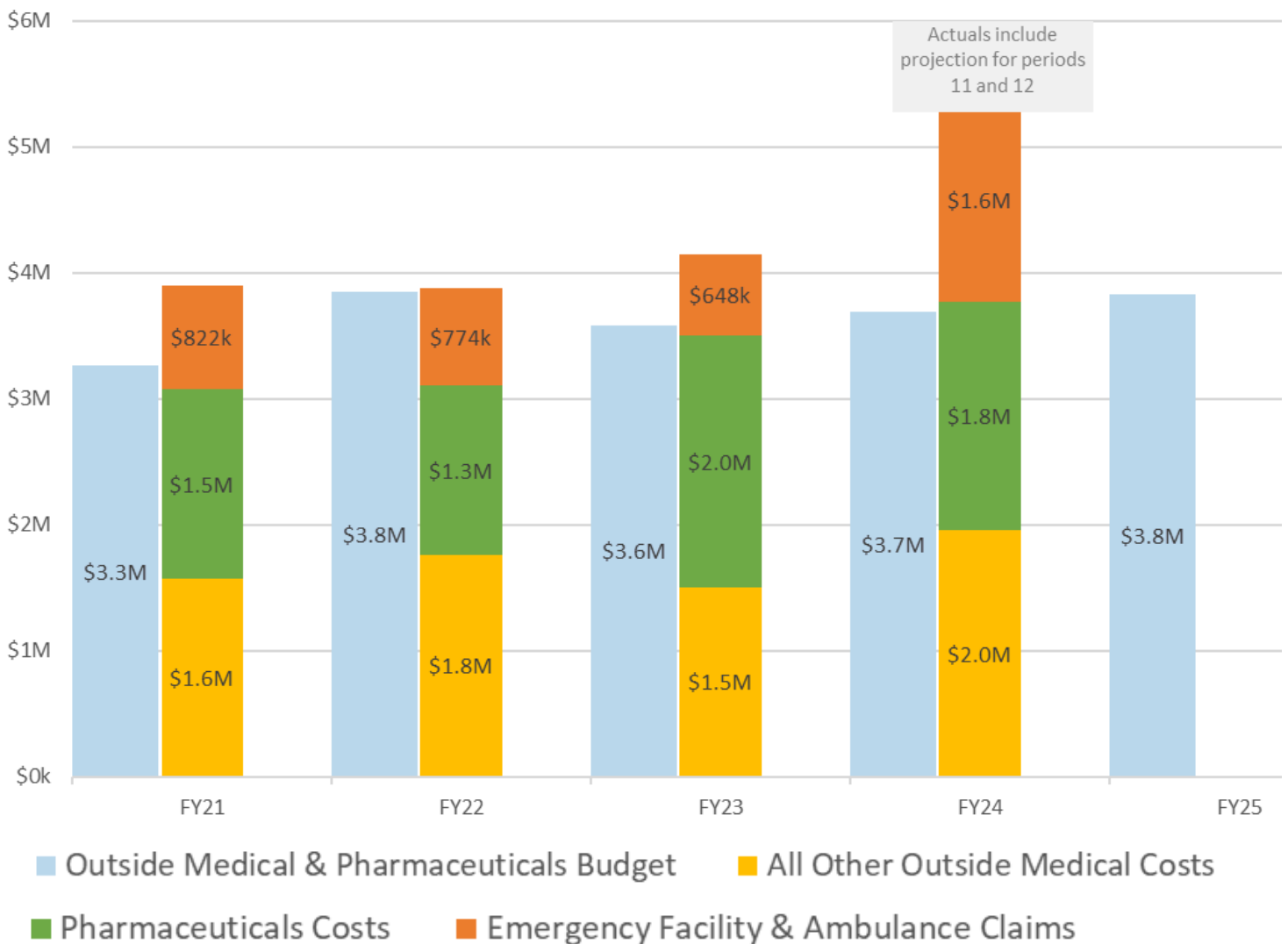
For FY 2025 the Health Department Director directed that Corrections Health should submit a current service levels and not make any reductions.

The CH outside medical budget is based on a 5 year analysis. Note, these charges can be highly unpredictable because we can not control or predict who will be admitted to the jails, what medical conditions they have and whether they will require highly expensive medical interventions. In FY 2025

outside medical services were adjusted for inflation, but nothing was added. The chart below compares the actual spending on outside medical, ambulance and pharmaceutical costs to the budget from FY 2021-FY 2024 and shows the proposed budget for FY 2025.

IMPORTANT: blue bars = the total BUDGETED and the yellow, green and orange stacked bars = ACTUALS SPENT by category

Outside Medical & Pharmaceuticals Budget and Actuals



Commissioner Stegmann (District 4)

3. Who determines the policies for Suicide Watch standards (Sheriff, Corrections Health, combination)? What are the best practices in this area?

Response

Multnomah County Sheriffs Office (MCSO) maintains separate policies and procedures on implementing suicide watch precautions with our adults in custody, but clinical guidance and the structure of our suicide watch process is directly informed by corrections health and the NCCHC standards.

The Corrections Health Leadership team approves our Suicide Watch Policy annually as a multi-disciplinary team. The standards for suicide watch are modeled directly from those enforced by our credentialing body, the National Commission on Corrections Health care (NCCHC). Outside of direct guidance from these standards, Corrections Health Leadership relies on evidence-based, best practice standards that exist in the field. For instance, the Columbia-Suicide Severity Rating Scale (C-SSRS) is a tool that was added to our process in July, 2023 prior to the National Institute of Corrections (NIC) audit, as the need for a standardized tool was determined by leadership.

Best practice includes-but is not limited to- a process for identifying clients who are suicidal, a way to limit available means, opportunity and ability for the client to harm themselves, a structure to provide additional monitoring of clients including the potential for constant observation, and the provision of clinically indicated assessment, intervention,

safety planning and care coordination for clients while they are on suicide watch status. The level of a client's suicide watch status, including the frequency of observation, is reduced only by qualified mental health staff. Mental Health services are provided following removal from suicide watch by qualified mental health staff ongoing at regular intervals based on the individual client's needs. Tools such as reviewing evidence-based literature, conducting psychological autopsies, performing root cause analysis, and referencing other data ongoing helps to continuously inform opportunities to improve or modify how we provide service to Adults in Custody who may be suicidal.

4. Please confirm that any youth (please provide the definition) who is tried as an adult is housed in a juvenile detention facility.

Response

Per [Statute](#):

“Youth means a person under 18 years of age who is alleged to have committed an act that is a violation, or, if done by an adult would constitute a violation, of a law or ordinance of the United States or a state, county or city.”

16-year-olds waiting for trial on a homicide will be held in juvenile detention. An 18-year-old arrested on a juvenile crime can be held in detention as well.