

Multnomah County
FY 2027 Budget Work Session Follow Up

**Health Department -
Corrections Health**



May 6, 2026

Commissioner Singleton (**District 2**)

What do the case managers in the Transition Services program do? We want to understand how other department partners can think about collaboration.

Response:

Corrections Health Transition Planners (job profile of Clinical Support Specialists) work with people in custody who are housed in the mental health, medical, disciplinary, and close custody dorms.

Transition Planners (TPs) primarily **serve as a liaison** keeping Adults in Custody (AICs) connected to community services. A good portion of the AICs with a mental illness have existing supports in the community. All too often, these supports are discontinued while they are in custody because of the inability to communicate with people in custody. Transition Planners work to bridge that gap and preserve the connections to a variety of case managers and programs, housing facilities, parole officers, and attorneys, etc.

They also provide other services:

- TPs **facilitate referrals** including getting release of information forms signed, assisting clients in completing applications, or providing documentation in support of referrals.

- TPs **assess client needs** to determine what additional supports are necessary and provide connection when appropriate.
- TPs are well versed in the legal process as well as MCSO processes. They **help people in custody navigate the aid and assist process and mental health court**. TPs are **experienced in working with folks with a severe and persistent mental illness (SPMI) and work to educate and advocate** for clients while in these processes. This may mean providing advocacy within the jail system, the Oregon State Hospital system, and the community restoration process.
- TPs collaborate with the courts to **provide crucial information** as identified by the court team.
- Frequently, AICs are released to the TSP team for **transport to their treatment and/or housing facility**.
- TPs **provide in-person, warm hand-offs** to community support when appropriate.
- TPs call in medications and pick them up to **ensure folks have the medications they require** upon their release from custody.
- MCSO corrections counselors regularly submit referrals to TSP for **basic clothing, hygiene needs, medication call-in and pick up, and OHP eligibility screening**. MCSO is unable to provide these services and relies on the Transition Services Program to meet these needs.

MCSO's corrections counselors do not provide transition planning in the mental health and medical dorms because MCSO counselors do not have access to the EPIC electronic health record platform.

Acute medical and mental health clients require more intense planning and coordination. This requires Corrections Health clinical support specialists with Epic access. It is unlikely that MCSO corrections counselors, or other community partners, can absorb

these functions due to the *clinical* nature of the need and *access to EPIC*.

Commissioner Singleton ▾ (District 2 ▾)

Are you able to use long-term injectables for some of the psychotropic medications?

Response:

Yes, Corrections Health uses long-term injectables. It is of utmost importance to our patients that we are able to provide them the community standard of psychiatric and addiction care. One of the tools that are available for patients with severe and persistent mental illness (SPMI) and opioid use disorder (OUD) are long-acting injectables (LAIs).

These medications are especially useful in this setting due to (1) Poor adherence to an oral regimen while in the facility, potentially leading to decompensation and (2) Risk of decompensation upon reentry to the community.

We are in the early stages of exploring community partnerships that may allow us to ensure access to these LAIs in creative manners.

Commissioner Moyer ▾ (District 1 ▾)

How many people decompensate after returning from the Oregon State Hospital (OSH)?

Response:

As of May 13th 2026, Corrections Health has a total of 79 Adults in Custody (AICs) currently placed at the state hospital under the ORS 161.370 Aid and Assist. Of those 79 AICs, 4 AICs have been ordered to return to OSH after decompensation. It is worth noting that not all individuals who decompensate after returning to the facility from

OSH will be directed to return by the court - many may be directed to release.

Corrections Health is developing a more robust data collection mechanism to determine the number of AICs who decompensate and require transfer back to the Oregon State Hospital.

Commissioner Moyer (District 1)

How do we handle Americans with Disabilities Act (ADA) accommodation requests for Adults in Custody (AICs)? What coordination is there between Corrections staff and Corrections Health staff?

Response:

Each facility has an ADA Coordinator. The ADA Coordinators receive service request forms (known as a KITE) and determine whether an accommodation can or will be granted based on the needs of the AIC.

MCSO handles all non-medical accommodation requests. However, when it is medical in nature, Corrections Health is included in the assessment and implementation of the request (should it be determined the accommodation is a reasonable one). These accommodations may include durable medical equipment (DME), ADA compliant housing (such as a lower lavatory), or other accommodations. After a request, a provider will evaluate the AIC for the need for a physical ADA accommodation, in much the same way as a provider in the community would. We are currently working with our contracted physical therapy provider to standardize our evaluations for these physical ADA accommodations to ensure we are consistently providing appropriate accommodations to AICs.

Commissioner Moyer (District 1)

What is the behavioral health training that’s standard for any staff working directly with Adults in Custody (AICs)? Is LEAP training part of it?

Response:

Corrections Health does not currently utilize LEAP. LEAP is an evidence-based communication program rather than an evidence-based clinician training. This is not something that is incorporated into required training for Behavioral Health staff. The concept of communication and awareness of their own mental illness are inherent parts of most counseling programs as are the other components included in this somewhat expensive training.

Following is the list of behavioral health training for Corrections Health staff working directly with AICs:

Behavioral Health Team Specific Training

(Monthly training at minimum one time per month from 1 hour to 8 hours)

C-SSRS Corrections Version
Initial Assessments
Safety Planning Interventions
Collaborative Assessment and Management of Suicidality-CAMS-Participant
Applied Suicide Intervention Skills Training (ASIST)-Participant
Applied Suicide Intervention Skills Training (ASIST)-Trainer (Optional)
SP201 Suicide Prevention

SP202 Suicide Prevention
OCALM
QPR-Participant
QPR-Trainer (optional)
Connect Postvention-Participant
Crisis Specialist Training-Participant (Optional)
Assessing and Managing Suicide Risk Inpatient-AMSR-Participant
Assessing and Managing Suicide Risk Inpatient-AMSR-Trainer (Optional)
Diagnosis and Using the DSM
Ethics in Corrections
Counselor Burnout and Wellness
Motivational Interviewing
Stanley Brown Safety Plan Intervention

Youth-Specific Training for Donald E. Long Behavioral Health Clinicians

Mental Health First Aid teen Participant
Mental Health First Aid teen Trainer (Optional)
Cams-4Teens
Integrating Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Racial Socialization for Traumatized Black Youth (Optional)

Culturally Specific Training, Available to all Behavioral Health Clinicians/Specific to KSA

Latine, Asian American, LGBTQI2S+
Black Culture
Integrating Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Racial Socialization for Traumatized Black Youth
Treating Mental Health in the Black Community
New Perspectives on Counseling Black Men
African American Men and Mental Health
Trauma-Focused Cognitive-Behavioral Therapy Who want to provide better, culturally-informed
Suicide in the Military

Commissioner Moyer (District 1)

To what degree does Corrections Health work with our Corrections officers to determine how much time outside of their cell an Adult in Custody has? Especially for units dedicated to people experiencing mental illness.

Response:

“Out of Cell Time” or “Walk Time” is defined as time when Adults in Custody are allowed out of their cells or off their bunks to participate in supervised activities. The amount of time provided is predominantly informed by the type of housing classification unit and deputy staffing levels. Housing status is reviewed regularly to ensure Adults in Custody are placed in the least restrictive environment while incarcerated. An AIC may be placed in restrictive housing based on disciplinary procedures, active suicide watch, or administrative segregation.

Corrections Health meets with MCSO as part of the multi-disciplinary team (MDT) meetings which helps inform classification. However, Corrections Health does not make determinations for Out of Cell Time.

Commissioner Moyer (District 1)

How many deaths in custody were individuals with a behavioral health-related issue?

Response:

Of the deaths in custody during 2025, 100% of them had a history of substance use disorder, and 20% had a history of anxiety and depression. None had a history of psychotic disorder or schizophrenia.

While some previous years' deaths in custody were related to behavioral health conditions and suicide, it has been multiple years since a completed suicide in the facility. This is due to work from our Suicide Prevention Coalition.

Regarding the demographics of those who died in custody: 40% identified as Black/African American, 40% identified as White, and 20% identified as Unknown racial identity while 20% identified as female and 80% identified as male. Their ages ranged from 30-55 years old.

Commissioner Brim Edwards (District 3)

What are the current retention levels of Corrections Health staff, based on broad categories of job profiles?

Response:

Current annual retention rate of Corrections Health staff, by broad categories of job profile, are as follows:

Retention	FY25	FY26
Advanced Practical Clinician	25%	83%
Community Health Nurse	93%	81%
Licensed Practical Nurse	50%	100%
Mental Health Consultant	69%	67%
Physician	100%	100%
Office Assistant Senior	70%	100%
Community Health Specialist 2	100%	80%
Management	75%	92%

Commissioner Brim Edwards (District 3)

When Adults in Custody (AICs) are released from custody, what sort of tracking occurs? Do we have data that shows if they transition to another area of care?

Response:

Only a subset of our population that enters and leaves jail facilities interacts with the Transition Services Program. In general, this includes patients with substance use disorder, complex medical needs, or other specific needs. Unfortunately, we cannot fully view the use of healthcare services even for this population once they re-enter the community.

Two exceptions include those that engage with our pathway to our Federally Qualified Health Centers (FQHCs). Corrections Health and ICS teamed up on a joint application for a Health Resources and Services Administration (HRSA) grant that aims to foster transitions to care for justice-involved populations into post-carceral clinical care. This grant was awarded/started on 12/1/24 and ends on 11/30/26. This data of care transitions is tracked.

The other exception is that Corrections Health staff can see clients who appear in Epic Care Everywhere when they are connecting to care at a facility that uses EPIC or within our shared version of OCHIN Epic. We are exploring a relationship with Health Share of Oregon in order to view community utilization of healthcare services at a population level for those that do engage with our TSP program.

We currently have no way of tracking those who do not engage with TSP.

Commissioner Brim Edwards (District 3)

Do you track the condition of the health of people who are in custody?

Response:

Our medical team performs an intake for everyone after booking and then has 14 days from when someone is booked into our facility, in which to provide a History and Physical Exam (H&P). This exam includes vitals, height and weight measurements, questions about the person's medical background and history, and includes a screening for tuberculosis.

Also during their custody, an AIC is allowed to submit a Medical Request Form (MRF) to our clinic staff in which they can request certain medical services as well as a review of any current medications. If someone is in custody for more than 1 year, another H&P may be required.

Additionally, our clinical staff document the medical progress of each AIC/Youth in Custody (YIC) in their patient record/electronic health record system. This serves as an active account of the patient's health progression and outcomes, while they are in custody. In addition, Corrections Health mines Epic and other data to

evaluate our response time, access to care, evaluation of outside medical care, clinical efficacy of pharmaceuticals, and other indicators of that our care is as safe, timely, equitable, effective, efficient, and patient-centered as possible.

Commissioner Jones-Dixon (**District 4**)

What are the Transition Services mapping results?

Response:

The Corrections Health Division is not aware of any mapping results that the TSP program has completed, nor is MCSO. This may be work being done by partner organizations in the community for post-release support.