

LPSCC Progress Report: 2015 Mental Health and Public Safety Policy and Practice Recommendations

Our public safety and behavioral health systems are expensive. Often, clients with acute needs chronically cycle through our systems without reaching health and recovery. In order to better plan for the future to slow this cycling, in 2014 and 2015, the Local Public Safety Coordinating Council facilitated two processes to better understand the gaps in our public safety system to better help individuals with mental illness:

1. A series of facilitated meetings with over 30 County and partner agency operations and policy level staff met to discuss the gaps in the mental health and criminal justice systems and develop priorities. The purpose of the meeting was to align and prepare Multnomah County and community partners for future mental health system enhancement. The focus of the meetings was individuals and inmates with mental illness who exhibit antisocial, violent behaviors.
2. The Mental Health Jail Diversion Feasibility Assessment, conducted by consultant Lore Joplin

In addition, some recent grants may help address some of the gaps. In the table below, the recommendations developed are organized by topic. Any work already started on the recommendations is described. The Information Source indicates the source of the recommendation (MHJD: Mental Health Jail Diversion study, PM: Prioritization Meetings, Grant: current grants).

Topic	Status	Details	Contact	Action needed	Info Source*
Coordination and Information Sharing					
Information Sharing	In process	Nancy Griffith, of Corrections Health, has been working with internal and external partners to assess current obstacles and areas for improvement. Quality information sharing will improve the system's ability to conduct quality data collection and analysis.	Nancy Griffith, 503-988-5821	Target completion date	MHJD, PM
Improve Coordination	Not started	Review models that are referenced in the jail diversion study. Potential with existing behavioral	Possible: LPSCC	Impacted departments and	MHJD

		health system coordination meetings -- certain stakeholders need to be added to the current meetings that are taking place.	MH/PS Subcommittee	partners should identify how to better coordinate across systems.	
Identify defendants with mental illness at booking and engage while in jail	In process	The Department of Community Justice and Corrections Health are working together to identify a point in time during the booking process in jail to administer the Brief Jail Mental Health Screening.	Nancy Griffith, 503-988-5821	Plan to implement the screening is needed.	MHJD
Racial and Ethnic Disparities					
Explore racial disparities in the detention of people who have mental illness	In process	Area of focus with the Safety and Justice Challenge	Abbey Stamp, 503-988-5777	MacArthur SJC Grant focus.	MHJD, SJC Grant
Evaluate availability of culturally specific services	In process	MHASD has worked to expand, but more availability is needed. Work with mainstream providers to be more culturally responsive. Equity work via DCHS's SAMHSA grant may help. MCSO offers support and services for LGBTQ inmates and is a national leader. MCSO policies ensure transgender inmates are treated as the gender of their choice. MCSO continues to enhance training of corrections officers to ensure cultural responsiveness to this population.	David Hidalgo, 503-988-3076	Service expansion, additions needed.	MHJD, Grant (SAMHSA)
Treatment					

gaps					
24-hour crisis drop off	Not started	Once open, the Psychiatric Emergency Service may fill some of this gap. Urgent Walk-in Clinic services help, but do not directly address this need.		As other services launch, identify what gaps remain.	MHJD, PM
Psychiatric Emergency Services	In process	Due to open November, 2016.		County working closely with Legacy Health Systems.	PM
Treatment for co-occurring disorders (residential and outpatient, especially residential for women)	In process	<ul style="list-style-type: none"> • DCJ has been working to develop some co-occurring disorder treatment bed capacity through one of its providers. • DCJ is also applying for a Bureau of Justice Administration grant that focuses on treatment for individuals (primarily women) with co-occurring disorders. The grant will also develop some treatment readiness groups within the jail facilitated by MCSO. • MCSO/CH will apply for a BJA grant that identifies clients who need treatment readiness before release from jail to successfully engage in community treatment. • MHASD has expanded intensive case management evidence based Integrated Dual Diagnosis (co-occurring) programs. Assertive Community Treatment Teams also have capacity. • The County has expanded the use of a housing first co-occurring disorders program to accept consumers with high addiction and MH needs. • MHASD is working with contracted A/D residential providers to create an optional co-occurring disorder track in their programs. 	<p>Ginger Martin, 503-988-6647</p> <p>David Hidalgo, 503-988-3076</p> <p>Nancy Griffith, 503-988-5821</p>	Identify what additional treatment is needed.	MHJD, PM grant

More services for clients with high acuity, but not hospitalization	Not started	There is a missing level of care for clients with high acuity and need, but do not meet the high level of acuity needed for hospitalization. Yet, a lower level of care is insufficient.		Identify how to move this concept forward.	PM
Supportive service gaps					
Outreach and engagement/w arm handoff and navigation	In process	Outreach and engagement activities are built into high needs mental health, such as Assertive Community Treatment and Intensive Case Management. Due to changes via healthcare transformation, providers should be able to move from providing office-based services to more robust community based engagement.	David Hidalgo, 503-988-3076	Develop an action plan to enhance	MHJD, PM
Housing for forensic clients will mental illness	Not started	Targeted, supported housing needed for this challenging population. DCJ and DCHS have partnered to open up a 16 bed facility that houses clients coming from jail and Hooper Detox. This is a transitional placement for up to 90 days, with the hope that long term housing can be found in 30 days. The house is on 5th and Glisan. Central City Concern will be providing the in-house support and treatment.	Ginger Martin, 503-988-6647 David Hidalgo, 503-988-3076	Develop an action plan	MHJD
Community-based, not office-based, services	Not started	Some community-based agencies can provide non-office based services, based on contract language. Due to changes via healthcare transformation, providers should be able to move from providing office-based services to more robust community based engagement.	David Hidalgo, 503-988-3076	Develop an action plan	PM
Drop-in resource	Not started	This is envisioned as a pro-social drop-in center, where people could have a meal and receive		Identify how to move this concept	PM

center		services.		forward.	
Access to care					
Centralized assessment and triage service	Not started	Envisioned as a centralized phone number for all triage needs (like the old Target Cities project)		Identify how to move this concept forward.	PM
Better access from Emergency Department (ED) to alcohol/drug treatment	In process	MHASD has a project moving forward that pairs addictions treatment providers with EDs for referral into addictions treatment services.	David Hidalgo, 503-988-3076		PM
Flexible levels of care	Not started	Intensive Case Management has more flexible criteria and a new level of care system was just implemented across the region under Health Share by the three counties. Based on fluctuating behavior, clients qualify for different levels of care on different days.		Identify how to move this concept forward.	PM
Jail Costs					
Analyze actual cost of housing people with mental illness in jail	Not started	Possible work via Safety and Justice Challenge (Macarthur Grant).	Abbey Stamp, 503-988-5777		MHJD, SJC Grant

*Grant: Potential or existing grant

*MHJD: Recommendation of the Mental Health Jail Diversion Feasibility Study

*PP: Recommendation from the prioritization meetings held in 2014