Multnomah County Feasibility Assessment

Mental Health Jail Diversion Project

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Recommendations: The following recommendations for improving the current mental health jail diversion system are based on information collected specifically for this report, with the input of local stakeholders.

Recommendation A: ***Implement high-priority enhancement opportunities identified by stakeholders.*** Local stakeholders met in January 2015 to review information collected for this report and to prioritize potential system enhancements that emerged from the stakeholder interviews. The following system enhancements rose to the top:

A1. ***Improve information sharing (including confidentiality restrictions).*** This issue concerns the challenge of appropriately sharing medical, mental health, substance abuse, treatment status, and criminal justice data on individuals so that their treatment needs can be understood, given current confidentiality restrictions (e.g., the Health Insurance Portability and Accountability Act, or HIPAA) and certain procedural challenges. A first step in addressing this issue would be to identify inconsistent interpretations of HIPAA across county departments. Stakeholders were mindful of the need to continue respecting clients' civil rights when addressing this issue.

A2. ***Coordinate better across systems***. Stakeholders at the prioritization meeting saw value in developing a forum or structure that could provide overall, highlevel coordination of the local mental health system (including jail diversion), to improve service and make better use of available funding. Providing this function is beyond the scope of the Local Public Safety Coordinating Committee (LPSCC) Mental Health Subcommittee. Other jurisdictions, such as Miami-Dade, Florida, and Montgomery County, Maryland, could serve as models for overall system coordination.

A3. ***Identify defendants with mental illness at booking and engage them while in jail*****.** Unless defendants have a serious mental illness and are presenting symptoms at booking, they can end up in the general population, not be identified as having mental illness, and not be prioritized for diversion/reentry planning and connection with services. Options for implementing this recommendation include using the Brief Jail Mental Health Screen to flag individuals for further mental health assessment as they come in the door, and having someone in the jail who facilitates connections between detainees and service providers. Additionally, getting inmates started with treatment while they are incarcerated would prepare them to enter treatment in the community.

Recommendation B: *Collect and analyze data to better understand the actual costs of housing people with mental illness in the jail*. Although estimates exist of typical jail costs and the cost (and cost-benefit ratios) for various types of mental health interventions in other jurisdictions, a full local cost analysis is needed. Such an analysis should be based on data that were not available for this report—i.e., current, reliable data on the cost of housing people with mental illness in Multnomah County jails and specific costs related to the county's contracted mental health services.

Recommendation C: *Explore apparent racial disparities in the detention of people who have mental illness*. A striking finding from the data collection portion of this project is the significant overrepresentation of black detainees among the target population (40 percent compared to 19.7 percent of all bookings during the data period). The reasons for this disparity should be explored.

Recommendation D: *Evaluate the availability of culturally specific services*. Interviewees cited a need for additional culturally specific services for racial and ethnic minorities and LGBT (lesbian, gay, bisexual, and transgender) individuals. About 10.5 percent of the county's contracted mental health services currently are directed toward racial or ethnic minorities, but few of these programs focus on forensic clients, and none appear to be designed for LGBT offenders. Especially given the overrepresentation of black detainees in the target population for this report, it would be helpful to understand the current level of need for additional culturally specific services.

Recommendation E: *Fill prominent system gaps*. Interviewees identified the need for greater capacity across the continuum of care, but certain gaps in service were particularly pronounced:

- 24-hour crisis drop-off center. When an individual experiencing a mental health crisis has committed a low-level crime, there are few places law enforcement officers can take that person where he or she will be admitted for treatment. Often, because of the wait times involved for officers, the individual is taken to jail rather than the hospital emergency room. A 24-hour crisis drop-off center could help address this situation, especially if the drop-off center were designed to connect clients to treatment.
- Dual-diagnosis treatment. People in jail who have mental illness often also have substance abuse disorders, yet few local programs are designed to treat both diagnoses and/or have adequate numbers of dually certified clinicians.
- Residential dual-diagnosis treatment for women. The lack of these services has resulted in frequent treatment failures among the female caseloads.
- Outreach and engagement. Outreach and engagement to people with mental illness require special skills and approaches, but these activities lack support under current funding models, which emphasize reimbursement for enrolled clients who are actively participating in treatment.
- Adequate supplies of appropriate housing. Many people with mental illness who are transitioning out of jail require non-transitional housing (e.g., affordable, supportive, and low- or no-barrier housing), which is in short supply in Portland's tight housing market.