

- Increasing the number of individuals served with Jail Diversion Services; and,
- Reducing the number of individuals enrolled in mental health services with law enforcement involvement.

Scope of services includes pre and post booking interventions including:

Pre-Booking Diversion Outreach Services: Services provided to individuals that are justice-involved and homeless. These services include street outreach, screening and diagnostic services, community mental health services, alcohol and drug treatment services, staff training, case management services, supportive and supervisory services in residential settings; referrals to primary health services, job training, educational services, and other relevant housing services.

Forensic Peer Support Specialist – Criminal Justice Liaison Services: Services provided by individuals that have completed an AMH Peer Support Specialist training and participate in selected jail diversion services.

Jail In-Reach Services: Services provided to individuals incarcerated in local jails in order to assist in the arrangement of community based services and facilitate the rapid release of a person to the community.

Forensic Intensive Case Manager Services: Services include linking persons with a serious mental illness who have been arrested, incarcerated or on probation to community mental health services and other community services.

Multnomah County Health Department Corrections Health, in partnership with the Department of County Human Services intends to submit an application to support 1) Forensic case manager services in jail booking, provided by Mental Health Consultants in Corrections Health and 2) Jail in-reach services provided by case managers in the DCHS Forensic Diversion program and 3) Community-based Diversion Outreach Services provided by Cascadia Behavioral HealthCare

3. Explain the fiscal impact (current year and ongoing).

Funding availability is not specified. Initial contracts are for an 18-month period.

4. Explain any legal and/or policy issues involved.

There are no legal or policy issues involved.

5. Explain any citizen and/or other government participation that has or will take place.

Multnomah County is in discussion with community partners, including community mental health and the Portland Police Bureau, to design the intervention/get buy-in.

Grant Application/Notice of Intent

If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**

The granting agency is the Oregon Health Authority.

- **Specify grant (matching, reporting and other) requirements and goals.**
No matching is required. Written quarterly reports are required. Goals of the project are to: 1) Increase the number of individuals served with Jail Diversion Services; and, 2) Reduce the number of individuals enrolled in mental health services with law enforcement involvement.
- **Explain grant funding detail – is this a one time only or long term commitment?**
The initial contract period is 18 months, from January 1, 2014- June 30th 2015. On-going funding depends on the availability of funds.
- **What are the estimated filing timelines?**
The grant is due on December 2nd. If the Board does not approve this notice of intent then Multnomah County Health Department will immediately withdraw its application.
- **If a grant, what period does the grant cover?**
January 1, 2014- June 30th, 2015
- **When the grant expires, what are funding plans?**
After the grant expires, we will seek to renew if funding is available or apply for funds from another source.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
All internal services costs will be covered with this funding.

Required Signatures

**Elected Official
or Department/
Agency Director:**

KaRin Johnson for Lillian Shirley /s/ **Date:** 11/12/13

Budget Analyst: Althea Gregory /s/ **Date:** 11/20/13

Note: Please submit electronically. We are no longer using actual signatures. Insert names of your approvers followed by /s/. Please insert date approved