



Multnomah County Mental Health Pilot Program

The Intersection of Community Justice, Mental Health and Addictions, and Corrections Health

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Context

- Current efforts around jail diversion do not meet needs
- Identified gaps:
 - Supportive Housing
 - Engagement and Recovery Support



- Corrections Health - Mental Health Support and Assessment
- Assessment & Treatment Center (CATC) – Behavioral Health Triage for Adults
- Department of Community Justice - Supportive Housing



Corrections Health - Mental Health Support and Assessment

Current Resources

- Six full time Mental Health Consultants
- One Mental Health Consultant for many evening shifts
- One Mental Health Consultant for week-ends

New Resources

- Eleven Mental Health Consultants
- Four MHCs Monday - Friday
- Two-four MHCs 7 days / week mid or evening shift
- Graveyard Coverage 7 days / week



Suicide Watch

- Reduce time before new Suicide Watch is seen by Mental Health Consultant. Each new watch will be seen on the shift it was initiated.

This should minimize false positives impacting MCSO staffing on the next shift.

- Clients will be seen on Suicide Watch on consecutive shifts to minimize the length of time on watch.
- The ability to intervene more intensely with those clients who need to stay on watch to assist them in developing coping skills leading to transition off watch.



System Improvements

- High number of clients who go on Active Suicide Watch will be off watch before the end of that shift resulting in less MCSO staffing requirements.
- Responsiveness to mentally ill clients in the jail will greatly increase.
- Clients on a release hold will no longer have to stay until the morning to see the Judge for an arraignment.
- More staff to respond in the moment to work on de-escalating self harm situations



Limitations

- Will not address the misuse of Suicide Watch by clients who for whatever reason use watch as a way to manipulate the system.
- More Mental Health Consultants will not prevent clients from committing acts of self harm. Self harm acts lead to the majority of Constant Suicide Watches. This is currently the only system we have in place to monitor these clients.



Tracking Data

- *Not all clients on Suicide Watch are mentally ill. Suicide happens at a rate 3xs higher in a jail than in a community setting. Oftentimes, clients who are at greater risk of suicide are those clients who are organized enough to carry out a plan.*



Assessment & Treatment Center (CATC) – Behavioral Health Triage for Adults



CATC Triage

- Operated by Telecare 16 hours / day
- 10 pm – 2 pm 7 days / week
- Estimated 15 – 30 individuals referred weekly



CATC Triage – Client Profile

Individuals in mental health crisis in the community who might otherwise be brought to a hospital ED, admitted to a psychiatric inpatient unit, or arrested for minor legal infraction.



CATC Triage

- Appropriate level of crisis treatment services required for stabilization.
- Availability of space in the identified crisis service.

If individual does not meet CATC admission criteria, staff will recommend and assist in the placement at the appropriate level of care.



Department of Community Justice - Supportive Housing



Client profile –

people on supervision with DCJ who have mental illness and are experiencing continuing law enforcement contact and /or incarceration

Goals -

- Provide housing wrapped with comprehensive services
- Reduce jail bed use by reducing periods of community instability



Services include:

- 24 hour staffing
- behavioral health assessment and treatment planning
- medical assessment
- medication prescribing and monitoring
- case management and care coordination
- groups skills training coordination with DCJ mentally ill offender unit
- permanent housing placement services
- connections to benefit programs
- refer and coordinate access to local addiction treatment and / or primary health care



Procurement Process – Update

- 5 beds will become available this fall
- 2 additional beds will become available in December
- Still looking for additional capacity



Questions?