

## **Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System in Multnomah County**

*Draft Summary, August 2010*

The Mental Health/Public Safety Subcommittee of the Local Public Safety Coordinating Council (LPSCC) and multiple other stakeholders in Multnomah County requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops to provide assistance with:

- Creation of a map indicating points of interface among all relevant Multnomah systems
- Identification of resources, gaps, and barriers in the existing systems
- Development of a strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system

The participants in the workshops included forty-two individuals representing multiple stakeholder systems including mental health, substance abuse treatment, human services, corrections, advocates, family members, consumers, law enforcement, and the courts.

The final report will include:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A sequential intercept map as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Multnomah County achieve its goals

### **Top Priorities:**

- Address communication/information sharing issues
- Non-crisis Release of Information forms that are proactive
- Better linkage between mental health and the jail
- Identify boundary spanners for each represented entity that can carry this work forward
- Can act as cross-system trainers
- Develop a true diversion from jail or before jail
- Develop the possibility of a different response to the low level criminal charges typically found with this population
- Address prevention

### **Secondary Priorities:**

- Develop more flexible housing options
- Expand capacity of MH Court by broadening the door
- Develop Crisis Assessment and Triage Center for police to drop people off
  - ⇒ Healing environment
  - ⇒ Staff willing to accept broad range of behaviors
- Include Forensic Peer Support
- Address female offenders with specialized services/treatment
- Prioritize new Intensive Case Management for this population
- Develop a community involvement group that takes advantage of citizen interest and energy
- Expand CIT training to other partners such as 911, jail staff, etc.
- Develop cross system training
- Develop active understanding and engagement from County Commissioners

## Recommendations

The recommendations offered below are based on information received prior to or during the workshops and can be used to build on recent accomplishments to enhance cross-system collaboration and the current service delivery system. Please note that some of these recommendations may be changed in the final report.

### *Cross-Intercepts*

- At all stages of the Sequential Intercept Model, data should be developed to document the involvement of people with severe mental illness and often co-occurring substance use disorders involved in the Multnomah County criminal justice system.
- Expand forensic peer counseling, support, and specialists to promote recovery.
- Continue interaction with family members who have shown interest in collaborating to improve the continuum of criminal justice/behavioral health services.
- Review screening and assessment procedures for mental illness, substance abuse, and co-occurring disorders across the intercepts.
- Address fragmentation and breaks in continuity of care; focus on improving current linkages and continuity of care to break the cycle of repeated admissions and high use of crisis/emergency services.
- Identify frequent users, a group that tends to cycle repeatedly through the mental health, substance abuse, and criminal justice systems without long-term improvement.
- Increase information sharing to enhance rapid identification of current mental illness and history of services so diversion can be immediately initiated.
- Establish formal collaboration with the Department of Veterans Affairs by including a VA representative in local planning groups.

### *Intercept 1: Law Enforcement and Emergency Services*

- Improve coordination with law enforcement and develop crisis stabilization bed capacity.

### *Intercept 2: Initial Detention and Initial Hearings*

- Develop Intercept II diversion options.

### *Intercept 4: Re-entry*

- Carefully coordinate the resources offered by the jail's mental health staff, MCSO, community providers, probation, and others.
- Explore ways to enhance the "bridge medication" when a person reenters the community from the jail so there is not a lapse in treatment.
- Build on current work to systematically develop "in-reach" efforts into the jail to identify those with severe mental illness and often co-occurring disorders in order to facilitate continuity of care and alternatives to incarceration.
- Systemically expedite access to Medical Assistance, Social Security, and other benefits to facilitate successful reentry to the community.
- Explore methods to help people obtain birth certificates or other needed identification.

### *Intercept 5: Community Corrections and Community Support*

- Consider the growing empirical research on which community corrections strategies, including specialized caseloads, improve criminal recidivism outcomes for people with mental illness under community corrections supervision.
- Expand supportive employment options.
- Explore expansion of housing options for people with mental illness involved with the criminal justice system.
- Explore collaboration and coordination with the faith-based community, especially in the areas of reentry, housing, transportation, and community support.