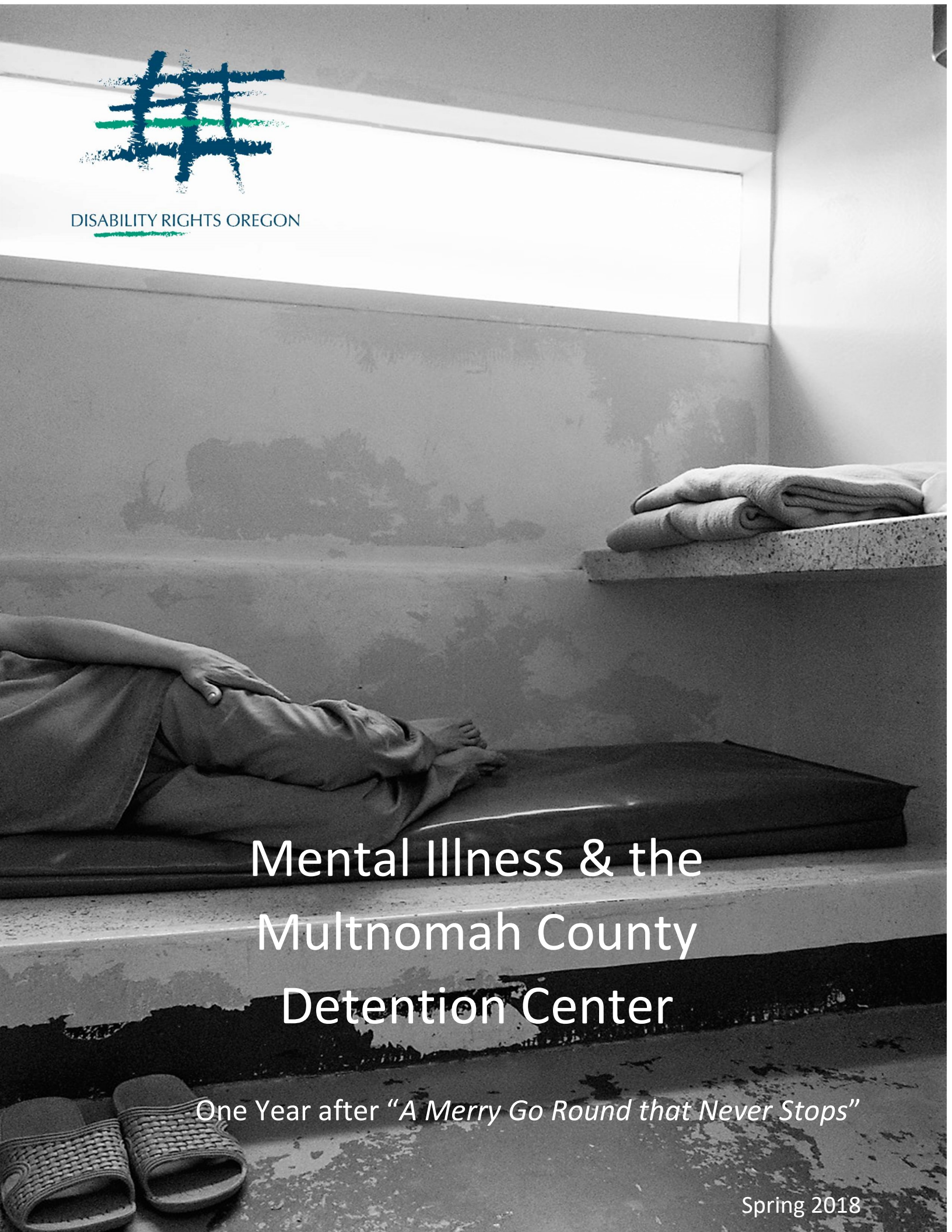


DISABILITY RIGHTS OREGON



# Mental Illness & the Multnomah County Detention Center

One Year after *“A Merry Go Round that Never Stops”*

Spring 2018

## INTRODUCTION

Every year, roughly 35,000 men and women come through the doors of the Multnomah County jail's central booking facility. Somewhere between 32 to 80 percent of inmates who temporarily live in the county's jail experience mental illness.<sup>1</sup>

For an individual with mental illness, jail is the worst place in the world to be.

Early in 2017, Disability Rights Oregon released an investigative report that looked at conditions of confinement for individuals with mental health conditions at the Multnomah County Detention Center (MCDC). The jail, situated among office buildings in downtown Portland's business district, is largely invisible to the public eye. We relied on our federally-granted access authority as Oregon's Protection and Advocacy system to investigate and shine a light on its conditions.

---

People experiencing mental health symptoms were routinely placed in "lock-down" units and held in solitary confinement.

---

What we found was sobering. Many individuals with mental illness experienced significant physical and mental harm. People suffered physical injuries from the use of force, and received delayed medical treatment. People experiencing mental health symptoms were routinely placed in "lock-down" units and held in solitary confinement. People became visibly emaciated after months of refusing food due to delusional fears. Visits with nurses or mental health staff occurred by peering through the food port of the cell because inmates with active symptoms were deemed "too unstable" to come out to access healthcare, showers, fresh air, or human contact. This meant that those with the most serious conditions received the least care.

---

<sup>1</sup> Corrections Health identifies 32% of inmates as having a mental health concern. Other estimates have been higher. See, *Review of the Correctional Facilities within Multnomah County, OR*. Multnomah County Corrections Grand Jury 2016 Report, p. 9-10, (2016). Available at: <http://mcda.us/wp-content/uploads/2017/01/please-click-here.pdf>

In response to our report, *The Oregonian's* editorial board wrote, “*What's happened in the uppermost stories of this building in the heart of Portlandia is disgraceful and cannot continue.*”

In our 2017 report “*A Merry Go Round that Never Stops: Mental Illness in the Multnomah County Detention Center,*” we documented:

- Misguided reliance on incarceration rather than community-based supports and treatment
- In jail, people with mental illness were isolated, confined in their cells sometimes for days or weeks on end, and deprived of programming
- People spent prolonged periods in disciplinary segregation, sometimes as a result of mental-health related behavior
- There was very little regulation or oversight of use of restraints
- Staff lacked training or tools to deescalate crisis, and consequently responded with force
- Suicide watch consisted of harsh and counter-therapeutic conditions that were perceived as a punishment, not a treatment
- Some staff inflicted very serious injuries on mentally ill detainees, including shattered facial bones and shattered hip sockets, with little institutional interest in adequate investigations or staff accountability

## Larger Societal Forces

The larger forces at play in shaping conditions at the jail were undeniable. The jail was overwhelmed by an influx of people who needed behavioral healthcare, but couldn't find it in the community and the jail was woefully unprepared to meet their needs. As a result, these individuals endured treatment and conditions that were traumatizing, dangerous and even life-threatening, only to be discharged back to city streets without adequate supports, and often in worse condition. For people with mental illness, the criminal justice system is like a merry go round spinning out of control.<sup>2</sup>

---

“...the problems with our mental health care system stretch far beyond the walls of the jail.” — Sharon Meieran, Multnomah County Commissioner

---

In response to our report, Multnomah County Commissioner Sharon Meieran wrote, “... *the problems with our mental health care system stretch far beyond the walls of the jail.*” We agree with that assessment. Our original report raised this concern and, in this report, we look at the progress made in bringing about foundational improvements that are needed in social supports.

---

<sup>2</sup> The Chief of Police for Pendleton, Stuart Roberts, analogizes the criminal justice system for people with mental illness to a sickening merry go round that spins faster with each touch. Court dates, probation, and even specialty mental health or drug courts all present a complicated set of requirements, dates, and directives that share a common penalty: jail time. For a person who is not mentally equipped to meet these requirements, the justice system is a trap.

## MCDC was Ill-Equipped to Care for its Vast Numbers of People with Mental Health Conditions

The outsized role that MCDC plays in housing people with serious mental health concerns is evident in its size alone. The number of designated mental health beds at MCDC (122) surpasses the number of mental health beds available at the Unity Center for Behavioral Health (80 adult beds), the primary psychiatric hospital in Multnomah County that is specifically designed to care for people in mental health crisis.

Despite the high volume of people in custody with serious mental health concerns, at the time of our original report deputies in the jail received hardly any mental health or crisis intervention training. Hence, risk of self-harm by detainees was often addressed by strapping the individual into a restraint chair, sometimes for hours at a time, or stripping the person naked (aside from a suicide smock), and leaving him or her alone in a cell. Mental health crisis was considered as behavior that must be controlled, with force if necessary.

---

Despite the high volume of people in custody with serious mental health concerns, at the time of our original report deputies in the jail received hardly any mental health or crisis intervention training.

---

Within the jail, we spotlighted two main areas for improvement: use of lockdown instead of healthcare and violence—both routinized and rogue.

The Multnomah County Sheriff's Office and Multnomah County Corrections Health have welcomed community input, and have accepted a number of the recommendations made in our 2017 report.<sup>3</sup> This report describes the improvements that have occurred in the past year, and identifies areas that require further reforms.

---

<sup>3</sup> *The Oregonian* editorial, [Time to focus on mentally ill at Multnomah County Detention Center: editorial](#), March 5, 2017

8B04

8B05



## Snapshot: Multnomah County Jails

Multnomah County operates two adult jail facilities: the Multnomah County Detention Center (MCDC), and the Multnomah County Inverness Jail (Inverness). Male and female adults are housed at both the MCDC and Inverness. Inverness has the capacity to house 744 individuals, while MCDC, a ten-floor vertical maximum-security facility, can house 448 inmates.

The booking facility for both institutions is located within MCDC and processes roughly 35,000 individuals per year. In March 2018, the average daily jail population for both buildings combined was 1,097, which is 92% of capacity.<sup>4</sup> The jails are operated by the Multnomah County Sheriff's Office, and health services within the jails are provided by the Corrections Health Division of the Multnomah County Health Department.

MCDC holds all 122 of the Multnomah County jail system mental health beds. For that reason, our original investigative report focused on conditions at MCDC.

Many of the individuals held at MCDC have not been convicted of the alleged crimes that put them in jail. In a 2015 snapshot:

- 44% of the jail population was pretrial
- 28% of the jail population was probation/parole violators
- 15% of the jail population was being held on an outstanding warrant
- Only 8% of the jail population had been sentenced<sup>5</sup>

In Oregon, individuals sentenced to one year or less on a low-level offense spend their period of incarceration in a local jail rather than a state prison.

---

<sup>4</sup> *Monthly Jail Report—March 2018*, Multnomah County Sheriff's Office, p. 14, (2018). Available at: [https://www.mcso.us/site/pdf/jail\\_stats.pdf](https://www.mcso.us/site/pdf/jail_stats.pdf). Note that some percent of individuals who are booked at the jail are immediately released.

<sup>5</sup> *MacArthur Foundation Safety and Justice Challenge Grant Narrative*, Multnomah County Local Public Safety Coordinating Council, p. 2, (2015). Available at: <https://multco.us/lpsc/macarthur-safety-and-justice-challenge>

## PROGRESS IN THE PAST YEAR:

### A better environment for people with mental health conditions in the jail

Jail is inevitably a counter-therapeutic environment in which to attempt to provide mental health care. No amount of resources, training, or goodwill can transform a jail into an acceptable alternative to community-based, trauma-informed mental healthcare. However, changes underway at MCDC are making a significant impact in improving access to healthcare in the jail and ameliorating the lasting trauma that can result from violence or prolonged social and sensory deprivation. Human contact (socialization with other inmates, phone calls and visits, access to therapeutic groups and counseling), physical activity, fresh air, and adequate healthcare are all critically important to preventing individuals from mentally and physically deteriorating in jail.

#### Increased staffing, improvements to the physical space, more out-of-cell time

##### **INCREASE IN OUT-OF-CELL TIME AND IMPROVED DOCUMENTATION**

At the time of DRO's original report in 2017, people confined on mental health units were theoretically allotted between 15 minutes and two hours per day out of their cells. In reality, both staff and inmates reported to us that many acutely ill individuals did not leave their cells at all, sometimes for days or weeks on end. Records reviewed by DRO repeatedly noted that individuals were "too unstable to walk," meaning that staff refused to allow people out of their cells due to psychiatric symptoms. The longer they were confined, the worse their conditions became, and individuals were left without a means to end the cycle of isolation and crisis.

Now, people on these units are offered two daily opportunities to leave their cells for a minimum of two to four hours per day or 14 to 28 hours per week. Multnomah County's progress marks a significant improvement. Clinical staff report that better conditions and access to care have led to shorter stays in the more restrictive, high acuity units (such as the psychiatric infirmary). Most importantly, failure to provide the minimum required out-of-cell time requires documentation and a supervisor's approval.

Two to four hours per day out-of-cell (i.e., engaging in social contact, exercising, attending programming, showering, calling friends and family) remains insufficient to meet the needs of individuals with critical mental health concerns. Settlements across the country (and DRO's



agreement with the Oregon Department of Corrections) set an expectation of 20 hours per week out-of-cell.<sup>6</sup>

The progress described above is positive. Here's what to watch for going forward:

- Is the jail consistently maintaining records documenting out-of-cell time?
- Are records made available to detainees, their families, and their lawyers?
- How many exceptions to the required out-of-cell hours are allowed? Are the reasons legitimate?

### **INCREASED CORRECTIONS STAFFING**

The increased time out-of-cell has been facilitated in part by the addition of a deputy and a sergeant dedicated to the mental health units. These staff members provide the supervision necessary to ensure safety when inmates are in the common space. They also provide positive interaction for the individuals in the mental health units. Because these are specialized positions, MCSO was empowered to hire dedicated staff with a particular capacity and desire to work with people experiencing mental health symptoms, rather than filling positions through the customary rotation and seniority-based bidding process.

### **A MORE THERAPEUTIC ENVIRONMENT IN THE PSYCHIATRIC INFIRMARY**

Notable cosmetic changes have been made to the psychiatric infirmary, known as 4D. It was painted sea foam green, images of nature have been posted, and each cell has been outfitted with a chalkboard that patients can write or draw on. Soft furniture and carpet has been installed in the common area. A sound system was purchased and music can be played on the unit. These improvements were simple and cost-effective, and noticeably improve the environment in the psychiatric infirmary.

---

<sup>6</sup> See e.g., Memorandum of Agreement between the U.S. Department of Justice and Columbus, Georgia Regarding the Muscogee County Jail (2015), available at:

[https://www.justice.gov/sites/default/files/crt/legacy/2015/01/28/muscogee\\_moa\\_1-16-15.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2015/01/28/muscogee_moa_1-16-15.pdf)

## Improved access to clinical care

### Increased clinical staffing

Approximately one year ago, Corrections Health hired a full time psychiatrist dedicated to patients at MDCDC. The feedback we have received indicates that this position has made a meaningful difference in expanding access to psychiatric care in the jail.

### Doubled clinic hours, access to face-to-face clinical visits

Clinical staff report that access to their patients has greatly improved in the past year. In the past, deputies refused to open cell doors because they felt it would be unsafe to allow clinicians to visit face-to-face with patients. Communicating with patients required crouching to peer through a food port; it was difficult to hear or make eye contact.



Now, clinicians report that cell doors are regularly opened. MCSO staff are allowing clinicians to participate in assessing safety concerns, and are recognizing that increased access to mental health care helps to stabilize people who may be agitated, thereby promoting safety.

Even more critical is that patients no longer have to rely on cell front visits. The availability of the mental health deputy to escort inmates to and from the MCDC clinic allowed the clinic to double its open hours. MCDC is difficult and time-consuming to navigate; almost every trip to the clinic requires waiting for multiple doors and an elevator ride. Staff availability for escorts to the clinic has been critical to expanding access to medical care, including psychiatric care.

## Implementation of a brief mental health screening for all individuals booked

One of the challenges has been gathering good data regarding the mental health needs of people in jail. Estimates regarding the rate of mental illness in Multnomah County jails range from 32-80%. MCSO has increased staffing in order to provide a brief mental health screening for every individual who is booked in jail. The information generated will inform classification and services decisions for the individual in jail, and help make the case for diverting people with mental health concerns and low-level charges from the criminal justice system.

## Requests for healthcare are now free

Previously, detainees were required to pay \$10 in order to make a request for healthcare. Those requests are now free.

The progress described above is positive. Here's what to watch for going forward:

- Will positions for the mental health deputy and sergeant be funded in future years?
- Will detainees consistently access confidential, face-to-face appointments with clinicians?
- Will the district attorney, judges, criminal defense agencies, and advocates collaborate to use the information generated through mental health screenings at the jail to reduce justice system involvement?

## MCDC has strengthened corrections staff's ability to interact positively with inmates experiencing mental health symptoms

National experts advise that increasing out-of-cell time and opportunities for activity and programming create a healthier and less confrontational environment for both staff and detainees. However, it can be hard to convince frontline staff that increased interaction and freedom of movement will not simply create more opportunities for problems to arise. At MCDC, however, staff are beginning to see positive results as lockdown time is reduced. We hope staff support will create momentum for further improvements.

MCDC staff have reported to us that increased out-of-cell time allows detainees an opportunity to stretch their legs, socialize, decompress, and make phone calls, which has contributed to an overall reduction in agitation levels. When tensions do arise, initial data regarding use of

restraints, force, and discipline indicate that staff have more tools to de-escalate the situation without resorting to forceful or punitive interventions.

### Increased staff training

During April through September 2017, MCSO prioritized providing long-overdue training to equip jail deputies to interact positively with people experiencing mental illness:

- 419 students received 1.5 hours of Crisis Intervention Training
- 419 students received 2 hours of Suicide Intervention Training
- 463 students received 3.5 hours of training on De-escalation Techniques
- 417 students received 8 hours of Mental Health First Aid training



## Improvements in rates of restraint, force, and discipline

In 2017, DRO concluded that detainees at MCDC who engaged in symptomatic behavior related to mental health concerns were likely to be responded to with restraints, disciplinary action, or violence. Preliminary reports on each of these metrics indicate that training for staff and socialization/activity for detainees may be contributing to a less confrontational and stressful environment, which translates into a better working and living environment for everyone.

### **RESTRAINTS: CUT IN HALF AND REQUIRE A REPORT**

A serious concern cited in DRO's 2017 report was the lack of parameters around use of the restraint chair, and the lack of documentation and review of the over 60% of restraint incidents that were deemed "voluntary." Since then, MCSO has agreed that no use of restraints can be deemed voluntary, and all restraint incidents require a use-of-force report that is reviewed up the chain of command. Furthermore, MCSO has cut its use of restraints in the jail by half. In 2017, 26 inmates were involved in 32 uses of restraint chair incidents.

### **DROP IN USE OF FORCE**

DRO's 2017 report critiqued the excessive and disproportionate use of force at MCDC. We cited to the findings of a consultant hired by MCSO: MCDC held just 33% of the Multnomah County jail population but, likely due to confrontations fueled by excessive use of lock-down, accounted for 83% of uses of force by staff. We described individual instances in which inmates engaged in mental health-related behavior that was responded to with a shocking degree of force, resulting in multiple tazings and fractured bones.

Initial data potentially reflects the beginning of a positive downward trend in use of force rates. There were 328 uses of force at MCDC in 2016, and 283 in 2017. There were 12 uses of force in the psychiatric infirmary in 2016, and 5 in 2017. Racial disparities persist: African Americans generally account for 19-21% of jail bookings but were involved in 28% of uses of force in 2016 (108 of 383), and 27% in 2017 (94 of 340).

### **DROP IN FREQUENCY OF DISCIPLINE**

Use of disciplinary sanctions reflects a similar downwards trajectory. Disciplinary hearings dropped 12% across both jails between 2016 and 2017, although the reduction is much more modest at MCDC (4%) as compared to Inverness (18%). In 4D—the psychiatric infirmary at MCDC—there were 17 disciplinary hearings in 2016 and 10 in 2017. Racial disparities remain very significant at MCDC, but have improved slightly. African Americans accounted for 36% of disciplinary hearings in 2016, and 32% in 2017.



---

“We really need a time limit on [the disciplinary units]. Conditions there are really harsh and people are in there for months.” —MCDC Deputy

---

MCSO expects to see continued reductions in misconduct reports as programming and out-of-cell time increase; opportunities to be involved in productive activities are both an incentive to do well, and a stress reduction and coping tool that ameliorates friction.



In addition to reducing the frequency of discipline, DRO has recommended limiting the length of disciplinary sanctions to no more than two consecutive weeks. One deputy who agreed to speak with us for the 2017 report stated:

“We really need a time limit on [the disciplinary units]. Conditions there are really harsh and people are in there for months. Sometimes they decompensate, and come to 4D [psychiatric infirmary] where they get somewhat stabilized, but then it’s right back to DSU [disciplinary segregation], and we start all over again.”

DRO continues to maintain that setting a limit on the length of disciplinary sanctions will protect inmates from excessive isolation.

The progress described above is positive. Here’s what to watch for going forward:

- Will MCSO track trends related to use of restraints, force, and discipline? Will MCSO support a culture of transparency by publishing this data on its website?
- Will MCSO track the correlation of race across multiple data points (including force, restraints, suicide precautions, discipline, segregation, mental health needs) and make this information publicly available?
- Will MCSO implement a time limit for disciplinary status?

## Planned improvements to prevent violence and create greater accountability for use of force

In our 2017 report, DRO identified two forms of violence, both of which were pervasive at MCDC. First, routinized violence, defined as force and restraints used consistently with agency policy as the default response to difficult behaviors, regardless of whether those behaviors were driven by mental health symptoms. Second, rogue violence, defined as acts of violence that were widely recognized as inappropriate, but were not interrupted due to the failure of a system of accountability.

DRO requested an investigation of two particular deputies who repeatedly used excessive force, or orchestrated situations designed to provide a pretext for using force. The Sheriff's Internal Affairs Unit agreed to investigate and removed the deputies from contact with inmates during the investigation. Ultimately, the Unit concluded it could not discipline the deputies further, but placed them on a work performance plan.

In 2017, we concluded that the MCSO was hamstrung in its efforts to effectively rein in staff who overuse or disparately use punishment and violence due to a lack of data – both pertaining to individual staff track records and the system as a whole.

The jail did not collect and analyze key data related to uses of force, discipline, and grievances involving specific employees. It also missed an opportunity to parse that information based on demographics.

Furthermore, MCDC lacked a video surveillance system, which made it difficult to challenge a staff member's account of events. Facility administrators whom we've interviewed in various settings—hospitals, jails, prisons—support video surveillance in the common areas because it promotes staff accountability and protects against inaccurate accusations.

In the past year, MCSO has taken steps to address both of these concerns.

### **BETTER DATA AND GREATER ACCOUNTABILITY REGARDING USE OF FORCE**

The jail is a difficult environment in which to work. Many MCSO staff work with respect and integrity, though some need training in order to better navigate challenging interactions and some should not be employed in an insular system, such as a jail, with vulnerable populations.

To better protect inmates, MSCO has taken steps to track system-wide progress in reducing use of force and racial disparities in rates of force, and to monitor individual staff track records.

MCSO has created a Use of Force database, which will be operational on July 1<sup>st</sup> and will track use of force incidents, involved staff, and associated demographics. This database will provide a publicly available tool to measure success in reducing violence in the jail, and remedying the disproportionate infliction of force against Black detainees.

---

This database will provide a publicly available tool to measure success in reducing violence in the jail, and remedying the disproportionate infliction of force against Black detainees.

---

To create an objective record that will support early, proactive steps to ensure individual staff accountability, MCSO has pledged to create an Employee Information System (EIS) to launch in late 2018 or early 2019. The database will track use of force, imposition of disciplinary sanctions, and grievances, as well as other information, involving each employee.



META

82  
10

## VIDEO CAMERAS TO BE INSTALLED THIS SUMMER

The County Board of Commissioners allocated MCSO \$4 million to install video surveillance at MCDC. Surveillance coverage will extend to all common areas in the jail, but not individual cells, for privacy reasons, and footage will be stored for 60 days unless it is retained pursuant to an investigation. Construction and implementation are planned to begin in July 2018. Retained footage is an essential tool in investigating concerns about abuse or neglect. This is an important step in improving safety in the jail.

The progress described above is positive. Here's what to watch for going forward:

- Will MCSO make composite data from the EIS and Use of Force database publicly available so that community members can hold MCSO accountable for reducing disproportionate use of force against Black detainees and implementing de-escalation techniques in mental health units?
- Will information generated in the EIS form a basis for meaningful personnel actions, when necessary to preserve safety, accountability, and respect?
- Will MCSO contract with an outside agency to conduct review of uses of force that result in serious injuries?

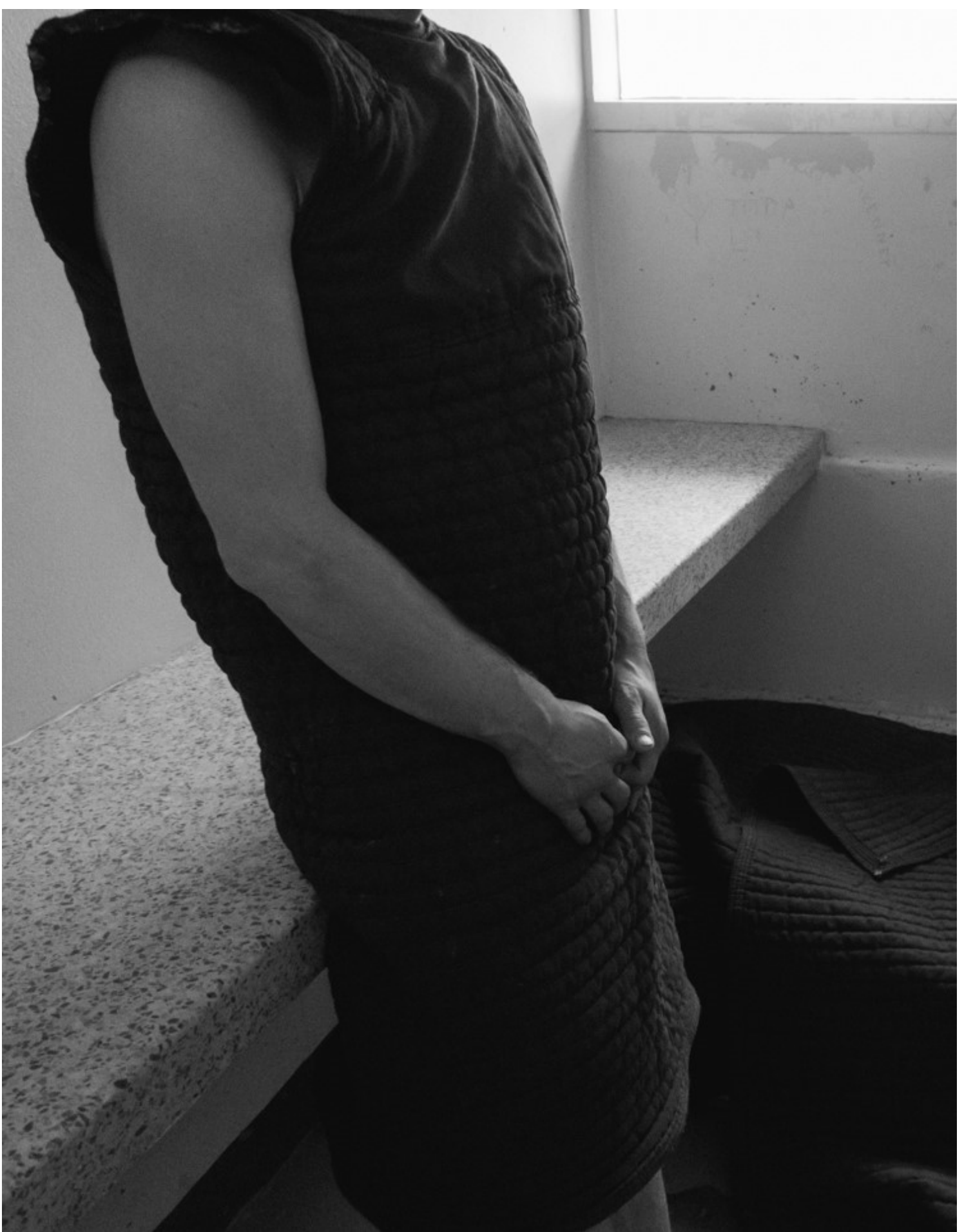
## IMPROVEMENT NEEDED

We're encouraged by MSCO's swift action to improve conditions in the jail. The changes that have been implemented are the result of hard work at all levels—from leadership to line staff—of the MSCO and Corrections Health. Nevertheless, much work remains.

### Better suicide precautions

Detainees on suicide watch are generally denied all personal belongings and are required to wear a heavy smock with no other clothing. Often, the mattress, sheet, and blanket are removed, and the individual is denied access to any programming, visits, phone calls, and showers. In 2017, DRO critiqued the one-size-fits-all harsh conditions on suicide watch.

These conditions make detainees less safe for three reasons: the extreme degree of deprivation and isolation imposed exacerbates feelings of despair; fear of a punitive response discourages detainees who feel suicidal from coming forward, and enforcing unnecessarily harsh conditions on suicide watch creates countless reasons to impose force against individuals in psychiatric crisis. We recommended individualized, clinically determined restrictions tailored to actual risks. We also recommended that Corrections Health staff be assigned to do welfare checks, rather than uniformed deputies. MCSO has not implemented these recommendations.



## Accessing community-based clinical supports in jail

Community provider reach-in helps promote continuity of care; individuals maintain relationships that they had in the community or make connections in jail that can be continued after release. Community member presence in the jail is also a critical component of jail oversight. Institutions that are impenetrable by the outside world are, by definition, at greater risk for abuse and neglect, and can develop an insular culture.

DRO's 2017 report recommended increased opportunities and coordination so that community providers and programs can "reach in" to serve clients in the jail. We reiterate that recommendation here.

In order for community provider in-reach to occur, the jail would need to create space for visits, streamline the process to obtain security clearance, and minimize staffing burdens by allowing approved providers to move through the jail without an escort. DRO now has a staff person who has unescorted access to MCDC, but, to our knowledge, no other community group has such access. Even the forensic diversion specialists, who, like jail staff, are employed by Multnomah County, are required to be escorted at all times by jail staff. Dedicating valuable staff time to escorting other county employees through the building is an unnecessary duplication of efforts.

The primary barriers to inviting community providers into MCDC, however, is the building's uncondusive architecture. There is hardly any space for programming or confidential interviews at MCDC, and the building is time-consuming to navigate because elevator trips are required between the various units.





## Moving the impacted population to Inverness

Because clinical, programming, and recreational space at MCDC is either nonexistent or difficult to access, we recommended moving detainees with mental health conditions to vacant units at Inverness. Community provider in-reach is offered at Inverness. There is a treatment readiness dorm for inmates awaiting a drug/alcohol treatment program. Each unit has an adjoining outdoor recreation area, and rooms for programming are readily accessible.

A 2017 editorial in *The Oregonian* made the case for moving to Inverness:

Not only does Inverness provide inmates better access to open-air recreational areas, the facility has more cells that can allow ill patients more human contact. Numerous researchers have reported that solitary confinement cannot only worsen a mentally ill inmate's condition, but that prolonged time in segregation can also cause mental illness.

Inverness also is designed to offer inmates classes and rehabilitation programs, which can help inmates gain skills and find hope. Just as important, the programming allows more people from the outside to keep an eye on conditions inside the jail.

MSCO and Corrections Health have not supported moving detainees with mental health conditions to Inverness because they feel that the available Inverness units—either dorms or a unit with 70 single cells accessing a shared, large common area—would be ill suited for detainees with active mental health symptoms. We do not want to push for a housing arrangement that would be chaotic and noisy, but we think the possibility of building out smaller units at Inverness should remain under consideration.

MCDC's supermax-style architecture and its history as a disciplinary and high-violence setting impede the delivery of therapeutic services.

## Current priorities focus on the front door and back door of the jail: the intersections with the community

DRO's 2017 report focused heavily on the fact that far too many people find themselves in jail for prolonged and repeated periods due to the scarcity of community-based mental health services and housing. Our report painted a picture of a criminal justice system where people with mental illness who lack supports find themselves serving a life sentence on the installment plan due to a seeming never-ending cycle of charge and release.

We set forth a vision for a community in which people with disabilities are integrated into the fabric of daily life through supports such as affordable, supportive housing, and robust community mental health services, rather than being locked behind closed doors.

### More community-based behavioral health services and permanent supportive housing

Though changes and investments are critical to improving conditions in MCDC, ultimately there is no amount of funding, staffing, or policy changes that can transform the jail into a safe, therapeutic environment for people whose primary need is behavioral healthcare. While we bring conditions up to constitutional standards, we must simultaneously focus on ending the jail's role as a dumping ground for people who need help.

In last year's report, we urged the County to invest in a robust community mental health system and adequate social supports. Public structures that keep people with mental health issues in the community, the environment where they do best, may help alleviate pressure on the jail.

---

“We have to keep fewer people with mental illness from ever being booked into jail in the first place.” —  
Commissioner Sharon Meieran

---

Last year we wrote to the Multnomah County Commissioners to request support for state investments in behavioral health services and housing for people with mental illness. In response, Commissioner Sharon Meieran wrote:

We have to keep fewer people with mental illness from ever being booked into jail in the first place. This means improving conditions, services, and options outside of the criminal justice system, so that our jails don't end up being a primary option for people experiencing serious mental health issues. Multnomah County will need our partners to continue to work together, and new stakeholders to step up in order to create the types of community resources we need to stop criminalizing mental illness.

## Diversion

In November 2017, Sheriff Mike Reese led the initiative to launch a new mental health diversion program. This program gives law enforcement officers the option of bringing people from Central Precinct who would otherwise be incarcerated on charges of trespass or disorderly conduct to the Cascadia Behavioral Health Walk-In Clinic. The officer issues a citation but, if the person connects with the mental health provider, Cascadia notifies the district attorney, and the citation is dropped.

By all accounts, this initiative has not been successful. Six months after its launch, only three individuals have been transported by law enforcement to the Cascadia Walk-In Clinic through this mechanism.

Diversion efforts that rely on case-by-case decisions by individual officers offer flexibility and perhaps appeal to law enforcement because there is no mandate to divert if the officer has reservations. The downside is that individual discretion invites bias to play a sizable role in decision-making, or as is the case so far in Portland, the program may simply not be implemented at all in the field.

---

As long as jail is the fastest, most convenient, and most guaranteed drop-off location, it will be over-relied upon.

---

Officers need a mandate to divert, and MCSO needs to affirmatively reject inappropriate bookings at the front door. As long as jail is the fastest, most convenient, and most guaranteed drop-off location, it will be over-relied upon.

In 2017, DRO recommended posting a clinician as the first point of contact in booking to divert anyone with an urgent healthcare need (physical or behavioral) to the hospital or other appropriate crisis resource. This concept was rejected by Correction Health, which maintained that the jail lacks an appropriate, confidential space to perform screenings. The jail also argued that pre-booking hurdles are inconsistent with Multnomah County's "open booking" process.

A pre-booking screening could create a backlog with officers waiting to complete the transfer of custody. As it turns out, a waiting line for officers at booking may be precisely the disincentive we need in order to successfully promote diversion. We think that it is time to revisit this recommendation.

## DIVERSION: THE MARION COUNTY MODEL

Strategic coordination between Marion County Behavioral Health, the Public Defender, the District Attorney, and the Court has resulted in reducing criminalization of individuals with mental health concerns in Marion County.

### Pre-booking Diversion

Pre-booking diversion is a partnership between law enforcement and Marion County Mental Health.

- **CORT:** The Crisis Outreach Response Team (CORT) collects police reports that have a mental health component, from all 12 law enforcement agencies in Marion County. After a brief review for safety and mental health issues, a team of a Marion County Sheriff's Deputy and a Qualified Mental Health Professional respond and try to engage the person into services and resources.
- **Psychiatric Crisis Center:** Psychiatric Crisis Center (PCC) is open 24 hours/7 days per week to walk-in clients and law-enforcement drop off for individuals who: need crisis intervention, do not meet hospital acuity levels, and do not present a public safety threat that would warrant incarceration. PCC is a gateway to immediate mental health care, starting or maintaining medication, meeting basic needs such as respite housing and food, and connecting to on-going mental health resources and services.

### Post-booking Diversion

Involves the early identification of people who need behavioral health supports, not jail time.

- **Mental Health Screening at Jail:** All individuals who are booked at the Marion County jail receive a brief mental health screening by Marion County Jail staff who, based on the screening, will refer them to Marion County Health and Human Services staff stationed at the jail for further evaluation and referral.
- **DA Determines if Criminal Charges are Appropriate:** The District Attorney's Office uses the mental health screening, other information available through mental health partners (including law enforcement teams) and criminal justice/mental health history to determine whether criminal charges are appropriate under the circumstances. Importantly, this mechanism allows the decision not to proceed with charges to occur early in the process, as opposed to the practice in Multnomah County, where the DA's decision to dismiss criminal charges is more likely to occur after weeks or months of incarceration

or institutionalization.

- **Out-Patient Treatment:** The Marion County system also allows for a more immediate referral to outpatient treatment.

#### **Community-based competency restoration**

- If the DA chooses to proceed with charges, and the person is found not capable to aid and assist, the defense attorney, DA, and county mental health collaborate to determine whether (with the court's approval) competency restoration services can be provided in the community rather than at the state hospital.

## Discharge planning and homelessness

---

“Where are we going to go when we get out of here? So many of us came to jail and lost everything, whether that’s an apartment or a shopping cart.” —Current MCDC resident

---

At DRO’s most recent visit to the jail, we spoke with dozens of detainees. The most common theme we heard was concerns about discharge planning and homelessness.

It is clear that there is a housing shortage in the Portland area and our jail-based client constituency—people with mental health concerns, who have been involved in the criminal justice system, who likely have low incomes and poor credit histories—are at a profound disadvantage in finding safe and affordable housing. This crisis is much larger than our jail’s capacity to address through release planning. But, there are doable steps that would improve people’s chances of achieving stability upon release.

It is likely that many people who are living on the streets and cycling through jail would be eligible for Medicaid funded Long-Term Care, which allows a person to live in a residential setting or to receive services in their own home. Jail staff should initiate the eligibility process for any potentially available government benefits including residential care through Medicaid Long-Term Care. The jail should facilitate access for the appropriate state or local agency that assesses eligibility to conduct the assessment in jail, and participate in the discharge planning.

As a county and city, we need more programs like the Stabilization and Treatment Preparation Program (STP), which provides a soft landing for people who are transitioning from jail, prison, or the hospital and need behavioral health supports and help finding housing. DRO is encouraged that Multnomah County has secured funding to open a similar program for women.

## CONCLUSION

We believe that Multnomah County can become a national model for creative, community-based behavioral health supports, and humane jail conditions. Many people who experience mental illness carry a history of trauma arising from coercive treatment in hospitals and violence in jail. Their engagement with mental health providers, police, judges, and probation officers is colored by a reasonable, fact-based fear. This is especially the case for people from historically disadvantaged communities—people of color, women, LGBTQ individuals, people who are homeless, and immigrants—who experience mental illness. To keep people with mental illness out of the criminal justice system we must create spaces of safety and trust in our mental health system. This requires focusing on harm reduction rather than rule or treatment compliance.

Our jail shows us a microcosm of what's not working in our community. Many people in jail are facing low-level, behavioral health related charges—situations that likely would have been preventable with better community supports. It's up to all of us—judges, behavioral health providers, criminal defense attorneys, district attorneys, elected officials, journalists, community members—to take an active interest in what exists behind the locked doors of our jail.

## ACKNOWLEDGEMENTS

Written by Sarah Radcliffe, Managing Attorney.

Photographs by Chad Marquez.

Thanks to DRO staff Timothy Roessel, Lisa Rose Gagnon, Elizabeth Seaberry, Bob Joondeph, and Jamie Jones.

*Disability Rights Oregon is tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Contributions are tax-deductible and will help us provide services to Oregonians with disabilities.*

Portions of this report may be reproduced without permission of *Disability Rights Oregon*, provided that the source be appropriately credited.

This publication was funded 100 percent by support from Substance Abuse and Mental Health Services Administration (SAMHSA). These contents are solely the responsibility of the grantee and do not necessarily represent the official views of SAMHSA.

Disability Rights Oregon is the Protection and Advocacy System for Oregon.





# DISABILITY RIGHTS OREGON



---

**Disability Rights Oregon**

511 S.W. 10<sup>th</sup> Avenue, Suite 200

Portland, Oregon 97205

503-243-2081 or 800-452-1694

FAX 503-243-1738

[droregon.org](http://droregon.org)