



DISABILITY RIGHTS OREGON

## ***A Merry Go Round that Never Stops: Mental Illness in the Multnomah County Detention Center***

Written by

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### **Recommendations**

1. Provide healthcare and community for people with mental illness, rather than criminalizing them.
2. Strengthen supports for people with mental health issues in custody.
3. Create new protocol for trauma-informed response to mental health related behavior in jail.
4. Improve oversight and accountability to remedy systemic race and disability disparities, and prevent staff misconduct.

- 1. Provide healthcare and community inclusion for people with mental illness, rather than criminalizing behaviors associated with mental illness**

### ***Reinvigorate efforts to create a pipeline that shifts people with mental illness from jail to community mental health resources***

- Conduct medical/behavioral health triage to divert individuals with mental health needs in jail to treatment
  - Corrections Health should post an RN 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.
  - Portland Police, MCSO, City/County/community leadership, hospitals and healthcare providers, the criminal defense bar and District Attorney: continue to explore and implement pre-booking diversion options to connect people with behavioral health needs to community resources rather than jail.
    - Implement the recommendations of the 2015 Mental Health Jail Diversion Feasibility Study.

<https://multco.us/lpscc/mental-health-jail-diversion-feasibility-study>.

- [Continue and expand the Law Enforcement Assisted Diversion \(LEAD\) program.](#)  
[http://www.portlandmercury.com/images/blogimages/2016/07/13/1468428521-lead\\_program\\_draft\\_6-22-16\\_.pdf](http://www.portlandmercury.com/images/blogimages/2016/07/13/1468428521-lead_program_draft_6-22-16_.pdf)
- Look to the Sequential Intercept Model: <https://www.samhsa.gov/criminal-juvenile-justice/samhsas-efforts> and seek technical assistance from SAMHSA's GAINS Center for Behavioral Health and Justice Transformation.
- The courts should reevaluate recognizance screening and bail to review whether "stability" considerations lead to disproportionate and unnecessary incarceration of people with mental illness
- The District Attorney's Office should not pursue charges if the defendant does not pose a significant risk to public safety, and the alleged criminal conduct was disability-driven or the defendant's competency to stand trial is doubtful.
- Hospitals should not arrest patients or call law enforcement based on disability-related behavior that does not present an imminent safety risk.

***Offer a full spectrum of community-based treatment options for people with mental illness to fill in the gaps in behavioral health services***

- The County, City, and service providers should better match individuals' mental health care needs with services:
  - Collaborate to create dual diagnosis treatment resources, expand mental health crisis services
  - Create respite care options to provide healthcare for people that may not meet hold criteria for a civil commitment or require a hospital level of care.
  - Involve peers (people with lived experience as recipients of behavioral health services) in the design and staffing.
  - Hospitals should invest financially in these services.

## **2. Strengthen Supports for those with Mental Health Issues in Custody**

### ***End solitary confinement for people with serious mental illness***

- Solitary confinement should be presumed contraindicated for anyone with a serious mental health history or diagnosis. Other than a brief cooling down period of no more than 24 hours, individuals with serious mental illness should never be housed in solitary confinement.
- Move most or all of the jail's designated mental health units to Inverness. The Inverness facility has space for programming and treatment, and easier access to the outdoors and fresh air. Meeting minimal constitutional requirements for access to programming and out-of-cell time may not be possible at MCDC, given architectural constraints. Inverness currently has four vacant dorms that could be retrofitted (if needed) to meet the needs of these various populations

### ***Expand Programming, Services, Out of Cell Time, and Reentry Services for Detainees with Mental Health needs:***

#### Housing and Programming

- House detainees with mental health concerns in areas of the jail where they can access programming, or bring programming to the areas where they are housed. Detainees cannot be denied participation in programming, education, drug and alcohol treatment or early release opportunities because of their disabilities.

#### Allow Community Partners to Offer Services in the Jail

- Open the jail to outside service providers and community partners. Inverness invites partners into the jail to provide services, but MCDC does not. In-reach by partner agencies provides continuity of care, leverages all available resources, and improves transparency.

#### Healthcare

- All detainees currently receive a cursory screening for healthcare concerns. Detainees with apparent behavioral health concerns should be offered a more thorough evaluation that considers mental health as well as neurological impairments, intellectual or developmental disabilities, or

brain injury. Interventions and conditions of confinement should be tailored to address any identified needs or barriers.

- Detainees with mental health concerns should receive appropriate mental healthcare: confidential appointments with their counselor, regular appointments with a psychiatrist or psychiatric nurse practitioner, and groups such as Dialectical Behavior Therapy, Cognitive Behavior Therapy, and art or music therapy. Meeting these needs will require hiring additional clinical staff.
- Medical exams and mental health counseling should not occur through the food port of a cell.
- Currently, detainees are required to pay \$10 to make a request for healthcare. This process should be free except in the case of repetitive or frivolous requests.
- Detainees should not be charged financially for treatment of their injuries, especially those that occurred as a result of staff violence.

#### ***Discharge Planning to promote stability and reduce recidivism***

- Discharge planning should include initiating the eligibility process for any potentially available government benefits including residential care through Medicaid Long-Term Care. Jails 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.
- “In-reach” is required by service and housing providers so that applicants can be screened and accepted before discharge and transition directly to services.

### **3. Create New Protocol for Responding to Mental Health Related Behavior in Jail**

#### ***End the Jail’s Punitive Response (through Discipline, Restraints, and Suicide Precautions) to Mental Health Related Behavior, Rein in Violence***

##### **Discipline**

- One incident should be punished by no more than one infraction.
- Lessen the restrictiveness of disciplinary sanctions, shorten timeframes
- Detainees should not be disciplined for behavior related to their disabilities

- Solitary Confinement should not be imposed against any detainee for longer than two consecutive weeks or more than three weeks in a 60-day period.
- The jail should track infractions by staff person, identify staff who issue disproportionate numbers of infractions, and make personnel changes to prevent excessive or abusive use of the disciplinary process.

### Restraints

- Restraints should only be used when ordered by a licensed clinician (or on an emergency basis pending arrival of clinical staff to the scene), or when necessary for secured transport. Self-harm is a behavioral health emergency and should be addressed promptly by clinical staff.
- Restraints should never be considered “voluntary.” All uses of restraints should be subject to the same reporting and review requirements.
- Seek technical assistance from the National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC).  
<https://www.samhsa.gov/nctic>

### Suicide Precautions

- Suicide risk should be addressed by assigning a staff person with basic mental health training to provide constant observation. This duty should be performed by mental health technicians rather than deputies.
- Any restrictions on property or privileges related to mitigating suicide risk should be determined on a case-by-case basis by clinical staff.
- Consider new technology that allows vital signs to be monitored remotely, thereby allowing a detainee to engage in normal activities.

### Training

- Train staff to appropriately handle mental health crises and prevent violence.
- Require Crisis Intervention Training, basic mental health, and cultural competency training for all jail staff. Require an enhanced level of training for staff in designated mental health units.

### Ending Racial Disparities

- MCSO should track demographics across multiple data points (restraints, suicide precautions, discipline, segregation, mental health needs) and make

this information publicly available. Use demographics to identify and correct any staff members demonstrating a pattern of biased actions or decision-making.

- Commit to ending disparities related to race, gender, disability or other identity markers. Implement implicit bias training for staff, work with experts to create checks and balances to counterbalance the role of bias, improve staff accountability.

#### Preventing Staff Violence

- Staff should be assigned to mental health units at the Facility Commander's discretion, rather than by seniority bidding.
- Install video cameras at MCDC with recording capacity; store footage for 180 days. Camera coverage should include all areas of the jail, including housing units, hallways, elevators, and vestibules.
- Require handheld video of any anticipated use of force.
- Uses of force should be subject to substantive review. This requires at the very least, interviewing the detainee involved and any detainee witnesses, and reviewing video footage. Given the serious violence detailed in this report, and prior findings regarding racial disparities, MCSO should consider contracting with an outside agency to conduct review of any significant use of force.
- Prohibit manually restraining a person in a prone position.
- Identify, monitor, and where appropriate, discipline staff who abuse detainees. Terminate employment if a serious misuse of force is substantiated.