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March 16, 2017

Disability Rights Oregon  
610 SW Broadway #200  
Portland, OR 97205

RE: Request for written response to recommendations made in DRO report titled, "A Merry Go Round That Never Stops: Mental Illness in the Multnomah County Detention Center"

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Dear Disability Rights Oregon,

Thank you for the time and work you've dedicated to produce this report and develop recommendations. Improving mental health care is my top priority as Multnomah County Commissioner. I value the expertise and call for accountability that organizations like Disability Rights Oregon (DRO) bring to bear on these issues.

I had the opportunity last week to join my fellow commissioners on tours of both MCDC (Multnomah County Detention Center) and MCIJ (Multnomah County Inverness Jail). These visits couldn't have been more timely. As an emergency room doctor, I've become acutely aware of our region's desperate need for improved access to community mental health services and also mental health crisis care. In my new role as county commissioner, I'm getting more familiar every day with the systems my patients often cycle through, including corrections.

I'm optimistic that I've entered this office at a time when we have the increased awareness, evidence, and public pressure to address the mental health care crisis. In addition, I am confident that we have leadership within the county to effect real change. In tandem with the recently released [2016 Corrections Grand Jury Report](#) and the [2016 National Institute of Corrections Use of Force Audit](#), your investigation provides us with additional guidance on how corrections can be improved.

In your letter dated March 8, 2017, you requested that I respond to four specific recommendations made by DRO. My thoughts on each are outlined below. Please note these are my own thoughts as an individual commissioner and, as individual commissioner, I have a limited ability to direct change with the Sheriff's Office (MCSO), the Health Department (MCHD), and other governmental units.

**1. Move all or most detainees with mental illness held at MCDC to MCIJ by the end of 2017**

I am committed to investigating how we could move in this direction. However, I feel strongly that this process must be thoughtful, and 2017 is likely not a realistic or practical timeline. We must respond with urgency, without sacrificing quality of care, efficiency, and sustainability.

We will need to consider a number of factors, for example, what population of inmates may be best served at MCIJ and what resources would need to be in place to make this possible.

I also think it is critical that we do not focus narrowly on MCIJ at the expense of necessary improvements and adjustments at MCDC. Given the estimated number of Multnomah County inmates experiencing mental health issues— 40-80% of the jail population, as cited in your report— we can't ignore the reality that inmates with mental illness will continue to present at MCDC, even if in reduced numbers. I would support exploring both strategies on parallel tracks: considering expanding capacity at MCIJ to house mentally ill inmates, and improving conditions at MCDC such that all inmates are met with a better baseline of services and resources.

## **2. Additional clinical staffing and programming, and implementing CIT training for all jail deputies by the end of 2017**

I'm committed to working with the Health Department (MCHD) to better understand what gaps exist and how these needs should be addressed. For example, I'm interested in identifying what specific services we provide now; what programming is evidence-based and effective; what clinical staffing would be required to staff such programs and services; and what training, professional development, and other needs of our existing workforce are not currently being met.

I do agree that Crisis Intervention Training (CIT), or a similar program directed toward jail deputies, is absolutely essential. The Sheriff has identified CIT and/or training in de-escalation, communication, and other skills to cope with and manage mental health behaviors as core competencies for deputies. Before dedicating new resources, I want to clarify what funding has already been allocated to the Sheriff's Office (MCSO) for training, how this funding has been used, and if there is remaining funding that could be applied toward this aim.

## **3. Tell state lawmakers that I support investing money locally into behavioral health services and housing to stabilize individuals, and our community, long-term**

I'm absolutely supportive of advocating for continued and additional state investments in behavioral health services and housing for people with mental illness. As a county commissioner, it is also my role to help ensure that we are responsible stewards of these investments at the local level.

## **4. Expanding the Law Enforcement Assisted Diversion (LEAD) program to include offering treatment rather than arresting people with mental illness and/or dual diagnoses who would otherwise face low-level charges**

I agree wholeheartedly with the need for additional pre-arrest diversion options for individuals with mental illness. Jail cannot and should not be a primary option for law enforcement in responding to individuals with mental health issues. The success of a diversion approach relies heavily on available treatment alternatives to jail, such as crisis walk-in services, stabilization units, psychiatric care, and other community-based options. I also believe we need to explore how our current laws around involuntary commitment may limit the options available to public safety and health professionals to support service linkages for people in crisis.

In Multnomah County, LEAD is still new and, as the program was developed, is specifically focused on drug-related offenses. I think we need to allow the program some time to be tested before we expand on it. However, this does not preclude us from exploring similar conceptual frameworks for shifting our law enforcement approach to crimes that are often mental health-related. In addition to some of the pre- and post-arrest diversion efforts our region has already invested in— multiple contracts with community-based mental health providers, mental health court, navigators and peer support in homeless shelters, the Unity Center— there are some really good models from local jurisdictions across the country that we can learn from. I'll work with our public safety partners and service providers to learn more about what Multnomah County is doing, and where we can improve in offering treatment alternatives to arrest and incarceration.

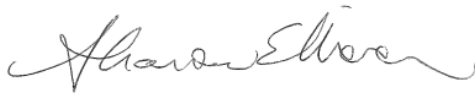
Your report underscores the challenges involved when individuals suffering from mental illness come into contact with the criminal justice system. I agree with the report's assessment that jails are a uniquely non-therapeutic environment. Despite these limitations, we must ensure that our corrections system reliably offers individuals in detention safety, dignity, and a reasonable standard of care.

But it's bigger than that. 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. I'm committed to engaging hospital and healthcare partners to join housing and treatment providers, alongside mental health consumers, in order to make sure Multnomah County truly provides an effective support system for individuals with mental illness.

I've spoken with the Sheriff and with leadership in the Health Department. I'm confident that both are taking these recommendations seriously, and pursuing policy and programmatic changes to address many of the concerns raised in the report.

Again, I appreciate your time and work, and I welcome your continued feedback and critical thinking as we pursue change together.

Sincerely,

A handwritten signature in dark ink, appearing to read "Sharon Meieran", with a stylized, flowing script.

Sharon Meieran