

According to the Oregonian newspaper, the Multhomah County Sheriff told the paper1s editorial board that he does not dispute the findings of the report.⁴

While the report concludes with a set of recommendations to improve conditions and treatment, it recognizes that a jail inherently is not a safe and therapeutic place for people in need of mental health treatment, and urges system changes at the community level to prevent behavior caused by mental illness that often becomes criminalized.

The federal Protection and Advocacy for Individuals with Mental Illness Act (PAIMI Act)⁵ establishes an organization in each state with authority to monitor facilities that care for or confine individuals with disabilities. These organizations have broad ranging investigation powers and have been active in investigating conditions in jails and prisons nationally. DRO is the federally designated Protection and Advocacy System for Oregon.

A media search will identify similar recent reports about jails overwhelmed by increasing mental health needs of inmates. For example, a Human Rights Watch article in 2015 examined experiences of jail and prison inmates nationally, and concluded ³the misuse of force against prisoners with mental health problems is widespread and may be increasing.²⁶ There is no reason to think that the prevalence of mental illness in the corrections system will change any time soon. The Cook County iail in Chicago has been described as ³America¹s largest mental hospital.²⁷

Many states and their courts have undertaken initiatives intended to divert individuals with mental illness from the criminal justice system and into treatment, housing, and supported services. Unfortunately, due to decades of cuts to community mental health budgets, those resources are limited. The DRO report quotes one Oregon state court judge as saying, 3lf we had the services in the community. I could take 100 people with mental illness out of the jail tomorrow.²

There has been significant litigation, including class actions, in recent years aimed at requiring reform of treatment of the mentally ill iail population. Jail inmates include both individuals convicted of crimes and those awaiting trial. Both have a constitutional right to adequate medical treatment, including mental health treatment.

For example, in an ongoing federal court class action in Washington, a federal judge entered an injunction in April 2015 requiring the state to reform its competency assessment and restoration practices for jail inmates awaiting trial. The court found that ³Defendants have demonstrated a long history of failing to adequately protect the constitutional rights of Plaintiffs and class members, and have acknowledged that this failure is indefensible.²⁸ The court appointed a monitor and has closely followed reform efforts through reports to the court and hearings. The court also imposed a series of fines against the state for noncompliance, which as of February 28, exceeded \$10 million.⁹

Class actions have been filed regarding treatment of mentally ill jail inmates in California, Illinois, Louisiana, New York, Nevada, Oklahoma, Pennsylvania, Texas, Utah, Virginia, and other states. Many of these cases, like the one in Washington, involve delays in pretrial competency assessments, in which class members have been charged but not convicted of any crime.

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⁶ Callous and Cruel: Use of Force Against Inmates with Mental Disabilities in US Jail and Prisons, Human Rights Watch (May 12, 2015), https://www.hrw.org/report/2015/05/12/callous-and-cruel/use-force-against-inmates-mentalus-iails-and (last accessed Mar. 5, 2017).

¹ Sarah Radcliffe, A Merry Go Round that Never Stops: Mental Illness in the Multnomah County Detention Center, Disability Rights Oregon (2017), https://doregon.org/wp-content/uploads/A Merry Go Round That Never Stop Mental Illness in the Multhomah County Detention Center.pdf (last accessed Mar. 5, 2017).

² This range is consistent with national estimates of jail inmates with mental illness. In 2006, the Department of Justice estimated that 64.2% of jail inmates met the criteria for a mental health problem. See Bureau of Justice Statistics Special Report: Mental Health Problems of Prison and Jail Inmates, 3.

³ See Doris J. James & Lauren E. Glaze, Bureau of Justice Statistics Special Report: Mental Health Problems of Prison and Jail Inmates, 1 (2006), https://www.bjs.gov/content/pub/pdf/mhppji.pdf (last accessed Mar. 5, 2017).

⁴ Time to focus on mentally ill at Multnomah County Detention Center: Editorial, Oregonian (Mar. 5, 2017, 7:00 AM, updated Mar. 5, 2017, 10:42 AM), http://www.oregonlive.com/opinion/index.ssf/2017/03/time_to_focus_on_treatment_of.html (last accessed Mar. 5, 2017). ⁵ See 42 U.S.C. §§ 10801 *et seq*.

Matt Ford, America's Largest Mental Hospital Is a Jail, The Atlantic (June 8, 2015),

https://www.theatlantic.com/politics/archive/2015/06/americas-largest-mental-hospital-is-a-jail/395012/ (last accessed Mar. 5, 2017). Trueblood v. Wash. State Dep't of Soc. and Health Serv., 101 F. Supp. 3d 1010, 1024 (W.D. Wash. Apr. 2, 2015).

⁹ One part of the injunction, having to do with restoration services, was reversed by the Ninth Circuit, but the trial court's findings of fact, conclusions of law, and remedies were upheld. Trueblood v. Wash. State Dep't of Soc. and Health Serv., 822 F.3d 1037 (9th Cir. 2016), https://scholar.google.com/scholar_case?q=Trueblood+v+Wash.+Dept. +of+Social+822+F.3d+1037&hl=en&as_sdt=6,38&as_vis=1&case=10948824101954316338&scilh=0.

About the Behavioral Health Task Force:

The Behavioral Health Task Force (BHTF) is committed to advancing the understanding of laws impacting behavioral health, including the delivery of services to those living with mental illness, certain neurological conditions, substance use disorders or developmental disabilities, and reimbursement for such services. The work of the BHTF serves to raise awareness about how behavioral health laws influence health improvement efforts.

The membership of the BHTF is comprised of the members of the Academic Medical Centers and Teaching Hospitals; Business Law and Governance; Fraud and Abuse; Health Care Liability and Litigation; Health Information and Technology; Hospitals and Health Systems; In-House Counsel; Labor and Employment; Payers, Plans, and Managed Care; Physician Organizations; Post-Acute and Long Term Services; and Regulation, Accreditation, and Payment Practice Groups (PGs). The members of these PGs have access to all of the benefits and resources offered by the BHTF, including discounted rates on webinars and luncheons, free email alerts and publications, free online toolkits and tutorials, and priceless networking opportunities.

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