

PUBLIC SAFETY COORDINATING COUNCIL

MINUTES

TUESDAY,
APRIL 22, 2014

11:30

JUSTICE BUILDING –
JURY ASSEMBLY ROOM, 2ND FLOOR

MEETING CALLED BY	Mark Orndoff
ATTENDEES	Bob Kleker, Beth Heckert, Nichole Houchins, Michele Morales, John Watson, Ed Smith-Burns, Lorenzo Mejia, Tim George, Lee Ayers, Danny Jordan, Mike Winters, Stacy Brubaker, Doug Engle, Brett Johnson, Jeremy Markiewicz, Eric Guyer, Jodi Merritt

- Mark Orndoff opened the meeting at 11:30 am
- Opening Remarks: Mark welcomed everyone to the April PSCC meeting.

Agenda Topics

MINUTES ADOPTION (MARCH)

MARK ORNDOFF

DISCUSSION	
Mark asked for a motion to be put forward to adopt the March minutes, motion was provided by Danny Jordan and seconded by Bob Kleker. All were in favor of adopting the minutes from the March meeting.	

COMMUNITY CORRECTION ACT PLAN

JOHN WATSON; ERIC GUYER;
JODI MERRITT

DISCUSSION	
John Watson, Eric Guyer and Jodi Merritt provided a presentation on Community Justice's Community Corrections Act (CCA) Plan for fiscal year 2013-2014. Community Justice's CCA Plan identifies all funding provided to the department for Adult Services and the corresponding expenditures and services provided.	
Community Justice's 2013-2014 overall budget was \$11,465,374; 54% of this funding was provided by the State through the Community Corrections Act (CCA) funds provided by the Department of Corrections. Further, 12% of the funding provided was County funds; 23% was through fee collection and the remaining 11% is identified as Other (grants/contracts). Primary expenditure categories for Community Justice include the following:	
<ul style="list-style-type: none"> ▪ 32% of the expenditures is allocated to Parole/Probation Services <ul style="list-style-type: none"> ○ 21 Probation Officers – supervise approximately 1800 felony/misdemeanor offenders ○ Specific Caseloads include: <ul style="list-style-type: none"> ▪ Intake – 490 new offenders processed each year ▪ Prison Re-entry – 170 offenders released each year ▪ Domestic Violence – 200 offenders supervised ▪ Sex Offender Unit – 275 offenders supervised ▪ Restitution Caseload – 75 offenders ▪ Two (2) Adult Drug Court Caseloads – 140 offenders ▪ Reduced Supervision Unit – 300 offenders ○ Current offender population is predominately White at 91%; Black 4%; Hispanic 3%; Asian 1%; American Indian 1% ○ Offender population identified as 78% male and 22% female ○ Types of crimes supervised: 47% Statute; 32% Person; 21% Property • 27% of expenditures is allocated to Program Services: <ul style="list-style-type: none"> ○ Pretrial Supervision ○ Community Service <ul style="list-style-type: none"> ▪ Approximately 30,000 community service hours completed ○ Home Detention ○ DUII Services <ul style="list-style-type: none"> ▪ Supervise approximately 2800 cases ▪ 1144 DUII Evaluations completed ▪ 88% success rate for convicted Bench Probation Cases ▪ 84% success rate for DUII Diversion Cases ○ Adult Drug Court ○ Sex Offender Supervision ○ Substance Abuse Services ○ Subsidy Assistance 	

- Transitional Services (re-entry program)
- 24% of expenditures is allocated to the Transition Center
 - 176 bed transitional / correctional facility:
 - Programs Available:
 - Work Restitution – work crew participation
 - Dispatched 1,793 work crews
 - Providing services for over 15 years
 - Contract with government, non-profit and for-profit entities
 - Fire Program / Fuel Reduction
 - Work release
 - Transition
 - Transitional Housing
 - State AIP – Alternative Incarceration Program
 - Federal
 - Pre-Trial
 - Probation
 - Bureau of Prisons
 - Services Provided
 - Substance Abuse Services
 - Vocational Services
 - Employment
 - Flagger Certification
 - Food Handler’s Cards
 - Parenting
 - Life Skills/Cognitive Skills
 - Mental Health Services
 - Subsidy Assistance
 - Specialized Treatment Services
 - Transitional Services
 - Fire Program
- 15% of expenditures is allocated to the Jackson County Jail
 - Provide a portion of the allocated Community Corrections Act (CCA) funding to the County Jail to provide bed support for local offenders.
- 2% Administration
 - Costs associated with supporting and providing oversight to the various programs provided.

MENTAL HEALTH SERVICES UPDATE

STACY BRUBAKER

DISCUSSION
<p>Stacy Brubaker from Jackson County Mental Health (JCMH) provided a brief summary of current JCMH prevention and treatment services provided and new priorities and investments for the 2013 – 2015 biennium.</p> <ul style="list-style-type: none"> ▪ Prevention: JCMH has grown prevention and community education through several new programs: <ul style="list-style-type: none"> ○ Crisis Intervention Training for law enforcement – a week long training ○ Mental Health First Aid courses open to community partners. <ul style="list-style-type: none"> ▪ An interactive 8-hour course provides an overview of mental illnesses and substance use disorders ▪ Introduces risk factors and warning signs and builds understanding of their impact ▪ Overview of common treatments ○ Planning and development of Birch Grove Clinic <ul style="list-style-type: none"> ▪ Vision of Birch Grove Clinic is to create an integrated primary-behavioral healthcare services that will include health education as a strong component. ▪ Collaboration between: JCMH; La Clinica, the Addictions Recovery Center and OnTrack. ▪ The clinic is scheduled to begin accepting patients in March 2014 ○ Multi-Disciplinary Staffings <ul style="list-style-type: none"> ▪ An inter-agency approach to client staffing to develop solutions for individuals who are struggling and slipping through the cracks of community services, as evidenced by multiple police or mental health emergency contacts. Ultimate goal is to prevent escalation of mental health symptoms and attendant crisis. ▪ Treatment: JCMH Treatment Services are organized into the following 5 areas: <ul style="list-style-type: none"> ○ Crisis and Stabilization: Crisis services are available through JCMH 24 hours a day, 7 days a week. <ul style="list-style-type: none"> ▪ Services include: assessments, referrals, pre-commitment services, discharge planning, and a range of drop-in support and community resource groups. ○ Children’s Treatment Services: <ul style="list-style-type: none"> ▪ Mental Health Services to children and youth include: crisis intervention, assessment,

- psychiatric services, and psychotherapy.
 - Evidenced based practices through Parent-Child Interaction Therapy and Collaborative Problem Solving
 - Adult Treatment Services: divided into three primary areas: Outpatient treatment; Strengths Based Case Management for adults with serious and persistent mental illness; and Residential Services including adult foster care.
 - Services provided: cognitive behavioral psychotherapeutic interventions, individually and in treatment groups; evidence-based practices to address specific symptoms and disorders; psychiatric evaluations, treatment planning, coordination of medical services and medication management; community support services; and outreach and community support to individuals whose serious mental health disorders put them at risk for jail or State hospitalization.
 - Medication Management
 - Assists individuals in managing their prescribed psychiatric medications at the outpatient clinic site.
 - Residential Services
 - Provides mentally ill adults with a comprehensive continuum of residential options and housing supports, including:
 - Adult foster homes with 24-hour supervision and care services
 - Transitional homes with support services
 - Crisis/respite placements for person in psychiatric crisis and at imminent risk of hospitalization.
 - Psychiatric Security Review Board (PSRB):
 - Services for individuals under the mandate of the PSRB promote community integration, with consideration for public safety, for severely mentally ill persons after prolonged stays in state hospitals, with the goal of moving to fully independent living situations when possible.

New Priorities – with the Affordable Care Act, new challenges and opportunities for the provision of healthcare to the Medicaid population were established. New infra-structure was necessary to meet the demands of increased access to care. New personnel have been hired and new programs are being developed/modified to streamline services to support this increase in individuals available to receive services.

New Investments: Between December 2013 and January 2014, JCMH received six new grants from the Oregon Health Authority to enhance mental health services in the region. All of the grants support our current priorities and allow us to expand access to meet the needs of historically underserved populations.

- Jail Diversion: This grant focuses on assisting adults with mental health issues to avoid becoming more entrenched with the criminal justice system through offering support and treatment.
- Early Assessment and Support Alliance (EASA): The EASA grant funds a specialty team aimed at identifying young adults, ages 14-24, who are beginning to present with symptoms of a severe mental health issue.
- Young Adult Hub: Partnering with KAIROS and Youth M.O.V.E. Oregon, JCMH will utilize this grant funding to develop a drop-in center for youth to assist in better outcomes for those with mental health issues and behavioral problems.
- Mental Health Prevention and Promotion: Teaming with the Maslow Project, these dollars will allow this agency to expand their outreach efforts with homeless youth and their families, to assist them in reducing risk factors and getting services that they may need to address health issues and find stable housing.
- Supported Education: This grant will provide seed money for the development of a Supported Education (S.Ed) program. S.Ed. funds a QMHA staff to provide walk along supports to a cohort of mentally ill individuals pursuing higher education.

Additional Developments: In addition to the OHA funded projects detailed above, currently in development are four programs to bolster the crisis system with the county and better serve those individuals with complex, co-occurring disorders.

- Assertive Community Treatment (ACT): ACT is an evidenced based intensive and community-based method of providing mental health care. According to the ACT Association, "Clients served by ACT are individuals with serious and persistent mental illness or personality disorders, with sever functional impairments, who have avoided or not responded well to traditional outpatient mental health care and psychiatric rehabilitation services."
- Clubhouse: The Clubhouse is a nationally registered evidenced based practice for mental health treatment and co-occurring disorders. A Clubhouse is first and foremost a local community center that offers people who have mental illness hope and opportunities to achieve their full potential.
- Living Room: A "Living Room" program is being designed to offer a safe, supportive, and welcoming environment and to provide a short-term, secure crisis program that allows up to 23 hours of stay for five individuals.
- Respite at Ross Lane: JCMH will be re-opening an expanded version of our adult respite program located within the County on Ross Lane. This program will allow for 24-72 hour respite for up to five adults at a time. These individuals are typically in need of respite in order to prevent hospitalization or disruption from their current living situation.

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UPCOMING MEETINGS

DISCUSSION	
<p>The May PSCC meeting is scheduled for Tuesday May 27th from 11:30 – 1:00pm. Current agenda – Tammi Pitzen from the Children’s Advocacy Center. Ms. Pitzen will provide an overview of the agency and the services provided. Additional agenda items may be added at a later date.</p> <p>The June PSCC meeting is scheduled for Tuesday June 24th, agenda to be determined.</p>	

Next Scheduled PSCC Meeting: Tuesday - May 27, 2014 at 11:30 am

Meeting Adjourned: 1:00 pm