May 31, 2017

Sheriff Nate Sickler  Eric Guyer  Danny Jordan
JC Sheriff's Office  JC Community Justice  JC Administrator
5179 Crater Lake Highway  1101 West Main Street  10 South Oakdale, Rm214
Central Point, Or 97502  Medford, Or 97501  Medford, Or 97501

RE: 2016 Corrections Grand Jury Report

Dear Gentleman:

As you know, the 2016 Jackson County Corrections Grand Jury has recently completed an extensive inspection of the adult and juvenile correctional facilities within the county and received testimony from multiple witnesses. The final report of the grand jury is attached. The report contains a summary of the testimony received by the grand jury, the handouts provided by witnesses and adopted as appendices, and their specific recommendations for improvements.

The overall observation by this grand jury is that the facilities are well run and progressive in their approaches to corrections. They acknowledge the dedication and professionalism of Jackson County Correction employees who have implemented many useful programs focused on reducing recidivism. They do note, however, some areas where improvement is needed as well. The grand jury made six specific recommendations directed toward the jail juvenile justice and the transition center. Responses to those recommendations were received from those facilities and are incorporated as part of the final report.

This report is public record, and you are free to make whatever use of it that you deem appropriate. As District Attorney Beth Heckert has done in previous years, I am forwarding copies of the report to the Board of Commissioners and the Presiding Judge. I will also post a copy to the District Attorney’s home page on the county website.

Thank your cooperation and that of your staff members in facilitating the grand jury’s inquiry.

Sincerely,

Terry Smith Norton
Senior Deputy District Attorney

cc: Board of Commissioners
Presiding Judge Timothy Gerking
THE CONDITION AND MANAGEMENT

OF

CORRECTIONAL FACILITIES

WITHIN

JACKSON COUNTY, OREGON

By

2016 Special Corrections Grand Jury
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I. EXECUTIVE SUMMARY

The 2016 Special Corrections Grand Jury inspected the Jackson County Jail, Jackson County Juvenile Detention and Residential Facility, and the Community Justice Work Center. The Grand Jury’s over all observation of the Jackson County Correctional Facilities is that they are incredibly well run given the resources available. Recommendations will be addressed in the Grand Jury Recommendations, Section IV, of this report.

II. INTRODUCTION

Oregon Revised Statutes requires that at least once yearly, a Grand Jury shall inquire into the condition and management of every correctional facility and youth correction facility in the county. On March 06, 2017, four grand juries attended orientation and were sworn in. Three juries were assigned to hear criminal cases presented by the District Attorney’s office; on Tuesdays, Wednesdays and Thursdays. The fourth jury was assigned to meet on Fridays beginning March 10, 2017 to inquire into the condition and management of the correctional facilities within Jackson County. In this report, the Friday jury will be referred to as the Special Corrections Grand Jury, or simply, the Grand Jury.

On Friday, March 10, 2017 the Grand Jury attended their first meeting with Facilitator Terry Smith-Norton, Senior Deputy District Attorney to begin orientation of our duties and line up of interviewees.

On Friday, March 17, 2017 the jury received testimony from corrections Capt. Dan Penland-Jackson County Jail. Later, the Grand Jury toured and ate lunch at the main jail facility in Medford escorted by Sgt Russ Beane. During lunch, the jury heard testimony from Jen Thousands, an Aramark Representative about the food program. After lunch, we received testimony from Administrative Sergeant Joshua Aldrich, a male and a female inmate, and later from Dennis McNamara, the Mental Health Specialist, and Rick Tutor of the maintenance department.

On Friday March 24, 2017 the jury toured the Juvenile Detention and Residential Facility, where Kymbra Neilson, Administrator Supervisor took us through the facility. Detention employee Amber Penkert also assisted in the tour of the facility.

On Friday March 31, 2017 the jury toured the Jackson County Community Justice Work Center and received testimony from Eric Guyer, former director of CJWC.

On Friday, April 7, 2016, the jury received testimony from John Watson, Jackson County Community Corrections; Joe Ferguson, Jackson County Juvenile Department; Clint Oborn, Southern Oregon Public Defender; Jackson County Sheriff Nate Sickler; and Judge Lisa Greif, Jackson County Mental Health Court.

In total, sixteen witnesses were sworn in before the Grand Jury representing a wide range of individuals whose lives and careers are affected by the operation of correctional facilities in our
The observations, conclusions and recommendations of this report are based upon the testimony of these witnesses, from the facts and figures they provided, and from observations of the Grand Jury as it toured the county’s correctional facilities.

The Grand Jury visited three correctional facilities which are operated within Jackson County:
- Jackson County Jail (JCJ)
- Juvenile Detention Facility (JDF)
- Community Justice Work Center (CJWC)

This report addresses the facilities and operations of each of these agencies and includes six recommendations.

III. SYNOPSIS OF GRAND JURY INTERVIEWS AND FACILITY TOURS

Terry Smith-Norton, Senior Deputy D.A.
- Grand Jury Orientation
  On March 10, 2017 the Grand Jury was informed of their duty to review the administration of the Jackson County Detention system and tour the associated facilities. During this orientation meeting, Ms. Smith-Norton, facilitator, assisted with a plan of action (tours and interviews, etc.) for the Grand Jury.
- Grand Jury Checklist
  To aid the Grand Jury in the execution of their inspections, Ms. Smith-Norton provided an inspection checklist. This checklist contained sections for Grand Jury members to indicate their observations regarding the facility description/limitations, facility security, conflict resolution, legal issues, prisoner access to counsel and family, and facility medical services.
- Facility Locations
  Discussed where each facility is located.
- General Guidance
  In addition to organizing and scheduling the interviews and tours, Ms. Smith-Norton provided helpful advice for the Grand Jury to complete their duty and discussed the technicalities of being on the Grand Jury (attendance roster, schedule, report writing).

JACKSON COUNTY JAIL

Captain Dan Penland – Corrections Officers (Interviews)
- Distributed a memo to the Special Grand Jury regarding jail statistics. (see attachment)
- The Jackson County Jail was built in 1981. There are 346 beds available within the facility. There is currently a self-imposed inmate population cap of 230 which was imposed due to a number of factors including the jail design, staffing levels, staff and inmate safety. When the jail population reaches 230, inmates are then “forced released”. In 2016 there were 4902 inmates forced released. This number is up 47 percent from
2015 when there were 2600 releases.

- In 2016 the jail lodged 14,132 people. Total number of lodged people increased 17% from 2015. Average stay is 6.2 days, with a range from two hours to two years.
- In late 2015 the Sheriff decided to close the beds in the remodeled basement area due to unfilled staff positions and training requirements. This contributed to overcrowding problems in the rest of the jail. Sheriff Sickler has committed to reopening the 62 beds on April 24, 2017, which will bring the capacity to 292 beds.
- All 52 Corrections deputy positions have now been filled which will facilitate the reopening of the basement.
- The jail’s laundry provides services for both the jail and juvenile facility.
- Captain Penland briefed us on the following future issues:
  - Attorney visitation area remodel April 2017.
  - Camera upgrade for booking and first floor, finish the rest of the building in budget year 2017-2018.
  - Adding position of Lieutenant to command structure.

Aramark Representative – Jen Thousand
- The kitchen provides between 1200-1300 meals daily for the jail, juvenile facility and the Community Justice Work Center. The inmates in the jail receive a diet that is an average of 2650 average calories daily. Meals can be tailored to inmates’ special needs.
- 2 dieticians on staff.
- Male inmates prep the meals and put meals on the trays.

Dennis McNamara – Mental Health Specialist (Interview) Mr. McNamara is a Correct Care Solutions employee contracted with Jackson County.
- His responsibilities include: suicide watch evaluation when the inmate is first detained, approving meds, communicates with mental health providers regarding medications, and provides reading glasses to inmates. His opinion is that inmates are over medicated and are on medications that may not be necessary.
- Would like to see the addition of another mental health person as he is the only provider.
- Additional person would allow for increased counseling and discharge planning.
- 20% of inmate population is diagnosed as having mental illness with five percent of those diagnosed considered seriously mentally ill.

Maintenance Person-Rick Tutor (Interview)
- Provides facility maintenance for the Jackson County Jail.
- Has recently installed lockout features on plumbing to prevent flooding from inmates which was a constant problem there.
- An additional maintenance person has been added since the prior year.
- Maintenance department will be installing the camera upgrades mentioned by Capt. Penland.
- Concern: Replacement parts are expensive and not always available due to the age of the facility and equipment.
Female Sentenced Jail Inmate (Interview)

- Feels she is treated with respect by prison staff.
- Staff is professional and able to accommodate disabilities.
- Food is ok, and realizes that it’s jail. Would like to see more variety in meals.
- Concern: kiting system unreliable.
- Concern: only gets clean clothes 2x per week.
- Concern: sex offenders in female population are mixed whereas they are separated in male population.

Male Sentenced Jail Inmate (Interview)

- Drug use and availability within the jail seem rampant.
- Felt that he was treated with respect as long as respect was given to jail staff.
- Felt that being involved in the food service program was productive.
- Concern: late night/early morning releases (as a result of overcrowding).

Jackson County Jail (Inspection)

On March 17, 2017, the Grand Jury participated in a tour of the Jackson County Jail, conducted by Sgt. Beane. What follows is a listing of the Grand Jury’s observations of the facility.

- Public Reception
- Booking Area
- Sally Port
- Administration
- Video Monitoring & Central Internal Control Room
- Procedures for Prisoner Movement
- Classifications of Prisoners
- Laundry
- Clothing Designation
- Inmate Assignment of Clothing, Bedding and Personal Hygiene Products
- Jail Design (various housing units, Observation areas etc.)
- Food Administration
- Video Conferencing
- Suicide, Detox and High Risk Procedures
- Law Library, and General Library
- Medical Clinic
- Recreation Areas
- Visitation Areas (Family, Attorneys, etc.)
COMMUNITY JUSTICE JUVENILE DIVISION

On March 24, 2017 the Grand Jury participated in a tour of the Jackson County Juvenile Detention & Residential Facility, conducted by Kymbra Neilson and Amber Penkert. What follows is a listing of the Grand Jury's observations of the facility.

Jackson County Juvenile Facility (Inspection and Tour)
- Intake Room
- Temporary Holding Cells
- Visitation Area
- Classroom
- Common Area
- Control Room
- Indoor and Outdoor Recreation Areas
- Housing Units
- Sally Port

Jackson County Juvenile Facility (Observations)
- Juvenile co-ed population: total of detained, time in custody, average length of stay, average daily population, admission reasons and described the pod structure.
- 2 full time mental health persons
- Well-staffed
- Year round school
- No contact sports
- Full time nurse for any medical issues
- Facility is a safe and healthy structured environment with a number of incentive programs in place.
- Detention has 40 beds capacity (two pods of 20 each).
- Age of juveniles detained ranges from 12-18 years.
- Able to participate in the Jackson County Public Library summer reading program, which makes up about 30 percent of the program use and is a positive incentive for participants.
- Convivial attitude between the juvenile detainees and staff.
- Visitation: Detention has 9 opportunities each week
- Visitation: Residential has 4 opportunities each week with the possibility of an overnight stay off premises.
- Monthly special meals, birthday cakes, movie day, etc.
JACKSON COUNTY COMMUNITY JUSTICE TRANSITION CENTER

On March 31, 2017 the Grand Jury participated in a tour of the Jackson County Community Justice Transition Center, conducted by Eric Guyer, former CJTC Director. What follows is a listing of the Grand Jury’s observations of the facility.

Eric Guyer, former CJTC Director
- Gave presentation about work center and its programs, budget, etc. and noted that this is a semi self-sustaining program.
- 169 bed capacity, operate at 135 beds.
- 1900 actively supervised through parole and probation.
- Work crews assist with roadside trash pick-up, firefighting, animal shelter, fairgrounds/airport cleanup, Rogue Disposal, etc.
- 4 divisions of clients (sanctioned work restitution clients, work release, transitional housing, and federal inmates).
- Jail overcrowding has a direct impact on the overall success rate of transition center goals.
- Programs include job search skills, interview techniques, and proper interview/work attire.
- Successful program completion can result in reduced time served.
- Core Values: Safety, Change, Teamwork, Customer Service.

Jackson County Corrections Work Center (Inspection)
On March 31, 2017, the Grand Jury participated in a tour of the Jackson County Work Center Facility, conducted by former Director Eric Guyer. What follows is a listing of the Grand Jury’s observations of the facility.
- Re-entry from outside appointments, etc.
- Levels of Detention
- Counseling Programs
- Work Release
- Men’s Dormitory
- Women’s Dormitory
- Kitchen Facility
- Outdoor Facility
- Classrooms

Additional observations:
- Staff is caring and respectful and resident’s needs are properly addressed.
- Daily counseling groups and 1 on 1 sessions are available.
- Able to do laundry every morning.
- Work and fire crews are sufficiently supervised and receive certification training.
- Verbal communication used instead of physical restraint for conflict resolution.
- Transition to community housing is limited due to client background & housing availability.
John Watson, Jackson County Community Justice – Adult Services Division

- Jackson County Community Justice Adult Services Division (see attachment)
- Community Justice has 23 Senior Deputy Probation Officers who supervise an average of 1876 offenders.
- 21-25 is the largest age group of offenders, 40-45 is the second largest.
- Two mental health counselors on staff, three parole officers for domestic violence and three parole officers for sex offenders.
- In house programs for drug and alcohol counseling, mental health counseling and resource center.
- Concerns/shortfalls are good, safe housing and managing co-occurring issues, i.e. addiction and mental health treatment.

Joe Ferguson, Jackson County Juvenile Department

- Distributed a report including statistics from the Jackson County Juvenile services. (see attachment)
- The Detention Program has a maximum capacity of 40 single rooms, with an additional 5 holding rooms within the intake/receiving area. The facility is currently staffed to hold up to 24 youth. The staffing ratio is 1 to 8 during daylight hours and 1 to 16 at night.
- Jackson County Juvenile Services operates a 15 bed residential program, serving adjudicated male youth from 12-17 years of age. Staff to youth ratios follow the contractual requirements from the State to ensure a minimum ratio of one direct care staff to no more than five (1:5) juveniles during waking hours, and a ratio of one direct care staff to no more than fifteen (1:15) juveniles during sleeping hours.
- There is very little violence within the facility.
- They focus more on reform than punishment.
- Current challenges include how to engage families/parents more effectively and provide mental health services.

Clint Oborn, Southern Oregon Public Defender

- Current issues are attorney visitation area which will be addressed with remodel currently scheduled.
- Feels that borderline Measure 11 cases contribute to overcrowding.
- Slow response time to bring clients to him after calling ahead and limited visitation times.
- Would like to see improvements in getting medications for mental health issues.
Nate Sickler, Jackson County Sheriff

- 14132 lodged in 2016, 2000 more than previous year. There were 4902 forced releases in 2016, highest in the state, almost 50 percent increase over 2015.
- Basement is scheduled to reopen April 24 which should help to relieve overcrowding and forced releases in the short term.
- 14000-15000 warrants were not enforced due to jail overcrowding.
- As they are now properly staffed, Corrections Deputies are now able to meet 40 hours of recommended training.
- In 2004 a study recommended 600 beds as being the needed number of beds for a new jail.
- Goal is to take next steps toward proposal for new jail facility.

Judge Lisa Greif, Jackson County Mental Health Court

- Mental Health Court started May 2015.
- Individuals are usually in program for up to two years.
- Cap of 15 participants, with 10 in program currently.
- Need more affordable, long-term housing for participants.
- One paid staff position with the remainder being volunteers from different areas of expertise. Entire team reviews each candidate for entering the program with a strict list of qualifications.
- The program consists of four phases, with the fourth phase requiring a long-term plan for wellness and recovery as well as a “give back” project.
- Successful program completion can result in charges being dismissed or reduced sentences.
IV. GRAND JURY RECOMMENDATIONS

The affected agency/department should respond to the recommendations in the following format. This written response then becomes part of the Grand Jury report.

A. Agreed and completed. The agency/department affected agrees with and has implemented the recommendation.

B. Partial Agreement and completed. There is partial agreement, which has been completed, and partial rejection. Reasons for and details of this action are solicited.

C. Disagreed and rejected. Reasons for rejection are solicited.

D. Agreed but unable to implement at this time. Reasons for unable to implement are solicited.

E. Unanswered. The agency or department has not responded to the recommendation.

F. Pending. Partial or full acceptance has occurred but implementation is either incomplete or has yet to be initiated.

After a careful and thorough review, the Grand Jury makes the following observations and recommendations:

1) It is apparent that the Jackson County Jail is overcrowded, based on testimony and observations and as noted in reports from previous years. This leads to an increased number of forced releases and public safety issues. The jail is now over 35 years old and a proposal for a higher capacity, better designed jail facility is needed now to serve the County. The Grand Jury recommends that a study be completed within the next 12 months in relation to a new jail being built, taking into consideration location and inmate logistics.

2) The Grand Jury recommends additional mental health specialists to handle increased work load for each facility. Mental health issues were mentioned at all facilities, and by most of the individuals appearing before the Grand Jury. It is our observation that resources are still not adequate to handle mental health needs.

3) The Grand Jury has observed at all three facilities that there may be opportunity to better utilize space within each facility, e.g. occasional open capacity within sex offender pod, unused pods in juvenile detention areas, unused kitchen in work transition center.

4) The model used for the work transition center appears to be successful and recommend exploring increasing capacity or expanding this type of facility in another location.

5) The policy/procedure at the jail for attorney-client visits should be more flexible. The client should be presented to the attorney within a more reasonable amount of time when calling ahead.

6) The Grand Jury observed that the existing programs for drug rehabilitation, anger management, mental health counseling, etc. are successful and could also be used in a proactive manner for at risk populations.
V. ACKNOWLEDGMENT

The Grand Jury acknowledges the professional courtesy and cooperation we received from all agency managers, staff and witnesses we interviewed during this inquiry. We appreciate Senior Deputy District Attorney Terry Smith-Norton's help and guidance throughout this process.

VI. WITNESSES

1. Captain Dan Penland – Jackson County Jail
2. Administrative Sergeant Joshua Aldrich – Jackson County Jail
3. Sergeant Russ Beane – Jackson County Jail
4. Dennis McNamara – Mental Health Specialist
5. Jen Thousand – ARAMARK representative
6. Rick Tutor – head of maintenance
7. Female inmate – Jackson County Jail
8. Male inmate – Jackson County Jail
9. Kymbra Neilson - Administrator Supervisor Juvenile Division
10. Amber Penkert – detention employee Juvenile Division
11. Eric Guyer – former CJWC Director
12. John Watson – Community Justice Deputy Director
13. Joe Ferguson - Juvenile Deputy Director
14. Clint Oborn - Southern Oregon Public Defender
15. Nate Sickler - Jackson County Sheriff
16. Judge Lisa Grief - Mental Health Court

VII. APPENDIX OF ATTACHED DOCUMENTS

1) Jackson County Sheriff Memo
2) Public Safety Checklist
3) Daily Release Notes
4) Forced Release Graph
5) Jackson County Community Justice Juvenile Division
6) Jackson County Transition Center 2016 PREA Audit
7) Jackson County Community Justice Adult Services Division
To: Special Corrections Grand Jury  
From: Captain Dan Penland  
Subject: Jail Statistics  
Date: March 17, 2017

The Jackson County jail provides services to all of the agencies within the county’s 2801 square miles. The county has a total population of 213,765 (estimated) (Population Research Center, PSU). This includes 11 incorporated cities: Ashland, Butte Falls, Central Point, Eagle Point, Gold Hill, Jacksonville, Medford, Phoenix, Rogue River, Shady Cove and Talent. We also accept lodgings from the Oregon State Police (OSP), Drug Enforcement Administration (DEA), US Marshalls, Immigration and Customs Enforcement (ICE), National Forest Service, Parole and Probation (P&P), and Military Police.

The Jackson County Jail was built in 1981. There are 346 beds available within the facility. We currently have a self imposed inmate population cap of 230. The cap of 230 was imposed due to a number of factors including the jails design, staffing levels, staff and inmate safety. When the jail population reaches 230, inmates are then “forced released.” In 2012 there 4766 inmates forced released. This number is up fifty one (51%) from 2011 when we had 2439 releases.

Staffing at the Jackson County Jail looks like this:
1 Captain  
1 Lieutenant  
5 Sergeants  
1 Records Supervisor  
1 Administrative assistant  
52 Corrections deputies  
2 Transport deputies  
16 Records Clerks

In 2016 the jail lodged 14,132 people. This is an increase of 17% from 2015. This number includes all lodgings as well as process only’s and court commitments. A process only is someone who has been charged with a crime but has not been lodged in jail and needs photographed and fingerprinted. A commitment is someone who is ordered to jail by the court. The Judge has ordered them to turn themselves in, to the custody of the Sheriff (Jail) on a specific date and time to serve their sentence.

Sentenced inmates may serve their time in the jail or if they are eligible they can be transferred to the Community Justice Work Center (CJWC).
February of 2014 an additional 62 beds were added in the basement when the Sheriff On April 24, 2017 we will reopen the 62 beds in the basement of the jail bringing our cap to 292 beds. Due to unfilled staff positions and training requirements., Sheriff Falls opted to close the 62 beds in the basement in November of 2015. Sheriff Sickler has committed to reopening the 62 beds on April 24, 2017.

Our budget for the current year 2016-2017 budget year is $11,970,403.00.

The Jail’s kitchen is contracted out to Aramark Corporation which provides meals for the jail, Juvenile facility and the Community Justice Work Center (CJWC). The kitchen provides between 1200-1300 meals a day for the three facilities. The jails laundry provides services for both the jail and Juvenile facility. The inmates in the jail receive a diet that is an average of 2800 calories per day. The Jail will pay approximately $1.18 per meal in the coming year.

We currently contract for medical coverage with Correct Care Solutions (CCS). This is a $320,000.00 contract for the jail. They provide onsite medical staff from 7:00 a.m. until 11:00 p.m. There is a doctor who oversees medical services and performs sick call once per week. A Nurse Practitioner also holds sick call once per week. CONMED also provides an on call after hours service.

Our highest areas of risk (liability) are inmates who require special observation (checks). These types of checks require a deputy to observe the inmate, assure they are ok and document their observations at a minimum of every 15 minutes. The most significant of these would be intoxicated inmates and those on suicide prevention checks. These checks can take a significant amount of the deputies’ time depending on how many inmates are on these special checks.

Inmates with mental health issues also pose a huge risk for the jail. The risk of suicide is higher in jail and those with significant mental health issues can consume a lot of jail resources such as medical, Mental Health and Deputy time. As community resources for mental health dwindle, the jail has become a secondary mental health facility. With no available resources, the officer on the street is forced to lodge them in jail in an effort to keep the peace and the community safe.

Future Issues:

- Open 62 beds on April 24, 2017
- Attorney visitation remodel April 2017 (?)
- Camera upgrade for booking and first floor, finish the rest of the building in budget year 2017-2018.
- Add position of Lieutenant to command structure
The Public Safety Checklist for Oregon

How are the risk scores displayed and what do they mean?

New Conviction

FELONY

This estimates the percent of offenders at a lower risk for reconviction of a felony within 3 years of release from prison or imposition of probation based upon the risk scores of all felony offenders that have been released from prison or sentenced to probation in the last 5 years.

This screen shot shows the comparative risk score for reconviction of a felony. This estimates the percent of offenders at a lower risk for reconviction of a felony within 3 years of release from prison or imposition of probation based upon the risk scores of all felony offenders that have been released from prison or sentenced to probation in the last 5 years. The comparative risk shown in the screen shot means that the offender's actual risk score for reconviction of a felony is higher than 85% of felony offenders that have been released from prison or sentenced to probation in the last 5 years.

This screen shot shows the actual risk score for reconviction of a felony and the community corrections classification based on the actual risk score. This is viewed by clicking on "View community corrections classification for this person". The Public Safety Checklist also displays risk scores for a new person arrest and a new property arrest. The actual risk for reconviction of a felony estimates the likelihood the offender will be convicted of a new felony within 3 years of release from prison or imposition of probation. This estimate is based upon the recidivism patterns of 345,000 offenders that have been released from prison or sentenced to probation since 1980. The actual risk shown in the screen shot means that the offenders' likelihood of new felony conviction within 3 years of release from prison or imposition of probation is 39%. The community corrections classification is shown as low, medium or high based on the actual risk score and cut-off levels determined by OACCD (Oregon Association of Community Corrections Directors).

What is the Public Safety Checklist?

The Public Safety Checklist is an actuarial risk assessment tool that uses offender characteristics to predict recidivism.

What does the Public Safety Checklist do?

The Public Safety Checklist provides a quick, objective, validated assessment of the probability an offender will be re-convicted of a felony or re-arrested for a person or property offense based on the offender's following characteristics:

- Current age
- Gender
- Age at first arrest
- Severity of current crime
- Multiple custody cycles
- Total number of statutory arrests
- Total number of property arrests
- Total number of person arrests
- Total number of statutory arrests in last 5 years

SID:

ORS:

To run the Public Safety Checklist (PSC), please enter a person's State Identification Number (SID) and the Oregon Revised Statute of the crime for which he or she is being sentenced (e.g. 165.000 if the person is before the court on a new identity theft case). Please also check if you are a judge, a district attorney or a defense attorney so we will know who is making use of the PSC.

The PSC will automatically check the person's criminal risk factors for you, and tell you a person's level of risk for future crime.

Public Safety Checklist Factors

The PSC automatically checks the following risk factors for each person, and the interplay between these factors. The PSC then computes a person's level of risk for future crime and what percentage of offenders has a lower risk of future crime.

1. age;
2. gender;
3. age of first arrest;
4. severity of current crime;
5. number of prior arrests for a person, property or other (statutory) type of crime;
6. was this person arrested for a person, property or other type of crime in the last five years;
7. any prior theft conviction;
8. any prior revocations on parole or probation;
9. any prior incarcerations;
10. multiple custody cycles;
11. previous sentence type (probation or incarceration).

https://risktool.ocjc.state.or.us/psc/
• Total number of property arrests in last 5 years
• Total number of person arrests in last 5 years
• Prior incarceration
• Prior theft conviction
• Prior revocation
• Previous sentence type (probation or incarceration)

How was the Public Safety Checklist developed?
The Oregon Department of Corrections and Oregon Criminal Justice Commission analyzed actual re-arrest and re-conviction data from 55,000 offenders in Oregon from 2000 to 2005, and used logistic regression analysis to determine which offender demographic and criminal history factors are predictive of a felon being reconvicted or rearrested. This model of risk assessment was then applied to all 350,000 offenders sentenced to probation or released from prison from 1980 through present to make sure the risk tool accurately and validly categorized these offenders’ risk to be re-arrested or re-convicted.

What measures of recidivism are used in the Public Safety Checklist?
Reconviction for any felony within 3 years of release from prison or being sentenced to probation, re-arrest for any person felony or class A person misdemeanor (32% are misdemeanors, not including DUII and misdemeanor Assault 4), and re-arrest for any property crime listed in ORS 137.717(2) (39% are misdemeanors including Theft 2).

Is the ethnicity of the offender included as one of the factors that predict the offender's risk score?
No. An offender’s ethnicity is not included in the measurement of an offender’s risk to be re-arrested or re-convicted.

How is a risk score produced?
An algorithm is used to weigh the offender’s predictive factors and give a "composite score" for an offender with these characteristics. This is the same procedure that is used in life insurance actuarial tools or heart attack risk factors (although the factors are, of course, different).

What are the limitations of the Public Safety Checklist?
The Public Safety Checklist uses Oregon data and does not include out-of-state, federal or juvenile arrests and convictions. The Public Safety Checklist does not account for dynamic factors (factors that can change) that could possibly predict recidivism. These include factors such as the offender’s willingness to change or current participation in a drug treatment program. The Public Safety Checklist database includes offenders that have been convicted of a felony or serious misdemeanor. It also includes offenders that have a SID number and arrest in LEDS.

Is this type of tool currently used elsewhere?
Yes. The Virginia and Missouri sentencing guidelines currently incorporate the risk assessment into their recommended sentence. The same actuarial assessment is commonly used in the medical world when identifying "risk factors" for a heart attack or in the insurance world in setting premium rates for drivers based upon demographic information and past driving record.

How accurate is the Public Safety Checklist?
The area under the curve is a statistical measure of a model's fit or predictability. An area under the curve of 0 indicates no predictability at all and 1 is perfect predictability. The area under the curve for the public safety checklist is over 0.70. This is comparable accuracy to risk assessment tools used in Washington, Virginia, and Missouri.

Why use a Public Safety Checklist?
Many studies have shown that a professional using an actuarial tool does a better job than clinical judgment alone in assessing the likelihood of recidivism. The Public Safety Checklist provides increased objectivity, is quick and easy to use, and no training is required. It provides better information which in turn leads to better decisions.

Does the Public Safety Checklist tell the judge what the sentence should be?
No. The Public Safety Checklist gives scientific information about the likelihood of recidivism for an offender based upon analysis of thousands of previous Oregon offenders. That information is not dispositive of what the sentence should be in an individual sentencing proceeding. There are four principles that guide the punishment of crime articulated in Oregon's Constitution: protection of society, personal responsibility, accountability for one's actions and reformation. The Public Safety Checklist informs a judge about the two principles that relate to increasing public safety after the sentence is imposed: protection of society and reformation. The judge will always need to look at all aspects of the criminal conduct, its impact on the victim, and any steps the offender has taken at taking responsibility before imposing a sentence that serves the principles of accountability for one's actions and personal responsibility. Assessing the likelihood of improving public safety through treatment in or out of custody depends in part upon the offender's needs, which are addressed by other instruments but not by the risk assessment instrument.

Does the Public Safety Checklist eliminate the need for professional judgment?
No. It informs but does not replace professional judgment. However, many studies have shown that a professional using an actuarial tool does a better job than clinical judgment alone in assessing the likelihood of recidivism. So, it should not be ignored, but should be overridden in situations where other factors than those captured make this offender different or unique from most offenders.

How well does it differentiate between high, medium, and low risk felons?
The Public Safety Checklist defines low risk felons as those in the lowest 20% for risk to recidivate, medium as the next highest 40%, and high as the highest 20%. For offenders released from prison or sentenced to probation in the last 5 years, the low risk offenders had a recidivism rate of 10%. Recidivism is a new felony conviction within three years. The medium risk offenders had a recidivism rate of 28% and high risk offenders had a rate of 55%.

![Classification Rates for Risk Assessment Tool](https://risktool.ojc.state.or.us/psc/)
The Public Safety Checklist for Oregon

New Conviction

FELONY
This estimates the percent of offenders at a lower risk for reconviction of a felony within 3 years of release from prison or imposition of probation based upon the risk scores of all felony offenders that have been released from prison or sentenced to probation in the last 5 years.

99%

New Arrest

PERSON CRIME
This estimates the percent of offenders at a lower risk for a new person arrest up to 10 years from release from prison or imposition of probation based upon the risk scores of all felony offenders that have been released from prison or sentenced to probation in the last 5 years.

100%

PROPERTY CRIME
This estimates the percent of offenders at a lower risk for a new property arrest up to 10 years from release from prison or imposition of probation based upon the risk scores of all felony offenders that have been released from prison or sentenced to probation in the last 5 years.

100%

View community corrections classification for this person

Identifying Information

Name: 
Gender: Male
DOB: 05-10-1991
Current Age: 25
SID:

Risk calculated at 15 Mar 2017 12:09:38
Data last updated on 15 Mar 2017

https://risktool.oejc.state.or.us/psc/18214282/
Jackson County Pretrial Risk Assessment

Created: 12/14/2016 at 3:49:07PM

Date of Birth: 03/20/1987  State ID Number:

SO#  

Risk Level

Public Safety Checklist for Oregon

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Virginia Pretrial Release Assessment

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Assessing Officer 645

Supervisor Review / Recommendation

Release: Overcrowding  Low Risk: 
Hold: Measure 11 

Authorizing Supervisor: AD707
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<td>Carnley, Allen James</td>
<td>XXX</td>
<td></td>
<td>JCC 03/28/17 0900 + MFM 03/30/17 1000</td>
</tr>
<tr>
<td>Jeans, Terry Anthony</td>
<td>XXX</td>
<td></td>
<td>JCC</td>
</tr>
<tr>
<td>Turner, Eric James</td>
<td>XXX</td>
<td></td>
<td>JCC</td>
</tr>
<tr>
<td>Riley, Patrick Kelly</td>
<td>XXX</td>
<td></td>
<td>JCC 04/11/17 1600</td>
</tr>
<tr>
<td>Ragsdale, Ronald Cody</td>
<td>XXX</td>
<td></td>
<td>JCC 03/28/17 0900 + MFM 03/30/17 1000</td>
</tr>
<tr>
<td>McCullough, David Joseph</td>
<td>XXX</td>
<td></td>
<td>JCC 03/28/17 0900</td>
</tr>
<tr>
<td>Genaw, Todd William</td>
<td>XXX</td>
<td></td>
<td>JCC</td>
</tr>
<tr>
<td>Thorton, Jesse Duwane</td>
<td>XXX</td>
<td></td>
<td>JCC + Josephine Co.</td>
</tr>
<tr>
<td>Linn, Andrea Denise</td>
<td>XXX</td>
<td></td>
<td>JCC 03/28/17 0900 + MFM 03/30/17 1000</td>
</tr>
<tr>
<td>Hibbon, Elizabeth Ann</td>
<td>XXX</td>
<td></td>
<td>JCC 03/28/17 0900</td>
</tr>
<tr>
<td>Copeland, Tynaia Davon</td>
<td>XXX</td>
<td></td>
<td>JOCO 04/04/17 1300</td>
</tr>
<tr>
<td>Kurggel, Gary Preston</td>
<td>XXX</td>
<td></td>
<td>MFM 03/30/17 1000</td>
</tr>
<tr>
<td>Thomas, Martinez</td>
<td>XXX</td>
<td></td>
<td>JCC 04/11/17 0900</td>
</tr>
<tr>
<td>Stockton, Dustin Lee</td>
<td>XXX</td>
<td></td>
<td>JCC 03/28/17 0900</td>
</tr>
<tr>
<td>Hampton, Leanna Renee</td>
<td>XXX</td>
<td></td>
<td>JCC 04/11/17 0900 + JOCO 04/05/17 1300</td>
</tr>
<tr>
<td>Brandt, Jon Leslie</td>
<td>XXX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bryning, Carl Aden</td>
<td>XXX</td>
<td></td>
<td>JCC 03/28/17 0900</td>
</tr>
<tr>
<td>Goodnature, James Nathaniel</td>
<td>XXX</td>
<td></td>
<td>JCC 03/27/17 1330</td>
</tr>
<tr>
<td>Brennan, Justin Anthony</td>
<td>XXX</td>
<td></td>
<td>JCC 03/27/17 1330 + KLAMATH CO 04/13/17 1330</td>
</tr>
<tr>
<td>Tritchler, Shelby Michael</td>
<td>XXX</td>
<td></td>
<td>After 0800 03/14/17 JCC 03/28/17 0900</td>
</tr>
<tr>
<td>Bouler, Christopher James</td>
<td>XXX</td>
<td></td>
<td>JCC 03/28/17 0900</td>
</tr>
<tr>
<td>Donovan, Daniel Edward III</td>
<td>XXX</td>
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<td>Stowell, Jessica Dawn</td>
<td>XXX</td>
<td></td>
<td>JCC 04/11/17 0900</td>
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<tr>
<td>Rich, Warren Alexander</td>
<td>XXX</td>
<td></td>
<td>MFM 03/30/17 1000</td>
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<tr>
<td>Florea, Allan Michael Scott</td>
<td>XXX</td>
<td></td>
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</table>
With a special thanks to Sue Watkins our Finance coordinator who prepared this information on forced releases, I have attached a graph showing the trend of force releases. It does not have the actual number of forced releases listed on it, so that information is below.

Here is the data that goes with the graph on lodgings and releases.

<table>
<thead>
<tr>
<th></th>
<th>Forced Lodgings</th>
<th>Forced Releases</th>
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<tbody>
<tr>
<td>2013</td>
<td>11471</td>
<td>4949</td>
</tr>
<tr>
<td>2014</td>
<td>11700</td>
<td>2060</td>
</tr>
<tr>
<td>2015</td>
<td>12047</td>
<td>2600</td>
</tr>
<tr>
<td>2016</td>
<td>14132</td>
<td>4902</td>
</tr>
</tbody>
</table>

Let me know if you need anything else.

Dan
Corrections Bureau

In 2016 Corrections Staff processed/booked 14,132 individuals through or into the jail.
Jackson County Community Justice
Juvenile Division

Detention and Residential Facility
Annual Grand Jury Inspection
2017
JACKSON COUNTY COMMUNITY JUSTICE - JUVENILE SERVICES

Youth Criminal Referrals by number of Actual Referrals

<table>
<thead>
<tr>
<th>Referrals / Youth</th>
<th>04-05</th>
<th>05-06</th>
<th>06-07</th>
<th>07-08</th>
<th>08-09</th>
<th>09-10</th>
<th>10-11</th>
<th>11-12</th>
<th>12-13</th>
<th>13-14</th>
<th>14-15</th>
<th>15-16</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Referral</td>
<td>569</td>
<td>546</td>
<td>571</td>
<td>554</td>
<td>614</td>
<td>444</td>
<td>475</td>
<td>443</td>
<td>360</td>
<td>357</td>
<td>328</td>
<td>250</td>
<td>-57%</td>
</tr>
<tr>
<td>2 Referrals</td>
<td>232</td>
<td>221</td>
<td>238</td>
<td>228</td>
<td>216</td>
<td>193</td>
<td>155</td>
<td>148</td>
<td>137</td>
<td>117</td>
<td>112</td>
<td>109</td>
<td>-54%</td>
</tr>
<tr>
<td>3 or more Referrals</td>
<td>483</td>
<td>406</td>
<td>410</td>
<td>387</td>
<td>330</td>
<td>346</td>
<td>338</td>
<td>284</td>
<td>226</td>
<td>205</td>
<td>207</td>
<td>168</td>
<td>-65%</td>
</tr>
<tr>
<td>Total Referrals</td>
<td>1052</td>
<td>952</td>
<td>981</td>
<td>941</td>
<td>944</td>
<td>790</td>
<td>813</td>
<td>727</td>
<td>586</td>
<td>562</td>
<td>535</td>
<td>418</td>
<td>-60%</td>
</tr>
</tbody>
</table>

Youth by Referral Numbers

- 1 Referral -57%
- 2 Referrals -66%
- 3 or > Referrals -54%

JJIS Report 56a
DETENTION AND RESIDENTIAL PROGRAM SERVICES

Admission
Division staff conduct initial mental health, substance abuse and health screening on each youth admitted into placement.

Mental Health Services
Mental health professionals from Jackson County Health and Human Services (JCHHS) currently provide services to youth in both detention and the residential programs. Currently only crisis services are being provided to youth in detention. Current recruitment is occurring for mental health services due to recent changes with Community Care Organizations and JCHHS. After hours services are provided by JCHHS.

Services are focused on crisis assessments, individual counseling, services to parents/families for youth in placement.

Health Care Services
Correct Care Solutions provides contracted health care to youth while in placement. Youth placed in the residential program have access to the Oregon Health Plan and can access outside providers for routine medical and dental services as well.

Visitation
Approved visitors have nine opportunities each week to visit youth in detention. Youth placed in the residential program have four opportunities each week for visitation but also can have off-site and overnight visits.

Attorneys of record can visit at any time scheduled with facility staff.

Mentors from Youth for Christ visit with youth during lunch time Monday-Friday.

Education
The Medford School District provides a full-time, year round (220 days) education program for youth in placement. Both the Detention and Residential Programs each have a full-time teachers and an aid to assist.

Recreation
All youth receive at least one hour of large muscle exercise each day. Main activity is volleyball as the majority of youth can play and there is lower chance of contact and injury. Access to basketball games is also utilized especially during nice weather in the outdoor recreation yard. Youth in the residential program have the opportunity to go off-site for recreation activities as well.

Social Skill Development

The division utilizes evidence based and best practices in providing skills building services to youth in placement. These include, but are not limited to: Aggression replacement training, girl's circle, thinking for a change, options to anger, boy's council, truthought, carey guides, phoenix gang intervention, the change company.

Daily group skill building activities occur in both the detention and residential programs.

Structured Free Time

Youth in the detention and residential programs have scheduled time each day for reading, writing letters, doing art projects, practicing guitar (residential), talking with staff and other approved activities from staff.

Volunteers
Volunteers from Youth for Christ and Mediation Works come into the programs weekly to share with youth.

A number of Interns from Southern Oregon University and Rogue Community College spend time working with youth in the programs.
Juvenile Detention Program

Detention provides secure custody, accountability and services for youth offenders awaiting court or serving sentences. Accountability is not achieved when offenders simply do time in detention programs. True accountability involves making time count. School, assessment, evidenced-based skill building, recreation, education, medical screening and counseling services are all provided in a structured and supervised environment.

The Detention Program has a maximum capacity of 40 single rooms, with an additional 5 holding rooms within the intake/receiving area. Two separate living units provide 20 single rooms, general living area, classroom, meal area, showers, kitchenette, and counseling room. Additionally, there is an indoor gym and outdoor recreation area for large muscle activities. The facility is current staffed to hold up to 24 youth.

The design of this facility provides opportunities to implement approaches to dealing with issues that contribute to the criminal thinking and behavior of detained youth. By addressing these issues, offenders have a greater chance of becoming positive, contributing community members.

Staff to youth ratios follow the recommendations of The National Partnership for Juvenile Services to ensure a minimum ratio of one direct care staff to no more than eight (1:8) juveniles during waking hours, and a ratio of one direct care staff to no more than sixteen (1:16) juveniles during sleeping hours. At least one direct care staff of the same gender as residents served will be on duty at all times.
<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Total Youth Detained</th>
<th>Unduplicated # of Detained Youth</th>
<th>Time in Custody</th>
<th>Average Length of Stay</th>
<th>Average Daily Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>T</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>03-04</td>
<td>560</td>
<td>198</td>
<td>758</td>
<td>325</td>
<td>102</td>
</tr>
<tr>
<td>04-05</td>
<td>720</td>
<td>246</td>
<td>966</td>
<td>385</td>
<td>121</td>
</tr>
<tr>
<td>05-06</td>
<td>743</td>
<td>246</td>
<td>989</td>
<td>424</td>
<td>147</td>
</tr>
<tr>
<td>06-07</td>
<td>716</td>
<td>229</td>
<td>945</td>
<td>413</td>
<td>150</td>
</tr>
<tr>
<td>07-08</td>
<td>659</td>
<td>189</td>
<td>848</td>
<td>386</td>
<td>119</td>
</tr>
<tr>
<td>08-09</td>
<td>598</td>
<td>189</td>
<td>787</td>
<td>348</td>
<td>103</td>
</tr>
<tr>
<td>09-10</td>
<td>685</td>
<td>168</td>
<td>854</td>
<td>353</td>
<td>95</td>
</tr>
<tr>
<td>10-11</td>
<td>766</td>
<td>172</td>
<td>939</td>
<td>574</td>
<td>140</td>
</tr>
<tr>
<td>11-12</td>
<td>609</td>
<td>134</td>
<td>744</td>
<td>474</td>
<td>105</td>
</tr>
<tr>
<td>12-13</td>
<td>571</td>
<td>207</td>
<td>778</td>
<td>451</td>
<td>149</td>
</tr>
<tr>
<td>13-14</td>
<td>501</td>
<td>178</td>
<td>679</td>
<td>412</td>
<td>141</td>
</tr>
<tr>
<td>14-15</td>
<td>536</td>
<td>192</td>
<td>728</td>
<td>410</td>
<td>152</td>
</tr>
<tr>
<td>15-16</td>
<td>481</td>
<td>116</td>
<td>597</td>
<td>385</td>
<td>102</td>
</tr>
</tbody>
</table>
**JUVENILE DIVISION - Detention Program Admission Reasons**

The purpose of this section is to track youth placed in the detention program by age, race, gender, admission reason and placement agency.

**JACKSON COUNTY JUVENILE DETENTION FACILITY**

**ADMISSION REASON REPORT**

| Year | <12 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | >18 | WHT | BLK | ASN | HSP | IND | OTH |
|------|-----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|
| 03-04 | 7 | 45 | 70 | 122 | 152 | 180 | 161 | 21 | 0 | 620 | 27 | 8 | 65 | 21 | 17 |
| 04-05 | 11 | 24 | 107 | 151 | 182 | 220 | 223 | 42 | 6 | 747 | 36 | 7 | 110 | 36 | 30 |
| 05-06 | 5 | 22 | 72 | 129 | 252 | 208 | 223 | 63 | 15 | 746 | 49 | 25 | 111 | 27 | 31 |
| 06-07 | 11 | 30 | 51 | 112 | 204 | 265 | 217 | 47 | 7 | 696 | 47 | 20 | 141 | 18 | 23 |
| 07-08 | 12 | 19 | 51 | 92 | 178 | 209 | 239 | 41 | 7 | 579 | 37 | 15 | 178 | 22 | 17 |
| 08-09 | 1 | 21 | 71 | 92 | 150 | 180 | 210 | 48 | 14 | 548 | 30 | 6 | 182 | 12 | 9 |
| 09-10 | 3 | 15 | 71 | 150 | 138 | 207 | 211 | 46 | 13 | 584 | 42 | 5 | 190 | 18 | 15 |
| 10-11 | 2 | 14 | 72 | 157 | 171 | 225 | 235 | 48 | 15 | 629 | 57 | 5 | 207 | 24 | 17 |
| 11-12 | 6 | 14 | 46 | 97 | 152 | 193 | 191 | 40 | 5 | 483 | 37 | 21 | 156 | 18 | 29 |
| 12-13 | 1 | 6 | 43 | 75 | 146 | 124 | 139 | 47 | 7 | 378 | 25 | 19 | 129 | 26 | 11 |
| 13-14 | 1 | 18 | 41 | 66 | 86 | 120 | 136 | 26 | 10 | 354 | 34 | 5 | 88 | 17 | 6 |
| 14-15 | 0 | 17 | 43 | 89 | 140 | 191 | 178 | 47 | 10 | 485 | 37 | 5 | 149 | 15 | 24 |
| 15-16 | 3 | 20 | 30 | 82 | 106 | 146 | 144 | 45 | 6 | 401 | 15 | 8 | 120 | 20 | 10 |
| Totals | 45 | 196 | 591 | 1141 | 1723 | 2068 | 2123 | 498 | 109 | 5883 | 410 | 134 | 1651 | 217 | 192 |

**Law Violations**

- WHT: White
- BLK: Black
- ASN: Asian
- HSP: Hispanic
- IND: Indian
- OTH: Other

**Custody Reason**

- Law Vio: Law Violation
- Warrant: Warrant
- Prob Vio: Probation Violation
- VCR: Violation of Conditional Release
- Runaway: Out of State Runaway
- COD: Court Ordered Detention
- ICE: Immigration and Customs Enforcement

Information obtained from JJIS report #85
JUVENILE DIVISION - Detention Program Use of Force

The purpose of this section is to track the use of force against youth placed in the detention program to determine and deal with possible safety and training issues.

<table>
<thead>
<tr>
<th></th>
<th>JUV DEPT</th>
<th>OYA</th>
<th>OTHER</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phys</td>
<td>Mech</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YR</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>07-08</td>
<td>53</td>
<td>4</td>
<td>50</td>
<td>5</td>
</tr>
<tr>
<td>08-09</td>
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<td>13</td>
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<td>4</td>
<td>7</td>
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</tr>
<tr>
<td>14-15</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Total Restraints by Gender
JUVENILE DIVISION - Detention Program Incidents

The purpose of this section is to track incidents regarding youth placed in the detention program to determine and deal with possible safety and training issues.

### JAXCSON COUNTY DETENTION PROGRAM - INCIDENTS

<table>
<thead>
<tr>
<th># of Youth</th>
<th>Medical Issue</th>
<th>Medical Injury</th>
<th>Suicidal Behavior</th>
<th>Noncompliance</th>
<th>Aggression</th>
<th>Law Violation</th>
<th>Contraband</th>
<th>Use of Force</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-15</td>
<td>n/a</td>
<td>14</td>
<td>4</td>
<td>7</td>
<td>0</td>
<td>14</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15-16</td>
<td>68</td>
<td>22</td>
<td>5</td>
<td>16</td>
<td>0</td>
<td>39</td>
<td>9</td>
<td>23</td>
</tr>
</tbody>
</table>

- Medical: 16%
- Suicidal Behavior: 9%
- Noncompliance: 30%
- Aggression: 12%
- Contraband: 4%
- Use of Force: 25%
Juvenile Residential Program

Jackson County Juvenile Services operates a 15 bed residential program, serving adjudicated male youth, ages 12-17 years of age, which is authorized to provide Rehabilitation Services (RS). The program serves youth that have behavioral problems which cannot be adequately assessed while at home, and close and objective observation of the youths' day-to-day behavior is needed in order to evaluate the reasons for the behavior and to determine the level of the youth’s need for services, to develop and implement an individual case plan, and to provide rehabilitative services in order to further stabilize the behavior for successful transition back into the community.

The residential program consisting of one living unit and consists of a mixture of single and shared bedrooms, a general living area, classroom, an eating area, bathrooms/showers, kitchenette/laundry, and a counseling room. In addition to the space in the unit, there is an indoor gym and outdoor recreation area for large muscle activities. The design of the facility maximized opportunities for increased staff/youth interaction and the implementation of a direct supervision model.

The design of this program provides opportunities to implement approaches to dealing with issues that contribute to the criminal thinking and behavior of youth. By addressing these issues, offenders have a greater chance of becoming positive, contributing community members.

Staff to youth ratios follow the contractual requirements from the State to ensure a minimum ratio of one direct care staff to no more than five (1:5) juveniles during waking hours, and a ratio of one direct care staff to no more than fifteen (1:15) juveniles during sleeping hours.
## Jackson County Juvenile Residential Facility
### Population Report

<table>
<thead>
<tr>
<th>Shelter Program</th>
<th>Number of total Youth Placed</th>
<th>Unduplicated # of Placed Youth</th>
<th>Time in Placement</th>
<th>Average Length of Stay</th>
<th>Average Daily Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>T</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>07-08</td>
<td>84</td>
<td>85</td>
<td>169</td>
<td>74</td>
<td>61</td>
</tr>
<tr>
<td>A&amp;E Program</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08-09</td>
<td>108</td>
<td>104</td>
<td>212</td>
<td>4043</td>
<td>37.4</td>
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<tr>
<td>09-10</td>
<td>119</td>
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<td>226</td>
<td>4437</td>
<td>49.9</td>
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<tr>
<td>10-11</td>
<td>134</td>
<td>120</td>
<td>254</td>
<td>4462</td>
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<tr>
<td>CBT Program</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>11-12</td>
<td>95</td>
<td>85</td>
<td>180</td>
<td>4685</td>
<td>12.8</td>
</tr>
<tr>
<td>12-13</td>
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<td>86</td>
<td>180</td>
<td>4177</td>
<td>11</td>
</tr>
<tr>
<td>13-14</td>
<td>90</td>
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<td>172</td>
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<tr>
<td>14-15</td>
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<td>87</td>
<td>186</td>
<td>4692</td>
<td>13</td>
</tr>
<tr>
<td>15-16</td>
<td>108</td>
<td>89</td>
<td>197</td>
<td>4828</td>
<td>13</td>
</tr>
</tbody>
</table>

### Graph
- **Male:** Tracking starting in 2016-2017

---

**Note:** The table includes data on the number of total youth placed, unduplicated number of placed youth, time in placement, average length of stay, and average daily attendance for different periods. The graph visualizes male population trends over the years.
<table>
<thead>
<tr>
<th>Age</th>
<th>12-13</th>
<th>14-15</th>
<th>16-17</th>
<th>18+</th>
<th>CBT Resident School Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
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<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>Placement Agency</td>
<td>M</td>
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<td>F</td>
<td>F</td>
<td>F</td>
</tr>
<tr>
<td>Assessment and Evaluation Program</td>
<td>M</td>
<td>M</td>
<td>F</td>
<td>F</td>
<td>F</td>
</tr>
<tr>
<td>TOTAL</td>
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### Jackson County Juvenile Services
### Prison Rape Elimination Act (PREA)

#### Youth-on-Youth Nonconsensual Sexual Acts

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### Jackson County Juvenile Services
### Prison Rape Elimination Act (PREA)

#### Staff Sexual Misconduct

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#### Staff Sexual Harassment

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### Definitions

**Nonconsensual Sexual Acts**: Contact of any person without his or her concern, or of a person who is unable to consent or refuse; AND contact between the penis and the vagina or the penis and the anus including penetration, however slight; OR contact between the mouth and the penis, vagina or anus; OR penetration of the anal or genital opening of another person by a hand, finger or other object.

**Abusive Sexual Contact**: Contact of any person without his or her consent, or of a person who is unable to consent or refuse; AND intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person. Excludes incidents in which the intent of the sexual contact is to harm or debilitate rather than sexually exploit.

**Staff Sexual Misconduct**: Consensual or nonconsensual sexual acts including: intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire.

**Staff Sexual Harassment**: Demeaning references to gender or derogatory comments about body or clothing; OR repeated profane or obscene language or gestures.
Juvenile Services Challenges

Mental Health Services
Probation Services and Detention.
Change in Community Care Organizations (CCO's).
Residential Program.

Crossover Youth Project
Change in Community Care Organizations (CCO's).
Additional Organizations Delivering Mental Health Services.

Concerns with Substance Abuse Education/Treatment Resources
Lack of Providers/Resources.

Reduction in State Funding
15% Reduction from the Oregon Youth Authority ($70,481 per year).

Adding Youth Care Center (YCC) Program within Detention
Approved to Have up to 6 of the Total 24 Detention Beds Set Aside for More Treatment Focused (Male/Female, older youth, transitional).

Residential Program Transitional Services
Change in Community Care Organizations (CCO's).

Family/Parent Services
How to Engage Families/Parents More Effectively.

Collaborative Problem Solving (CPS) and Trauma Informed Care
Having Custody Staff Trained in CPS.
Challenging Youth to Resolve Problems in a Collaborative, Mutually Satisfactory Manner Instead of Acting out Due to the Lack of Cognitive Skills That They Have.
Majority of Staff Trained in Adverse Childhood Experiences (ACE's).
Based on Abuse, Neglect and Household Dysfunction.
Focus Training for Staff on Resilancy of Youth and the Ability to See This as Opportunity to Grow.
**PREA AUDIT REPORT**  ☑ Interim  ☐ Final

**COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** Click here to enter text.

<table>
<thead>
<tr>
<th>Auditor Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Auditor name:</strong> Garry Russell</td>
</tr>
<tr>
<td><strong>Address:</strong> PO Box 1402, Salem, OR 97302</td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:garry.russell@q.com">garry.russell@q.com</a></td>
</tr>
<tr>
<td><strong>Telephone number:</strong> 503-559-3564</td>
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<tr>
<td><strong>Date of facility visit:</strong> November 7-8, 2016</td>
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<table>
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<th>Facility Information</th>
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<tr>
<td><strong>Facility name:</strong> Jackson County Transition Center</td>
</tr>
<tr>
<td><strong>Facility physical address:</strong> 5505 S. Pacific Hwy, Phoenix, OR 97535</td>
</tr>
<tr>
<td><strong>Facility mailing address:</strong> (if different from above) Click here to enter text.</td>
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<tr>
<td><strong>Facility telephone number:</strong> 541-774-4911</td>
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<tr>
<td><strong>The facility is:</strong> ☐ Federal  ☐ State  ☑ County  ☐ Military  ☐ Municipal  ☐ Private for profit  ☐ Private not for profit</td>
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<td><strong>Name of facility’s Chief Executive Officer:</strong> Eric Guyer</td>
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<tr>
<td><strong>Number of staff assigned to the facility in the last 12 months:</strong> 52</td>
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<tr>
<td><strong>Designed facility capacity:</strong> 169</td>
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<td><strong>Current population of facility:</strong> 116</td>
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<tr>
<td><strong>Facility security levels/inmate custody levels:</strong> non-custodial facility</td>
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<td><strong>Age range of the population:</strong> 18-75</td>
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<tr>
<td><strong>Name of PREA Compliance Manager:</strong> Marie Curren</td>
</tr>
<tr>
<td><strong>Title:</strong> Program Manager II</td>
</tr>
<tr>
<td><strong>Email address:</strong> <a href="mailto:currenmg@jacksoncounty.org">currenmg@jacksoncounty.org</a></td>
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<tr>
<td><strong>Name of agency:</strong> Jackson County – Jackson County Community Justice</td>
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<tr>
<td><strong>Governing authority or parent agency:</strong> (if applicable) Jackson County</td>
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<tr>
<td><strong>Physical address:</strong> 1101 W. Main St. Ste. 101, Medford OR 97501</td>
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<td><strong>Mailing address:</strong> (if different from above) Click here to enter text.</td>
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<th>Agency Chief Executive Officer</th>
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<tr>
<td><strong>Name:</strong> Eric Guyer</td>
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<tr>
<td><strong>Title:</strong> Director – Community Justice</td>
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<td><strong>Email address:</strong> <a href="mailto:guyerem@jacksoncounty.org">guyerem@jacksoncounty.org</a></td>
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<th>Agency-Wide PREA Coordinator</th>
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<tr>
<td><strong>Name:</strong> Marie Curren</td>
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<td><strong>Title:</strong> Program Manager II</td>
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AUDIT FINDINGS

NARRATIVE

A PREA Audit was conducted at the Jackson County Transition Center on November 7-8, 2016. The audit was conducted by PREA certified auditor Mr. Garry Russell. Notice of the audit was posted six weeks prior to the audit beginning with the auditor contact information. Prior to the onsite visit the pre-audit questionnaire and all documents provided were reviewed, contact made with a local advocate, and a review of the agency’s website to evaluate compliance with the PREA standards.

On November 7, 2016, the day started with a tour of the facility provided by Marie Curren, who is the Program Manager and PREA Compliance Manager. The tour included all housing areas, classrooms, health services, control points, and administrative offices. During the tour it was noted that some of the PREA posters had different information listed. Apparently, there had been an update and some posters were missed during the change. In one house for female clients there was no PREA poster visible and the client in the house did not know what a PREA poster was. The camera system had been upgraded and provided the staff member in the control point good visibility of all areas.

As part of the facility audit, the auditor interviewed the facility manager, PREA Compliance Manager, Specialized Staff and Random Staff. All required staff interviews were conducted and included 15 specialized and random staff. Staff had a good understanding of the PREA material that they had been trained on. However, there were several elements of the standards that were not being completed at the time of the audit that required the facility to go into a corrective action period.

All client interviews were conducted and included both male and female clients off each of the housing areas selected at random. During the initial site visit 10 clients were interviewed. The interviews consistently showed a lack of education on PREA, assessment questions were not being asked and limited knowledge on resources. As part of the audit I sat through the client orientation process and watched how the staff went over the PREA section and had the clients sign that they understood the information presented. The lack of PREA knowledge by the clients led to additional recommendations by the auditor.
DESCRIPTION OF FACILITY CHARACTERISTICS

The Jackson County Community Justice Transition Center is a 169 bed facility designed to provide treatment and transitional services to male and female clients in the criminal justice system. The center operates under the directions of the Jackson County Community Justice Director.

At the time of the audit the facility housed approximately 122 clients and the average length of stay was 17 days. The facility is a single story design that housed both male and female adult clients. Approximately 50 staff are employed by this facility. Video monitor is available and had recently been updated. The control point had the ability to view cameras in "real time" and the system had the capability to record and store for a period of at least 45 days adding to the prevention and detection of sexual abuse.
SUMMARY OF AUDIT FINDINGS

During the course of the onsite visit, the auditor noticed the overall tone of the facility was very positive, staff were very helpful and participated fully in the audit process. Staff displayed a working knowledge of the PREA requirements, understood their responsibilities to prevent, detect, report, and respond to incidents of sexual abuse and/or sexual harassment. Staff were aware of how to preserve and collect evidence and how to report the incident.

Clients all cooperated with the interview process however, their knowledge of PREA seemed to be low. They were aware that there was material posted should they have a need to report and/or seek assistance however, they didn’t really know the information that was on the posted material. When one client was asked about the location of the PREA poster in the housing unit they confused it with the evacuation diagram.

The facility was doing much of what is required by the standards however, some of the policies need additional items included so that they would contribute to an environment free of sexual abuse, sexual harassment, and retaliation. Where the facility did not meet the standards it was generally because they did not have documentation of the processes they carried out on a routine basis.

The auditor was impressed with the professionalism of the staff and the eagerness of the staff to make changes to be in compliance with the Standards.

Number of standards exceeded: 0
Number of standards met: 21
Number of standards not met: 16
Number of standards not applicable: 2
**Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- □ Exceeds Standard (substantially exceeds requirement of standard)
- □ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ✗ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy 3.8.2 Sexual Harassment and Sexual Misconduct with Clients states that the Jackson County Transition Center shall maintain zero tolerance for any form of sexual contact between staff members, volunteers, visitors, contract employees or other agency representatives and a client. While the policy is clear on zero tolerance for sexual abuse and sexual harassment between staff and clients, it does not meet the standard of having a zero tolerance for all forms of sexual abuse and sexual harassment. The auditor could not find where client on client sexual abuse and sexual harassment was addressed. Even the PREA signature form for clients only addressed staff and client sexual misconduct or contact. During the interview process the auditor found that the PREA policy was in the process of being re-written. The agency does employ an upper level manager as the PREA Coordinator. The PREA Coordinator recognizes that in the future they will have sufficient time to manage their PREA related activities. Currently, PREA implementation has taken up a significant amount of time as many policies have been in need of being rewritten to bring the facility up to standards.

**Corrective Action**

The agency written policy must mandate a zero tolerance toward all forms of sexual abuse and sexual harassment in their facility. The policy needs to outline how it will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy needs to include definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy needs to include sanctions for those found to have participated in prohibited behavior. The policy needs to include a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of clients.

**Standard 115.212 Contracting with other entities for the confinement of residents**

- □ Exceeds Standard (substantially exceeds requirement of standard)
- ✗ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- □ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Jackson County Transition Center does not contract with other entities for the confinement of clients.

**Standard 115.213 Supervision and monitoring**

- □ Exceeds Standard (substantially exceeds requirement of standard)
- □ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ✗ Does Not Meet Standard (requires corrective action)
Audit discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Through the interview process it was found that there was no documented staff plan.

Corrective Action
The agency needs to document their staffing plan. As part of this plan they need to consider the physical layout of the facility, composition of the client population, and prevalence of substantiated and unsubstantiated incidents of sexual abuse. Additionally, there needs to be a method to document and justify all deviations from the staffing plan. No less than once each year the staffing plan needs to be assessed to determine and document whether adjustments are needed.

**Standard 115.215 Limits to cross-gender viewing and searches**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Audit discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Through the interview process the auditor was able to determine that the facility does not conduct cross-gender strip or visual body cavity searches of clients. However, the auditor does recommend adding language to the policy to more clearly identify the process and reflect what the agency is doing. The facility does not perform any pat-down searches of clients. The agency did not have a training for staff on how to conduct searches of transgender and intersex clients.

Corrective Action
Clarify language in Policy 4.5 Searches, to include language that the facility shall not conduct cross-gender strip searches except in exigent circumstances or when performed by medical practitioners. The facility shall document all cross-gender strip searches. The facility shall train staff in how to conduct searches of transgender and intersex clients in the least intrusive manner possible, consistent with security needs.

**Standard 115.216 Residents with disabilities and residents who are limited English proficient**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Audit discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Jackson County has Policy #1-48 Limited English Proficiency, that sets forth the County’s responsibilities to ensure that persons with Limited English Proficiency shall not be discriminated against nor denied meaningful access to, and participation in, the programs and services of the County.
services provided. Through interviews the auditor was able to determine that the took reasonable steps to ensure meaningful access to all aspects of the agency’s effort to prevent, detect, and respond to sexual abuse and sexual harassment to clients who were limited English proficient. Staff understood that they should not rely on client interpreters.

**Standard 115.217 Hiring and promotion decisions**

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [ ] Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- [x] Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency ask all applicants and employees who may have contact with clients about previous misconduct as listed in standard 115.217(a). The agency considers any incidents of sexual harassment in determining whether to hire or promote anyone. These case would be staff with Human Resources and the Agency Director. Before hiring new employees who may have contact with clients the agency performs a criminal background check. The agency also performs a criminal background check before hiring any contractor that may have contact with clients. The agency conducts annual criminal background checks on current employees however, contractors are not having criminal background checks completed at least every five years. The agency ask employees who may have contact with clients directly about previous misconduct listed in standard 115.217(a). Employees have a continuing affirmative duty to report police contact. The agency would provide information on substantiated allegations of sexual abuse or sexual harassment with a release of information.

**Corrective Action**
The agency needs to ensure that criminal background checks are being conducted on contractors that may have contact with clients.

**Standard 115.218 Upgrades to facilities and technologies**

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [ ] Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- [ ] Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency has a collaborative effort when updating video monitoring systems. The facility recently upgrade the camera system and the new system allows for more cameras in common areas and the ability to store data for approximately 45 days.

**Standard 115.221 Evidence protocol and forensic medical examinations**

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [x] Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Audit discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility is not responsible for conducting their own investigations however, through interviews with random staff members it was apparent that they understood their role in evidence preservation that would maximize the potential for obtaining usable physical evidence. Clients are transported to an outside medical facility for Sexual Assault Forensic Examinations that are conducted by a Sexual Assault Nurse Examiner. These forensic examinations at an outside facility are conducted without financial cost to the victim. The agency provided emails from the Jackson County SART that outlined the process for the facility which include:

1. Jackson County Sheriff's Office responds to the facility and would contact a SANE and Victim Advocate while in route to the hospital
2. The helpline 541-779-4357 will allow someone to get assistance reporting a sexual assault and receive assistance from a victim advocate
3. Online anonymous reporting can be done via reportingoptions.org
4. All 3 local hospitals have SANE exams
5. 5 free counseling sessions are available
6. Medical exam is free
7. Can call the help line to get an advocate for a client reporting sexual assault

Standard 115.222 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Audit discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 3.8.4, Reporting Sexual Miscinduct requires all employees of Jackson County Community Justice to report all allegations and complaints or observations of sexual misconduct to their immediate supervisor. Additionally, there is a staff PREA checklist for reporting and investigation of sexual abuse and it outlines the following steps:

1. Ensure the victim is safe and kept separate from the alleged perpetrator
2. Request the victim not shower, change clothes or use the bathroom
3. Move the alleged abuser to protect evidence
4. Maintain crime scene and ensure evidence is secured
5. Notify appropriate supervisory staff and PREA Coordinator
6. Contact Jackson County Sheriff Office
7. Contact Victim Services
8. Document notification, the incident, and your action in an incident report

The agency website does have a PREA web page and outlines that the agency mandates a zero tolerance for any incidence of sexual assault or attempted sexual assault, it also has contact information for the PREA Coordinator and a 24 hour support line. However, the actual policy is not made available here or through other means as required in standard 115.222(b). 

Corrective Action
Add a link to the agency PREA policy on the website or make the policy available through other means.

Standard 115.231 Employee training

PREA Audit Report
☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has a very thorough training for staff and all employees who may have contact with clients have been trained with material that is tailored to the composition of clients at this facility. The auditor reviewed the training material and through interviews with random staff it was evident that they had received training and had a working knowledge of the zero-tolerance policy and their responsibilities in prevention, detection, reporting, and response to incidents of sexual abuse and sexual harassment. Staff receive refresher training and all training is documented with the employee signature.

Standard 115.232 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☒ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility had two contractors that had contact with clients. At the time of the onsite visit these contractors had not received training. The PREA Coordinator provided email documentation that they were in the process of scheduling a training for these contractors. The training provided would be based on the service they provide and the level of contact they have with the clients.

Corrective Action
Provide PREA training for contractors and volunteers who have contact with clients and maintain documentation that they understand the training that they have received.

Standard 115.233 Resident education

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
The auditor sat through the facility’s orientation process and observed the clients receiving information on the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents, and their right to be free from retaliation for reporting. The client signs that the policy and reporting options had been explained to them. This process is completed for any client coming into the facility. The agency has a limited English proficient policy and ensures that information is provided in formats accessible to all clients. In addition to the initial orientation the participant handbook has PREA information in it and there are posters visible to clients throughout the facility.

While the agency meets the minimum necessary for this standard the auditor has concerns about the clients comprehension of PREA and has recommendations to enhance the facilities practices. During the facility tour a client was asked about the location of the PREA poster and she thought it was the evacuation diagram. Through random client interviews there was a significant lack of knowledge of PREA even though most clients were able to tell the auditor that there were posters they did not know the information that was provided. The auditor recommends in addition to the current facility efforts on client education that they include a video during the intake process that would give an additional learning opportunity for clients that may learn through a visual training better than through verbal instruction.

**Standard 115.234 Specialized training: Investigations**

- ☑ Exceeds Standard (substantially exceeds requirement of standard)
- ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion**, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is Non Applicable as the agency does not conduct any form of criminal or administrative sexual abuse investigations. All investigations are referred to the Jackson County Sheriff’s Office.

**Standard 115.235 Specialized training: Medical and mental health care**

- ☑ Exceeds Standard (substantially exceeds requirement of standard)
- ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion**, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Medical and mental health staff receive the same training as the employees and the agency maintains documentation that the medical and mental health practitioners have received training.

Through interview with mental health staff they were able to demonstrate that they had been trained on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse, and to whom to report allegations of sexual abuse and sexual harassment.

Forensic exams are not conducted by medical staff onsite, clients are transported to one of the local hospital all of which have a SANE to conduct these examinations.
**Standard 115.241 Screening for risk of victimization and abusiveness**

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [ ] Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- [x] Does Not Meet Standard (requires corrective action)

**Auditor discussion**, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 3.9.2, Assessment and Housing states that CJTC will consider vulnerability of all offenders at the time of admission and prior to housing assignment, thereby reducing the risk of sexual assault against those offenders who are most at risk or by those offenders most likely to perpetrate such a crime. However, during the onsite visit it was confirmed through the interviews with both staff and clients that an assessment using an objective screening instrument had not been implemented.

**Corrective Action**

All clients need to be assessed during intake using an objective screening document. This intake screening needs to take place within 72 hours of the client arriving at the facility and should include the following:

1. Whether the client has a mental, physical, or developmental disability
2. The age of the client
3. The physical build of the client
4. Whether the client has previously been incarcerated
5. Whether the client’s criminal history is exclusively nonviolent
6. Whether the client has prior convictions for sex offenses against an adult or child
7. Whether the client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
8. Whether the client has previously experienced sexual victimization
9. The client’s own perception of vulnerability

While the auditor understands that the average length of stay is 17 days there also needs to be a process in place so clients staying longer are reassessed within 30 days of arrival at the facility. A client risk level should also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

**Standard 115.242 Use of screening information**

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [ ] Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- [x] Does Not Meet Standard (requires corrective action)

**Auditor discussion**, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has a policy that states how they will use assessment information however, at the time of the onsite visit the risk screenings where not being conducted and as such makes this standard noncompliant as well.

**Corrective Action**

Implement the risk screening required by standard 115.241 and then use that information to inform housing, bed, work, education, and program assignments. Policy should also address transgender and intersex clients and in determining housing and programming.
assignments the facility needs to consider on a case-by-case basis whether a placement would ensure the client’s health and safety, and whether the placement would present management or security problems. A transgender or intersex client’s own view of his/her safety should be given serious consideration and the need to have the ability to shower separately from other clients.

**Standard 115.251 Resident reporting**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility provides multiple ways for clients to report sexual abuse and sexual harassment. Verbal and written reports can be received by staff internally. Outside resources also exist with the HELP line, Sheriff Office and an web reporting option. Through interviews with random staff it was confirmed that they would accept reports of sexual abuse and sexual harassment verbally, in writing, anonymously, and from a third party. All staff stated that they would document verbal reports they received. Staff all knew methods that they could use to privately report sexual abuse and sexual harassment of clients.

**Standard 115.252 Exhaustion of administrative remedies**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☑ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility does have a grievance process that provides an avenue for each client feeling aggrieved, to have the grievance heard and dealt with formally. This process does not specifically address how a grievance would be handled if one was submitted regarding sexual abuse.

**Corrective Action**
The agency should add language that:
1. There is not a time limit on when a client may submit a grievance alleging sexual abuse.
2. The agency shall not require a client to have to resolve with the staff, an alleged incident of sexual abuse.
3. A client may submit the grievance without submitting it to the staff member who is the subject of the complaint.
4. The grievance should not be referred to the staff member who is the subject of the complaint.
5. The agency shall issue a final agency decision on the merits of the grievance within 90 days.
6. The agency may claim an extension of up to 70 days if the normal time period for response is insufficient to make an appropriate decision.
7. The agency shall establish a procedure for the filing of an emergency grievance alleging that a client is subject to a substantial risk of imminent sexual abuse.

**Standard 115.253 Resident access to outside confidential support services**

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The facility provides clients with access to outside victim advocates for emotional support services related to sexual abuse. Numbers are provided during orientation and are listed on posters throughout the facility. The facility uses a HELP line which can assist clients with reporting and obtaining advocate services. Through interviews with random clients, there was a general understanding on how to obtain access to services and the level of confidentiality they would have on these calls. The facility was able to provide emails that showed communication with community service providers and the services that they would provide to the facility.

Standard 115.254 Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has established a method to receive third party reports of sexual abuse and sexual harassment. They have an agency PREA web page that lists contact numbers for people to report, as well as, a website where someone could anonymously report sexual abuse and sexual harassment on behalf of a client.

Standard 115.261 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 3.9.4 Confidentiality, Reporting and Protection, CJTC staff will contact their supervisor/manager when an offender reports sexual assault, sexual solicitation, or sexual coercion to staff. Information provided in confidential communications to professional staff will be shared consistent with and according to the standards required by state statute, professional licensure, and ethical standards.
Through interviews with random staff they understood their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility. Additionally, they were aware of the procedure for reporting such information. The facility has a PREA Checklist for staff to ensure that they understand their roles and responsibilities.

**Standard 115.262 Agency protection duties**

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [x] Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- [ ] Does Not Meet Standard (requires corrective action)

*Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

When the agency learns that a client is subject to a substantial risk of imminent sexual abuse it takes immediate action to protect the client. This was seen both in documentation and in the interviews with random staff. The PREA checklist guides staff to immediately ensure the victim is safe and kept separate from the alleged perpetrator. Through interviews with they understood their role and would take immediate action and once the victim was in a safe place they would notify their supervisor. In interviews with supervisor staff they reiterated the policy of immediately separating the victim and perpetrator and looking at housing in a different dorm.

**Standard 115.263 Reporting to other confinement facilities**

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [ ] Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- [x] Does Not Meet Standard (requires corrective action)

*Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Through the interview process the auditor found that the facility was aware that if an allegation that a client was sexually abused while confined at another facility the head of the facility would notify the head of the facility where the alleged abuse occurred as soon as possible, but no later that 72 hours after receiving the allegation. There was nothing in policy that covered this notification.

**Corrective Action**

Add language to the policy that upon receiving an allegation that a client was sexually abuse at another facility, the head of the facility would notify the head of the facility where the alleged abuse occurred. This notification must be made no later than 72 hours after receiving the allegation and the agency needs to document that it has made such notifications.

**Standard 115.264 Staff first responder duties**

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [x] Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Audit discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has a very good PREA checklist for staff that guides them through their responsibilities such as:
1. Ensure the victim is safe and kept separate from the alleged perpetrator.
2. Request the victim not shower, change clothes, or use the bathroom.
3. Move the alleged abuser to protect evidence.
4. Maintain crime scene and ensure evidence is secured.
5. Notify appropriate supervisory staff/supervisor on duty and PREA Coordinator.
6. Contact Jackson County Sheriff's Office.
7. Contact Victim Services.
8. Document your notifications, the incident and your actions in an incident report.

During interviews with random staff it was apparent that they understood their role if they were the first staff responder regardless of their job classification.

Standard 115.265 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Audit discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does have a written plan to coordinate action taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility management. During the onsite visit this policy was under revision. The new revision will make this coordinated response clearer in policy.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Audit discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency does have a collective bargaining agreement and through interviews and review of the collective bargaining agreement it was verified that the agreement does not limit the agency’s ability to remove alleged staff sexual abusers from contact with any client pending
the outcome of an investigation.

**Standard 115.267 Agency protection against retaliation**

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [ ] Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- [x] Does Not Meet Standard (requires corrective action)

**Auditor discussion**, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 3.9.4 Confidentiality, Reporting and Protection states that the CJTC will, to the degree possible within limited resources and applicable cases, protect offender victims and reporters of sexual assault, sexual solicitation, and sexual coercion for retribution from the perpetrator or others commencing from when the allegation is made until such time as the threat has passed. While this was covered in policy at the time of the site visit there was not a designated staff member charged with monitoring retaliation. Interviews with the supervisor found that they did perform these duties however, there was no documentation to the duties being performed. The supervisor stated that they would use multiple protection measures such as housing changes and initiating contact with clients who had reported sexual abuse. This monitoring would continue until the client was out of the program.

**Corrective Action**
Designate staff responsible for monitoring retaliation. Have those staff create a log to show periodic status checks with clients who had reported sexual abuse or sexual harassment.

**Standard 115.271 Criminal and administrative agency investigations**

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [x] Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- [ ] Does Not Meet Standard (requires corrective action)

**Auditor discussion**, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency is not responsible for conducting any form of criminal or administrative sexual abuse investigations. They utilize the Jackson County Sheriff’s Office who has received training in sexual abuse investigations. First responding staff secure the crime scene until the investigator can arrive. The investigator then gathers and preserves all direct and circumstantial evidence. Credibility of the witness is assessed on an individual basis and not determined by the person’s status as a client. Both criminal and administrative investigations are documented through a written report. Substantiated allegations of conduct that appears to be criminal will be presented to the District Attorney for prosecution.

The agency has not had a case that was investigated however, they understand that they need to retain all written reports as long as the client is incarcerated or employed by the agency, plus five years. The agency also understands that they will endeavor to remain informed about the progress of the investigation while the outside agency is investigating.

**Standard 115.272 Evidentiary standard for administrative investigations**

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Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion**, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency uses preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Standard 115.273 Reporting to residents**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☒ Does Not Meet Standard (requires corrective action)

**Auditor discussion**, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency policy does not specifically address informing the client as to whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. Through interviews staff were aware that this needed to happen however, they had not had a case to make notifications on. They were also aware that they needed to notify a client in an allegation against a staff member whenever the staff member was no longer posted on the client’s unit, the staff member is no longer employed, the agency learns the staff member had been indicted, or the agency learns that the staff member has been convicted.

Corrective Action

Add language to the policy that addresses reporting to the clients, specifically:

1. Informing the client as to whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded.

Whenever the allegation is against a staff member notify clients when:

1. Whenever the staff member is no longer posted on the clients unit.
2. If the staff member is no longer employed.
3. If the agency learns the staff member has been indicted
4. If the agency learns that the staff member has been convicted.

**Standard 115.276 Disciplinary sanctions for staff**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion**, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion
must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff are subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policies. Policy 3.8.2 Sexual Harassment and Sexual Misconduct with Clients states that all reports of sexual misconduct will be investigated in a timely manner and appropriate corrective action will be taken; up to and including termination.

Disciplinary sanctions for violating agency policies are determined based on the nature and circumstances of the actions, the staff member’s disciplinary history and sanctions imposed for comparable offenses by other staff with similar histories.

Terminations for violating the agency sexual harassment and sexual misconduct policy or resignations by staff who would have been terminated would still be investigated.

Standard 115.277 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Any contractor or volunteer who engages in sexual abuse is prohibited from entering the facility until after the investigation is completed. The facility will consider appropriate remedial measures or to prohibit further contact with clients in cases of any other violation of the agency sexual abuse or sexual harassment policies.

Standard 115.278 Disciplinary sanctions for residents

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Jackson County Transition Program participant handbook outlines the Disciplinary Hearings Process for clients. Each client reads, signs, and dates copies of the conditions for participants in the program. Clients also receive a list of potential violations and an explanation for the disciplinary hearings process. Major violations are the most serious violations of program rules and regulations and could warrant a client being removed from the program and/or being returned to a higher level of custody. The hearings officer will consider witnesses and evidence in determining whether allegations are true or not. The hearings officer will either support the assigned CJO recommendation or impose a different course of action based on disciplinary history and sanctions imposed for comparable offenses.

The agency may discipline a client for sexual contact with a staff only upon finding that the staff member did not consent to such contact. Reports by clients of sexual abuse made in good faith based on the reasonable belief that the alleged conduct occurred shall not constitute
false reporting.

**Standard 115.282 Access to emergency medical and mental health services**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Audit discussion,** including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 3.9.4 Confidentiality, Reporting and Protection outline that facility health care provider staff will be notified of the sexual assault. CJTC will ensure access to medical and mental health services for victims of sexual assault, sexual solicitation, and sexual coercion. Such services shall be free of charge to the offender. The local hospital would perform a forensic sexual assault examination, appropriate evidence collection, sexually transmitted disease testing, and prophylactic medical measures.

**Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Audit discussion,** including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 3.9.4 Confidentiality, Reporting and Protection states that CJTC will ensure access to medical and mental health services for victims of sexual assault, sexual solicitation, and sexual coercion. Such services shall be free of charge to the offender.

Through interviews it was determined that evaluation and treatment of victims include: follow-up services, treatment plans, and referrals for continued care. The services provided are consistent with the community level of care. Female victims of sexual abusive vaginal penetration are offered pregnancy test and given timely and comprehensive information about access to lawful pregnancy-related medical services. Victims of sexual abuse while incarcerated are offered sexually transmitted disease testing and prophylactic medical measures.

**Standard 115.286 Sexual abuse incident reviews**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☑ Does Not Meet Standard (requires corrective action)

**Audit discussion,** including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion
must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 3.9.4 Confidentiality, Reporting and Protection states that CJTC shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. While conducting a review is in policy the auditor found during interviews that there was no designated review team as there had not been a case to review at this facility.

Corrective Action

The policy needs to be enhanced to include who the review team would be and their duties. For example:

**Team**
1. Upper-level management
2. Line supervisors
3. Investigators
4. Medical or mental health practitioners

**Duties**
1. Consider what the allegations or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification; status, or perceived status; or gang affiliation; or was motivated by other group dynamics at the facility.
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
6. Prepare a report of its findings, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.

**Standard 115.287 Data collection**

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [ ] Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- [x] Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 3.9.5 Data Collection and Compilation states that CJTC will collect information related to the purposes outlined in this policy; specifically to gather data that will help the department reduce the risk that sexual assault and/or sexual activity would occur within the department. While it is in policy the auditor found that since there had been no cases an annual report was not completed.

Corrective Action

Collect aggregate incident-based sexual abuse data utilizing the categories from the most recent Survey of Sexual Violence conducted by the Department of Justice which should include:

1. How many person under your supervision December 31st
2. How many admitted to your facility for the year
3. For the calendar year what was your average daily population
4. Calendar year number of client-on-client nonconsensual sexual acts (broken down by substantiated, unsubstantiated, unfounded, and ongoing)
5. Calendar year number of client-on-client abusive sexual contact (broken down by substantiated, unsubstantiated, unfounded, and ongoing)
6. Calendar year number of client-on-client sexual harassment (broken down by substantiated, unsubstantiated, unfounded, and ongoing)
7. Calendar year number of staff sexual misconduct (broken down by substantiated, unsubstantiated, unfounded, and ongoing)
8. Calendar year number of staff sexual harassment (broken down by substantiated, unsubstantiated, unfounded, and ongoing)
9. Total number of substantiated incidents from the categories above

**Standard 115.288 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion**, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Since the data is not being collected in Standard 115.287 the review of that data and annual reports is not being completed either and once the reports are approved by the agency head they need to be made available to the public via the agency web site.

**Corrective Action**
Review the data in Standard 115.287 and use it to assess and improve the effectiveness of the agency sexual abuse prevention, detection and response policies, practices, and training, including:
1. Identifying problem areas
2. Taking corrective action on an ongoing basis
3. Prepare an annual report and corrective actions for the facility

The annual report should include a comparison for current year with those from prior years. The agency head shall approve the report and make it available to the public through its web site.

**Standard 115.289 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion**, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Once again this standard is based on the data collection from Standard 115.287 and since that is not be collected it makes this standard also not meet the standard.

**Corrective Action**
Ensure the data collected in Standard 115.287 is securely retained.
The aggregated sexual abuse data needs to be made readily available to the public at least annually through its web site.
Before making aggregated sexual abuse data publicly available the agency shall remove all personal identifiers
The agency shall maintain sexual abuse data collected in standard 115.287 for at least 10 years after the date of initial collection.

**AUDITOR CERTIFICATION**
I certify that:
PREA Audit Report 21
☐ The contents of this report are accurate to the best of my knowledge.

☐ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☐ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Garry Russell 12/18/2016
Auditor Signature Date
Jackson County Community Justice
ADULT SERVICES DIVISION

Community Justice has 23 Senior Deputy Probation Officers who supervise an average of 1876 offenders.

Circuit Court → Parole Board → Supervisory Authority

Community Supervision

Sex Offender Domestic Violence Drug Crimes Property

- 76% Male 24% Female
- Average age of Offender 21-25 years old
- 14% A felony 19% B felony 64% C felony
- 34% person crimes 65% property/statute crimes
- 11% Sex Offenders Only 18 “Predatory”
- 82% local, 6% Out of State, 12% Other counties
- 61.5% Med/Hi Risk
- 38.5% Low Risk
Probation/Post Prison Flow Chart

1. Intake Risk Assessments
2. Rehabilitation
   - Public Safety
3. Sanctions
   - Interventions
4. Conditions of Supervision
5. Probation Officer Assigned
6. Successful Discharge
   - Recidivism
Use of Supervisory Authority allows the appropriate sanction to be used for the level of violation, taking into consideration risk and community safety.

Community Justice uses an evidence based approach to supervise offenders and promote community safety. Clients risk to reoffend is assessed and appropriate treatment is implemented to identify and address barriers and issues to success. Individual case plans are utilized depending on each person’s needs, background and assets to address treatment, conditions of supervision, victim issues and offender rehabilitation.
SERVICES TO COURTS

- COMMUNITY SERVICE: Serve municipal and state courts
- HOME DETENTION/GPS MONITORING: Alternative to incarceration, security for most dangerous offenders.
- DUll EVALUATIONS: Monitor over 2000 DUll cases for courts
- PRE TRIAL SUPERVISION: Provide supervision for pre adjudicated clients released from the jail.
- SUPERVISORY AUTHORITY: Conduct parole hearings, supervise local control cases, issue warrants and act as "gate keeper" for jail and work center.

In House Programing

- Drug/Alcohol Counseling
  - Staff imbedded at Community Justice to provide assessments, conduct group, provide instant feedback to PO.
  - Provide cognitive behavioral groups for Po referral
  - Work with staff at the transition center for continuity of care.

- Mental Health Counseling
  - On site mental health worker who can conduct assessments, provide crisis counseling, ongoing therapy and provide education to staff.
  - Case managers on site for groups and assistance with OHP referral and navigation through system.
  - Peer Support on site. Provides transports and support.

- Resource Center (Day reporting)
  - Job search assistance
  - Oregon health plan enrollment
  - Housing referrals and assistance
  - Life Skills
  - Pretrial supervision and service to the courts.
Jackson County Outcome Measures

Employment

Restitution and Community Service

Successful Case Closures

Recidivism

Treatment
Adult Division of Community Justice

Programs and Specialized Units

INTAKE: Individualized, evidence based, risk assessments to target criminogenic factors and assess risk. Assigned to geographic PO and supervised.

SEX OFFENDER SUPERVISION: Team approach with PO, treatment providers and polygraph examiners. Local networking and State model. Notifications. Registration.

DOMESTIC VIOLENCE: Team approach with PO, treatment providers and polygraph examiners. Some Misdemeanor cases.

REDUCED SUPERVISION: Offenders are monitored at a lower level.

DRUG/ROC COURT Supervised by Court and PO intensive supervision.

REACH IN Po meets with offender while in prison to formulate case plan and assess needs. Re-entry council to coordinate community partners and resources.

K-9/MADGE Highly trained K-9 drug dog and handler who work with local law enforcement on drug searches and investigations.

MENTAL HEALTH Mental Health Court and caseload of those needing ongoing MH services

WOMENS ISSUES Focus on female offenders, using WRNA risk tool.

GEOGRAPHIC UNITS Specialized, community based supervision.

Upcoming training and focus in the next year:

- Cultural agility
- Trauma informed care approaches to supervision
- Comprehensive evidence based case planning
- Focused office visits and referrals (EPICS)
The Public Safety Checklist for Oregon

How are the risk scores displayed and what do they mean?

New Conviction

**FELONY**

This calculates the percent of offenders at a lower risk for reconviction of a felony within 3 years of release from prison or imposition of probation based upon the risk scores of all felony offenders that have been released from prison or sentenced to probation in the last 5 years.

This screen shot shows the comparative risk score for reconviction of a felony. This estimates the percent of offenders at a lower risk for reconviction of a felony within 3 years of release from prison or imposition of probation based upon the risk scores of all felony offenders that have been released from prison or sentenced to probation in the last 5 years. The comparative risk shown in the screen shot means that the offender's actual risk score for reconviction of a felony is higher than 85% of felony offenders that have been released from prison or sentenced to probation in the last 5 years.

This screen shot shows the actual risk score for reconviction of a felony and the community corrections classification based on the actual risk score. This is viewed by clicking on "View community corrections classification for this person". The Public Safety Checklist also displays risk scores for a new person arrest and a new property arrest. The actual risk for reconviction of a felony estimates the likelihood the offender will be convicted of a new felony within 3 years of release from prison or imposition of probation. This estimate is based upon the recidivism patterns of 545,000 offenders that have been released from prison or sentenced to probation since 1980. The actual risk shown in the screen shot means that the offenders' likelihood of new felony conviction within 3 years of release from prison or imposition of probation is 39%. The community corrections classification is shown as low, medium or high based on the actual risk score and cut-off levels determined by OACCD (Oregon Association of Community Corrections Directors).

What is the Public Safety Checklist?
The Public Safety Checklist is an actuarial risk assessment tool that uses offender characteristics to predict recidivism.

What does the Public Safety Checklist do?
The Public Safety Checklist provides a quick, objective, validated assessment of the probability an offender will be re-convicted of a felony or re-arrested for a person or property offense based on the offender's following characteristics:

- Current age
- Gender
- Age at first arrest
- Severity of current crime
- Multiple custody cycles
- Total number of statutory arrests
- Total number of property arrests
- Total number of person arrests
- Total number of statutory arrests in last 5 years

To run the Public Safety Checklist (PSC), please enter a person's Social Security Identification Number (SID) and the Oregon Revised Statute of the crime for which he or she is being sentenced (e.g. 165.900 if the person is before the court on a new identity theft case). Please also check if you are a judge, a district attorney or a defense attorney so we will know who is making use of the PSC.

The PSC will automatically check the person's criminal risk factors for you, and tell you a person's level of risk for future crime.

Public Safety Checklist Factors

The PSC automatically checks the following risk factors for each person, and the interplay between these factors. The PSC then computes a person's level of risk for future crime and what percentage of offenders has a lower risk of future crime.

1. age;
2. gender;
3. age of first arrest;
4. severity of current crime;
5. number of prior arrests for a person, property or other (statutory) type of crime;
6. was this person arrested for a person, property or other type of crime in the last five years;
7. any prior theft conviction;
8. any prior revocation on parole or probation;
9. any prior incarcerations;
10. multiple custody cycles;
11. previous sentence type (probability or incarceration);

https://risktool.ojc.state.or.us/psc/
How was the Public Safety Checklist developed?
The Oregon Department of Corrections and Oregon Criminal Justice Commission analyzed actual re-arrest and re-conviction data from 55,000 offenders in Oregon from 2000 to 2005, and used logistic regression analysis to determine which offender demographic and criminal history factors are predictive of a felon being reconvicted or rearrested. This model of risk assessment was then applied to all 350,000 offenders sentenced to probation or released from prison from 1980 through present to make sure the risk tool accurately and validly categorized these offenders’ risk to be re-arrested or re-convicted.

What measures of recidivism are used in the Public Safety Checklist?
Reconviction for any felony within 3 years of release from prison or being sentenced to probation, re-arrest for any person felony or class A person misdemeanor (32% are misdemeanors, not including DUII and misdemeanor Assault 4), and re-arrest for any property crime listed in ORS 137.717(2) (39% are misdemeanors including Theft 2).

Is the ethnicity of the offender included as one of the factors that predict the offender's risk score?
No. An offender's ethnicity is not included in the measurement of an offender's risk to be re-arrested or re-convicted.

How is a risk score produced?
An algorithm is used to weigh the offender's predictive factors and give a "composite score" for an offender with these characteristics. This is the same procedure that is used in life insurance actuarial tools or heart attack risk factors (although the factors are, of course, different).

What are the limitations of the Public Safety Checklist?
The Public Safety Checklist uses Oregon data and does not include out-of-state, federal or juvenile arrests and convictions. The Public Safety Checklist does not account for dynamic factors (factors that can change) that could possibly predict recidivism. These include factors such as the offender’s willingness to change or current participation in a drug treatment program. The Public Safety Checklist database includes offenders that have been convicted of a felony or serious misdemeanor. It also includes offenders that have a SID number and arrest in LEDS.

Is this type of tool currently used elsewhere?
Yes. The Virginia and Missouri sentencing guidelines currently incorporate the risk assessment into their recommended sentence. The same actuarial assessment is commonly used in the medical world when identifying "risk factors" for a heart attack or in the insurance world in setting premium rates for drivers based upon demographic information and past driving record.

How accurate is the Public Safety Checklist?
The area under the curve is a statistical measure of a model's fit or predictability. An area under the curve of 0 indicates no predictability at all and 1 is perfect predictability. The area under the curve for the public safety checklist is over 0.70. This is comparable accuracy to risk assessment tools used in Washington, Virginia, and Missouri.

Why use a Public Safety Checklist?
Many studies have shown that a professional using an actuarial tool does a better job than clinical judgment alone in assessing the likelihood of recidivism. The Public Safety Checklist provides increased objectivity, is quick and easy to use, and no training is required. It provides better information which in turn leads to better decisions.

Does the Public Safety Checklist tell the judge what the sentence should be?
https://risktool.ocjc.state.or.us/psc/
No. The Public Safety Checklist gives scientific information about the likelihood of recidivism for an offender based upon analysis of thousands of previous Oregon offenders. That information is not dispositive of what the sentence should be in an individual sentencing proceeding. There are four principles that guide the punishment of crime articulated in Oregon's Constitution: protection of society, personal responsibility, accountability for one's actions and reformation. The Public Safety Checklist informs a judge about the two principles that relate to increasing public safety after the sentence is imposed: protection of society and reformation. The judge will always need to look at all aspects of the criminal conduct, its impact on the victim, and any steps the offender has taken at taking responsibility before imposing a sentence that serves the principles of accountability for one's actions and personal responsibility. Assessing the likelihood of improving public safety through treatment in or out of custody depends in part upon the offender's needs, which are addressed by other instruments but not by the risk assessment instrument.

Does the Public Safety Checklist eliminate the need for professional judgment?

No. It informs but does not replace professional judgment. However, many studies have shown that a professional using an actuarial tool does a better job than clinical judgment alone in assessing the likelihood of recidivism. So, it should not be ignored, but should be overridden in situations where other factors than those captured make this offender different or unique from most offenders.

How well does it differentiate between high, medium, and low risk felons?

The Public Safety Checklist defines low risk felons as those in the lowest 20% for risk to recidivate, medium as the next highest 60%, and high as the highest 20%. For offenders released from prison or sentenced to probation in the last 5 years, the low risk offenders had a recidivism rate of 10%. Recidivism is a new felony conviction within three years. The medium risk offenders had a recidivism rate of 28% and high risk offenders had a rate of 55%.

Data last updated on 14 Mar 2017

https://risktool.ocjc.state.or.us/psc/
The Public Safety Checklist for Oregon

### New Conviction

**FELONY**

This estimates the percent of offenders at a lower risk for reconviction of a felony within 3 years of release from prison or imposition of probation based upon the risk scores of all felony offenders that have been released from prison or sentenced to probation in the last 5 years.

- **99%**

### New Arrest

**PERSON CRIME**

This estimates the percent of offenders at a lower risk for a new person arrest up to 10 years from release from prison or imposition of probation based upon the risk scores of all felony offenders that have been released from prison or sentenced to probation in the last 5 years.

- **100%**

**PROPERTY CRIME**

This estimates the percent of offenders at a lower risk for a new property arrest up to 10 years from release from prison or imposition of probation based upon the risk scores of all felony offenders that have been released from prison or sentenced to probation in the last 5 years.

- **100%**

### Identifying Information

- **Name:**
- **DOB:** 05-10-1991
- **Gender:** Male
- **Current Age:** 25
- **SID:**

Risk calculated at 15 Mar 2017 12:09:38
Data last updated on 15 Mar 2017

https://risktool.ocjc.state.or.us/psc/18214282/
Jackson County Pretrial Risk Assessment

Created: 12/14/2016 at 3:49:07PM

Date of Birth: 03/20/1987  State ID Number: 

Risk Level

Public Safety Checklist for Oregon

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Virginia Pretrial Release Assessment

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Assessing Officer: 645

Supervisor Review / Recommendation

Release: Overcrowding  Low Risk: 

Hold: Measure 11

Authorizing Supervisor: AD707
Date: 05-16-17
RE: Responses to the recommendations by the 2016 Grand Jury specific to the Juvenile Center

2. The Grand Jury recommends additional mental health specialists to handle increased workload for each facility. Mental health issues were mentioned at all facilities, and by most of the individuals appearing before the Grand Jury. It is our observation that resources are still not adequate to handle mental health needs.

Agreed and partially completed.
The Juvenile Division is currently in negotiations, to begin July 1, 2017, with Care and Counseling Center of Southern Oregon to provide mental health assessments, individual and family counseling and transitional counseling to youth placed in the residential program. These services will be billed through the youth’s Oregon Health Plan.

Discussions are being scheduled with an outside provider and Jackson County Mental Health on how to provide adequate services to youth held in detention since youth’s Oregon Health Plan is suspended while they are incarcerated. Currently, crisis mental health services does provide the minimal needed services but expanding this will benefit youth placed in detention.

3. The Grand Jury has observed at all three facilities that there may be opportunity to better utilize space within each facility, e.g. occasional open capacity within sex offender pod, unused pods in juvenile detention areas, unused kitchen in work transition center.

Disagree and rejected.
The current funding level of 24 detention beds, out of 40 total beds, is meeting the needs for accountability and community safety. Over the last five years the average daily population in detention has been 21. The division has developed an after school sanction program that is held Monday – Friday 4:00pm – 8:00pm during the school year and Monday – Friday 1pm – 5pm during the summer as an alternative to detention but that also holds youth accountable for violations of their probation or release agreements. The division has also moved towards working more on skill development through the Effective Practices in Community Supervision where probation officers follow an evidenced based process of check-in, review, intervention and homework. Continued effort is being made to provide appropriate, evidence-based services in the community at a cost much less than placing youth in detention as sanctions for violations of their probation.

Thank You,

Joe Ferguson
Deputy Director
Jackson County Juvenile Services
609 W 10th Street
Medford, Oregon 97501
Phone: (541) 774-4833
Fax: (541) 774-4888
joe.ferguson@jacksoncounty.org
May 18, 2017

To the Corrections Grand Jury of Jackson County,

I want to begin by thanking you for the thoughtful and detailed recommendations you have made to the programs within our department. They clearly reflect the time and energy you have invested in our public safety system, providing oversight which will improve safety for both our community and those who are under our supervision as a department. Your work is a vital component of the overall criminal justice system, providing accountability, oversight, transparency and the opportunity for growth.

Responses to the recommendations by the 2016 Grand Jury specific to the Juvenile Center:

2. The Grand Jury recommends additional mental health specialists to handle increased work load for each facility. Mental health issues were mentioned at all facilities, and by most of the individuals appearing before the Grand Jury. It is our observation that resources are still not adequate to handle mental health needs.

Agreed and partially completed.
The Juvenile Division is currently drafting a contract, to begin July 1, 2017, with Care and Counseling Center of Southern Oregon to provide mental health assessments, individual and family counseling and transitional counseling to youth placed in the residential program. These services will be billed through the youth’s Oregon Health Plan.

Discussions are being scheduled with an outside provider and Jackson County Mental Health on how to provide adequate services to youth held in detention since youth’s Oregon Health Plan is suspended while they are incarcerated. Currently, crisis mental health services does provide the minimal needed services but expanding this will benefit youth placed in detention.

3. The Grand Jury has observed at all three facilities that there may be opportunity to better utilize space within each facility, e.g. occasional open capacity within sex offender pod, unused pods in juvenile detention areas, unused kitchen in work transition center.

Disagree and rejected.

Within Community Justice we certainly make every effort to maximize the utilization of every available resource, especially when these resources have shown to promote youth safety and positive development. However the current funding level of 24 detention beds, out of 40 total beds, is meeting...
the needs for accountability and community safety. Over the last five years the average daily population in detention has been 21. The division has developed an after school sanction program that is held Monday – Friday 4:00pm – 8:00pm during the school year and Monday – Friday 1pm – 5pm during the summer as an alternative to detention but that also holds youth accountable for violations of their probation or release agreements. The division has also moved towards working more on skill development through the Effective Practices in Community Supervision where probation officers follow an evidenced based process of check-in, review, intervention and homework. Continued effort is being made to provide appropriate, evidence-based services in the community at a cost much less than placing youth in detention as sanctions for violations of their probation.

Responses to the recommendations by the 2016 Grand Jury specific to the Transition Center:

2. The Grand Jury recommends additional mental health specialists to handle increased work load for each facility. Mental health issues were mentioned at all facilities, and by most of the individuals appearing before the Grand Jury. It is our observation that resources are still not adequate to handle mental health needs.

Agreed and completed.

It is agreed that additional mental health specialists would be beneficial to assist with the increased workload for the Talent Transition Center. We currently have a Qualified Mental Health Specialist (QMHP) available for clients through JRI funds associated with the Residential Transitional Care Program. The QMHP is available during the week but we could use additional onsite services after hours and on weekends should funding be secured. One suggestion would be to have a Mental Health Specialist available to all three facilities after hours with a shared cost agreement. We currently utilize the Crisis Hotline and the Asante Behavioral Health Unit (BHU) when staff are unable to de-escalate a difficult situation. Transporting a client to the BHU can be a high risk situation and may require assistance of law enforcement.

Having a QMHP on site has been very helpful to assist clients with coping skills and ensuring that clients have adequate medications.

3. The Grand Jury has observed at all three facilities that there may be opportunity to better utilize space within each facility, e.g. occasional open capacity within sex offender pod, unused pods in juvenile detention areas, unused kitchen in work transition center.

Partial Agreement and partial completion.

The Kitchen at the Talent Transition Center is used for food preparation by Aramark. Aramark has the ability to operate this kitchen and even has a program for training inmates (clients) in food service and in obtaining a Food Handler’s Certificate. A dialogue could be started to see if this is a viable and cost effective option for the Transition Center.
4. The model used for the work transition center appears to be successful and recommend exploring increasing capacity or expanding this type of facility in another location.

Partial Agreement and completion.

Within the greater context of the public safety community of Jackson County, long-term planning and system design will include increasing the capacity and overall efficacy of the Transition Center. While there haven’t been specific discussions around location or capacity, key stakeholders and planners have expressed a desire to increase the scope and capacity of the Transition Center.

In the current location in Talent we are in the process of a remodel to better utilize the number of beds for the various populations we serve. This restructure will allow us to house female inmates from the Department of Corrections to assist them in transitioning successfully to the community prior to release. We will also be able to increase our number of transitional housing beds for female clients who are already on probation or parole and are struggling. In addition to housing these females, we will be able to assist them in finding employment, obtaining appropriate identification, obtaining the Oregon Health Plan and providing them alcohol/drug classes as well as life skills.

6. The Grand Jury observed that the existing programs for drug rehabilitation, anger management, mental health counseling, etc. are successful and could also be used in a proactive manner for at risk populations.

Agreed and completed

We are currently using existing programs at the Transition Center in a proactive manner to address drug rehabilitation with the clients entering our facility. We are providing cognitive evidence based classes in gender specific groups to federal clients housed at our facility as well as to the residential Transitional Care clients. We are also providing cognitive groups to the sanctioned clients in residence two days per week and will soon be increasing groups to four days per week. We are providing mental health counseling and also Moral Reconciliation Therapy groups with the assistance of our Qualified Mental Health Professional.

Community Justice as a department is currently exploring ways to increase the availability and scope of programming available to offenders on supervision. The recommendation of the Grand Jury to increase the delivery of programming to at-risk populations will be explored more deeply and implemented over the coming year.

Sincerely,

Eric Guyer
Director
To: Special Corrections Grand Jury  
From: Sheriff Nathan Sickler  
Subject: Grand Jury Report response  
Date: May 24, 27

Pending

1) It is apparent that the Jackson County Jail is overcrowded, based on testimony and observations and as noted in reports from previous years. This leads to an increased number of forced releases and public safety issues. The jail is now over 35 years old and a proposal for a higher capacity, better designed jail facility is needed now to serve the County. The Grand Jury recommends that a study be completed within the next 12 months in relation to a new jail being built, taking into consideration location and inmate logistics.

We agree with all of your observations and we are in the infancy stages of planning a new jail. I have assigned a Captain to work on this project. However because of the size and cost of this project and that it affects the entire Rogue Valley the process will move slowly. We will be asking for assessments from experts in the field as we move the project along. I just don’t know if it will happen in the time frames you have set, but we will be moving forward on the project.

2) The Grand Jury recommends additional mental health specialists to handle increased work load for each facility. Mental health issues were mentioned at all facilities, and by most of the individuals appearing before the Grand Jury. It is our observation that resources are still not adequate to handle mental health needs.

Agreed but unable to implement at this time – We would welcome more mental health resources in the Jail. Correct Care Solutions (CCS) who is health worker. To add additional mental health coverage would be a budget issue for us. We are working cooperatively with Jackson County Health and Human Services (HHS) to see what additional mental health services they may be able to provide to the jail. We currently use Jackson County Mental Health for afterhours crisis issues in the jail.

We also are continuing our effort to have all our corrections deputies’ trained in Crisis Intervention Training (CIT). CIT is an intensive 36 hour course that teaches deputies
about mental illness and gives them a better understanding of how to respond. Health and Human Services provide us with afterhours crisis help for those in the jail.

3) The Grand Jury has observed at all three facilities that there may be opportunity to better utilize space within each facility, e.g. occasional open capacity within sex offender pod, unused pods in juvenile detention areas, unused kitchen in work transition center.

_Disagree and rejected_. We currently evaluate out inmate housing and on an ongoing basis and make adjustment to housing areas based on needs. We are limited by the size of the jail as to what we can do with the space we have.

4) The model used for the work transition center appears to be successful and recommend exploring increasing capacity or expanding this type of facility in another location.

_This appears to be directed at Community Justice. We will provide no response._

5) The policy/procedure at the jail for attorney-client visits should be more flexible. The client should be presented to the attorney within a more reasonable amount of time when calling ahead.

_Agreed but unable to implement at this time_: 

This is an area we strive to improve in. The antiquated design of the building makes moving prisoners very labor intensive. Along with that, Deputies have to constantly assess and prioritize different tasks occurring in the jail. Incoming lodgings, (cooperative and uncooperative), courts, Inmate Fights, medical emergencies and inmate needs all have to be prioritized and many times the nature of the incidents take priority over moving prisoners to attorney visiting. After the Grand Jurys tour, we have started a remodel of the current attorney visiting area to double the amount of attorney visiting available. The design of this area should mean an attorney has to spend less time waiting.

6) The Grand Jury observed that the existing programs for drug rehabilitation, anger management, mental health counseling, etc. are successful and could also be used in a proactive manner for at risk populations.

_Disagree and rejected:_

_Because of the facility design and staffing levels necessary in the jail, we cannot offer any more programs than we do at this time. The current program curriculum includes portions of all the things mentioned._

_As you have seen the Talent Facility is designed for programs and it makes more economic sense to focus the resources there._
I would like to thank the members of the Grand Jury for the time and effort you put into the report and the recommendations you made. These recommendations are taken seriously and help us to be more efficient in the operations of the jail.