

INFORMAL MINUTES

January 11, 2010

3:00 p.m.

Oval Office

PRESENT: Commissioners Kathy George, Mary P. Stern, and Leslie Lewis.

Staff: Laura Tschabold, John M. Gray, Jr., and Silas Halloran-Steiner.

Guests: Hannah Hoffman, News-Register; Paul Carlson, U.S. Interagency on Homelessness; and Rodger Schneider, 7351 NE Hendricks Rd, Carlton.

* indicates item forwarded to formal agenda

Kathy called the meeting to order.

* Personnel - Kathy presented personnel requests from various departments. See agenda for details. After some discussion, the commissioners agreed to table a request for a 3% salary increase for Chris Johnson, Health & Human Services Director, until after they can talk to him more about his plans for retirement.

Homelessness - Kathy introduced Paul Carlson and stated that he had acted as facilitator at the first meeting of the Ending Homelessness Governing Council that morning. Paul stated that the council had reviewed the 10-year Plan to End Homelessness and the basics of the core strategies to come, which will be focused on in more detail at the next meeting. He noted that almost every county in the state will have a 10-year plan by the end of the year, thanks in great part to Oregon Housing and Community Services. He stated that a considerable amount of new federal monies will be coming down through a variety of sources. Kathy said that the county is leveraging any federal resources it receives with local contributions in order to involve the communities. Silas Halloran-Steiner handed out packets of information from the meeting and stated that the council will meet monthly for the first six months and quarterly thereafter.

Special Needs Task Force - Silas provided an update on the task force and distributed two handouts (see Exhibit A). He stated that the subcommittees are working very well so far. He explained that the first handout shows the connection between homelessness and the task force and identifies the needs in each stage between homelessness and housing so that efforts to address those needs can be coordinated. He said that the second handout links the individual goals of each of the teams back to the overall goals of the task force. He noted that Gary Christensen from the National Institute of Corrections would be here the following week along with Carl Gordon, local contractor, to do a site visit and provide grant-funded technical assistance. He said that they would like to meet with the commissioners on Jan. 21 since some of their recommendations would have an impact on policy. The commissioners agreed to meet with them on the 21st from 2:00 to 4:00 p.m. in the Annex.

Rodger Schneider stated that he has spoken with homeless people in the Portland area and found that many of them actually want to be homeless. He said that homelessness creates a big burden for Yamhill County and it especially bothers him when children are involved. He added that it can create community health problems as well. He said that some homeless people have mental

MINUTES INFORMAL SESSION

Page 1

January 11, 2010

3:00 p.m.

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issues and need to be evaluated and, as a taxpayer, he is supportive of efforts to get people into housing and trained to become self-supporting. He stated that those who want to be homeless need to be somewhere else.

Kathy stated that there are many problems involved with homelessness, including abuse at times, and many perceptions in the community that have to be dealt with, but the focus needs to be on those who don't want to be homeless. Paul thanked Rodger for his indignation and his support and said that he is counting on that response from the community.

Silas stated that the issue of homeless sex offenders has not been made a central focus, but it is a component of the homeless population that needs to be addressed. Paul said that it is important for the community to see the connection and overlap between the Special Needs Task Force and the 10-Year Plan to End Homelessness. Silas stated that the Housing Authority of Yamhill County has done several smaller housing projects for special needs, but Elise Hui is now looking into the possibility of a housing project for fifty or more residents with mixed use.

* Contracts/Grants - See agenda for details.

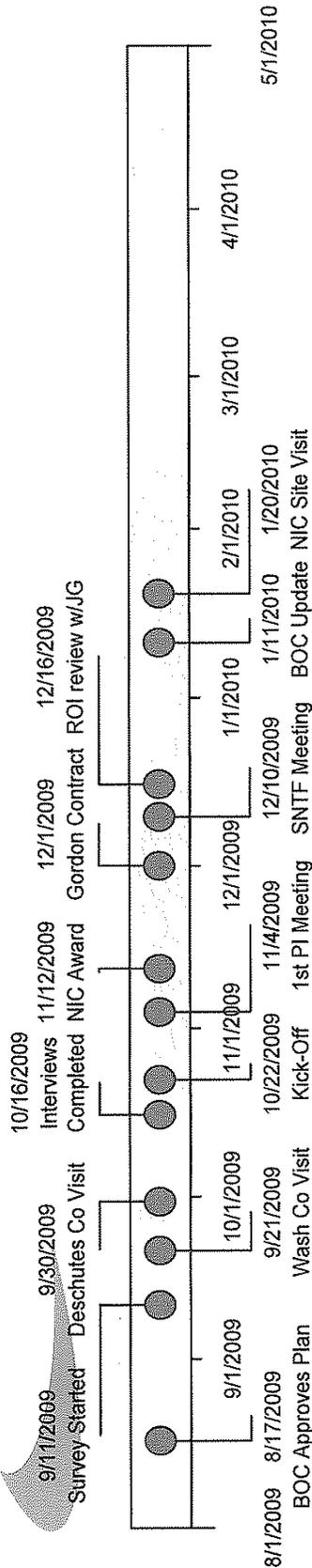
Committees - The Board agreed to recruit applicants for the Budget Committee vacancy through the newspaper as well as through the usual methods of posting it online and in the Board agendas. It was agreed that the Planning Commission opening would be discussed during formal session on Wednesday.

Code Enforcement - Rodger stated that he is about to inherit a small farm on Hendricks Road in Carlton and had received a letter from the Planning Department over the holidays about issues of non-compliance. He provided additional background information and stated that he had talked to Mark Soderburg, but not to Mike Brandt. After some discussion, Mary took his phone number and said that she would have Mike contact him right away to discuss the issue.

The meeting adjourned at 4:14 p.m.

Anne Britt
Secretary

Special Needs and Criminal Justice System Project Timeline*



Phase 1: Preparation & Assessment

- Overall Project Plan
- Purpose & Objectives
- Timeline of Activities
 - total project length 6-12 mo's?
- Participants Identified
- Kick-off Meeting Set - 10.22.09
- Methods:
 - Site Visits
 - Washington 9.21.09
 - Deschutes 9.30.09
 - 1:1 Interviews with Stakeholders
 - Internet Survey
 - Research/Literature Review
 - Data Collection
 - MH - #s served 7, 1.08 to 6.30.09
 - General, ACT, trends?
 - CD - #s served 7, 1.08 to 6.30.09
 - trends, frequent jail utilization
 - DD - #s in CJ system, trends
 - #s served 7, 1.08 to 6.30.09
 - Jail - prevalence DD/MH/TBI
 - trends, avg. length stay
 - YGCC - #s cases & overall %
 - MH/DD/CD, other?
 - CTDA - #s in MH Court, trends
 - in aid & assist, other?
 - LE - trends, contacts, arrests, use of force incidents
 - PCC - #s past 5 yrs, contacts, holds, % into respite care
 - Juvenile - #s cases & overall %
 - MH/DD/CD, other?
 - Family & Youth - #s in CJ system, #s served 7, 1.08 to 6.30.09

Phase 2: Plan Buy In & Develop Actions

- Convene Initial Work Group, 10/22 (2 hrs)
- Summarize Data from Surveys & 1:1 Preliminary Recommendations
- Develop Buy In re: Purpose
- Action Oriented Approach to Meeting
- Use Sequential Intercept as a Model
- Establish Smaller "Working" Groups
- Explore options for NIC Grant

Phase 3: Working on System Improvements

- Small Work Groups (3-9 mo's?)
- Community Crisis Response Team (CCRT)
- Jail/Court
- Juvenile System
- Housing Development
- Integrated Services
- Focus = Process Improvement (PI) & Policy Dev.
- Possible Tools:
 - Technical Assistance (NIC) on specific, targeted issues (i.e. jail services)
 - Local Resource: Dr. Carl Gordon
 - Initial Reports to BOC (as needed)

Phase 4: Project Completion & Summary Recommendations

- Reconvene Initial Work Group Quarterly
- Review Program & Recommendations
- Project Termination & Completion Tasks
- Final Report to BOC & Work Group
 - Deliverables Clearly Identified
 - Accomplishments
 - Ongoing Action Items
- Add: Phase 5: Annual Review & Update
 - Ongoing Data Collection & Trends
 - Continuous Quality Improvement Principles
 - Thoughtful Response to Current Issues

Purpose & Goals

Purpose: Assess local criminal justice (CJ) system and how it interfaces with special needs populations (CD, DD, MH) in order to make recommendations and strengthen system initiatives.

Goals:

- Increase the overall health and safety of our community by focusing on cost-effective, research-based principles to
- Prevent initial involvement of special needs persons in CJ system,
- Reduce length of stay at Jail/ Detention and ensure quality care while incarcerated, and
- Decrease the rate of return to CJ system.

Objectives

- Gap-analysis of our current system
- Engage individuals in treatment quickly
- Minimize time spent moving through the CJ system
- Link persons to community treatment & recovery support services upon re-entry to community
- Outcome-based results
- Utilize outside knowledge or technical assistance
- Clear recommendations
- Define start and end date for the project
- Address areas of system improvement that cost money and others that don't require additional funds

Guiding Questions

- What is our overall project vision & strategy?
- What matters most?
- Who needs to have a seat at the table?
- What is the relationship between stakeholders?
- What are the key milestones we can expect?
- How will we know the project is a success?
- How do we define our "special needs" population?
- What data is missing in our local system?
- What is in place now and what should be?

Monday, January 11, 2010
*Timeline Built Upon 9 Month Schedule

**YC Prevailing Needs
October 22, 2009**

- Washington County visit: 9.21.09
- Early Case Resolution (ECR)
 - Champions to lead changes
 - Wide variety of housing options
 - MH PO = specialization of skills & training
 - Forensic Assertive Community Treatment (FACT)
 - Mobile crisis response staffed 24/7
 - Special needs committee meets regularly (bimonthly)
 - Overall community corrections revenue is 55% grant & aid, 18% general fund, 19% LE levy, 8% feed/misc
 - 1.0 FTE MH liaison in the jail (also county GF)
 - PHS – prison health services provides health & psych
 - 38 medical cells, 60 in the special needs pod (SNP)
 - SNP created to keep vulnerable populations safer & increase positive outcomes re: violence, meds admin
- Deschutes County visit: 9.30.09
- Bridge program funded through MH service element P120, OHP billing, county general fund & crime prev \$
 - ROI for all disciplines signed and kept active at jail
 - MH court can take severe depression, PTSD, etc
 - 24/7 mobile crisis services
 - Local acute beds, 4 "hold" beds at sageview
 - MDT – multidisciplinary team mtg to staff tough cases
 - PSRB training for DDA & Defense Bar
 - On aid & assist, next day hearings on return from OSH
 - 228 bed jail has 5.0 FTE nurse staff, 1.0 FTE PMHNP & 1.0 FTE MH specialist
 - Screening upon admission
 - 12-17% gen pop w/ MH

- Access to psychiatric evaluation & meds
- Services for moderate MH – not just SPMI
- Integrated A&D & MH services
- Specialized housing w/ supports
- Emergency or "crisis" beds
- Local mobile 24 hr MH crisis response
- CIT for law enforcement
- Med mgt & case mgt in jail/detention
- Quick aid & assist
- Increased communication in all agencies
- MH, A&D & risk assessment pre-adjudication
- Parole & probation specialization
- Training for all court staff (DDA, Def, Pre-trial)
- Joint staffings for community partners
- Easier access to case worker

SITE VISITS

SURVEY

INTERVIEWS

NATIONAL RESEARCH & EBPs

LOCAL DATA

**Housing
Tx Access
Crisis Response
Tx Capacity & Meds
Specialized Training
Supportive Employment
Rapid Court Processes
Integrated Services
Local Resources
Jail Services
Data-Driven
EBPs**

- Jail prevalence MH: 7-16%*
- Rates 3-6 x's higher than gen pop**
- Women w/MH are highest sub-group**
- Juvenile detention: nearly 2/3rds boys & 3/4ths girls have one psychiatric disorder*
- Co-occurring disorders 2x's as likely for community supervision revocation***
- Sequential Intercept Model (SIM): focus on systems issues
- Research-driven practices
- Data analysis needed
- Collaboration from stakeholders
- Early intervention to keep out of CJ system
- Professional specialization & training (for example, parole and probation)
- Forensic ACT model goal to prevent CJ entry
- Supportive employment & housing
- CIT for LE & reduce stigma/misperception
- Risk, need & responsivity: target dynamic risk
- Community-based tx & recovery models work
- Integrated MH & A&D services & meds
- Engage family & natural supports

- PCC call out data shows increase:
2007/2008 total = 249
2008/2009 total = 275
- Juvenile P&P 7/07 - 6/09 top 3 risks:
Friends out of school (53%)
Friends break laws (42%)
Academic failure (41%)
- Juvenile P&P MH & A&D top 3 risks:
Difficulty sleeping or eating (17%)
Depressed or withdrawn (13%)
Substance abuse (12%)
- Adult P&P med/high risk (10/09):
90% of cases w/ A&D abuse issues
47% of these cases currently in tx
27% of cases w/ MH needs
56% of these cases currently in tx
16% of cases w/ co-occurring issues

- Treatment capacity & access
- Treatment eligibility (moderate MH)
- Integrated services
- Quicker court processes
- Training needed across disciplines
- Jail/Detention programs & medical staff
- Local crisis response
- Crisis housing & supports
- Early ID of MH in jail
- TBI cases very tough
- Rigid legal system
- Supportive employment
- Early intervention in juvenile system
- Residential placements for difficult juveniles
- Prosocial activities for juveniles
- Remove info sharing obstacles
- Collect & analyze data
- Expand CCS (MH Court)
- Security resources at WWMC
- Cross-discipline case staffings
- Juvenile to adult transition

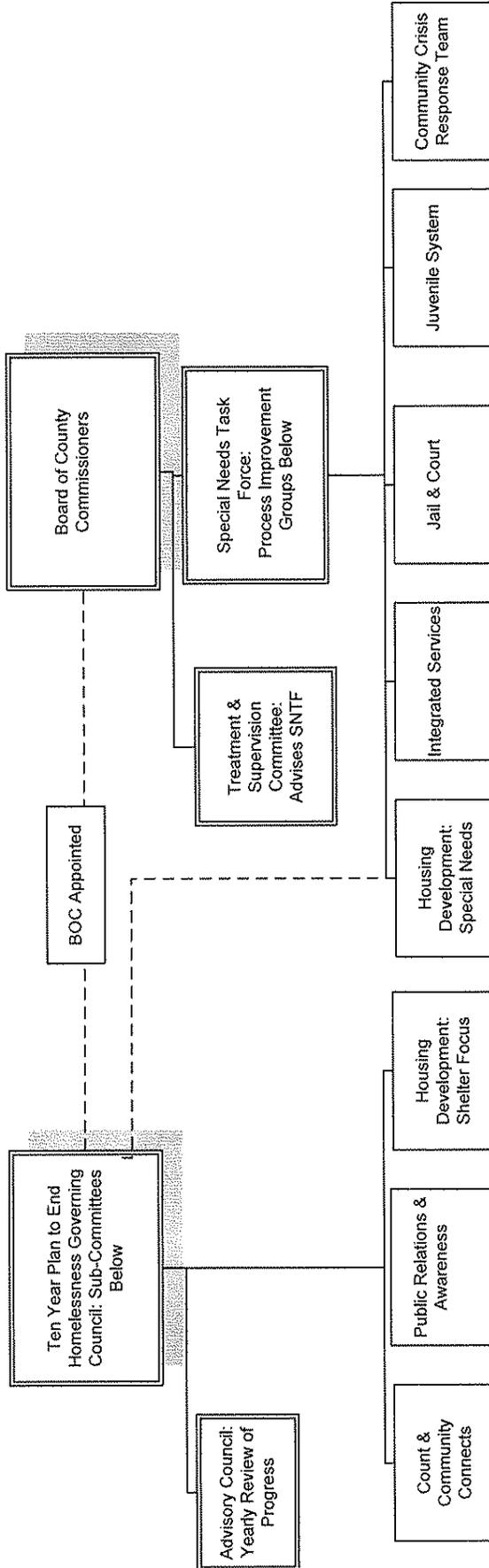
*BJA: *Mental Health Courts: a Primer for Policy Makers & Practitioners, 2008*

**Council of State Governments Justice Center: *Estimate on Prevalence of Adults with Serious Mental Illnesses in Jail, 2009*

***Council of State Governments Justice Center: *Improving Outcomes for People with Mental Illnesses under Community Supervision, 2009*

Housing Development Overview

Monday, January 11, 2010



Housing Development Note

There is potential overlap between groups focused on shelter and special needs. This will likely require some ongoing coordination. Therefore, the SNTF Housing Development group may also be formally linked to the Ten Year Plan Governing Council at some point.

Homeless Housing Needs Continuum
Monday, December 7, 2009

Emergency Warming Center – Only Open During Extreme Environmental Need*
Anticipated Capacity: ?
Anticipated Need: 21**

Warming Center & Shelter

Red Cross List
Insert #'s here

Emergency Shelter w/ Short Term Beds – 1 to 7 days*
Anticipated Capacity: ?
Anticipated Need: 16**

Long Term Shelter Beds – 1 to 30+/- days*
Current Capacity: 27
Current Need: 71***

Long Term Shelter

Love Inc – 10 all
Gospel Rescue Mission – 17 all

Transitional Housing

YCAP – 35 all
Thugz – 15 men, 17 women
Blanchet – 25 men
5 Rock Ranch – 40+/- all
Oxford – 9 men
Parker – 5 men
Bridges – 5 all
Reflections – 5 women & kids
Serenity House – 8 all
Henderson – 24 women & kids

Transitional Housing – 1 to 6 months****
Current Capacity: 183
Current Need: 396*****

Affordable Housing

Affordable Units – 1926 all (1343 sec 8)
For example: Fresa Park, Tice Park, Woodside Park, Homeport, Abbey Heights, Haworth Terrace, Riverside Terrace, Sunnyside, Vittoria Square, Hendricks Place, Sunflower, Palmer Creek, Heritage Place, Village Qtr & Single Family Homes
Affordable Housing waitlist – 1293 all

Affordable Housing – Ongoing****
Current Capacity: 1926
Current Need: 1293

Warming/Cooling Shelter: A place made available to individuals to provide respite from either excessive cold or heat as the season dictates. This is intended to be a very short term facility, usually open during normal business hours, but in the event of extreme cold – especially concurrent with an on-going emergency situation, the hours may be extended at the discretion of the host agency/organization. Facilities of this nature do not normally provide the users with meals but may provide appropriate liquid refreshments and snacks. Since this is often an 'In and Out' situation, there are usually no provisions for active Family Reunification programs or processes, but there should be a sign in sheet for simple personnel accountability.

Short Term Shelter: This is generally considered to be for a period not to exceed 7 days and provides 24x7 accommodations, although, the facility may limit movement in and out during nighttime hours in order to provide reasonable time for the occupants to rest. These shelters are normally operated in local facilities under a contract with the American Red Cross, however, the Red Cross has a pronounced shortage of trained personnel to operate these shelters. As a result, a program is being instituted to train volunteers to assist in shelter operations and management. Those who utilize a short term shelter will be asked to sign in, and provide some personal contact information so they might be assisted in finding accommodations better suited to their needs or situation.

Long Term Shelter: A long term shelter is normally thought to be a place of refuge for a period of between 7 and 30 days and provides 24x7 accommodations, although, the facility may limit movement in and out during nighttime hours in order to provide reasonable time for the occupants to rest. As with short term shelters, the Red Cross needs volunteer assistance in shelter operations and management. Occupants of a long term shelter, will be required to sign in and out as they move about so as to assist in either Family Reunification or relocation to a site that better suits their needs or situation. Every effort possible will be made to assist the occupants of these long term shelters to find a more permanent solution to their situation. Both short and long term shelters normally will provide meals, liquid refreshments, occasional snacks and sanitary facilities to include bathroom facilities and showers. Laundry facilities are sometimes, but not usually found at these shelters.

*Shelter work group to further define needs, capacity & current providers

**Numbers built on a one week survey at Newberg and McMinnville soup kitchens, but likely does not fully address need

***44 or 19% of 233 respondents from 2009 Count said they slept in insufficient locations such as car, tents, streets and 27 + 44 = 71.

****Will likely fall under "Housing" sub-committee of the newly created 10 Yr Ending Homelessness Plan Governing Council

*****This number is built on waitlist numbers plus current capacity

Ex-A 4/10

Special Needs Task Force

Purpose

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Below, please list the goals of your committee inclusive of description, purpose, and expected completion date and then determine which major goal of the Special Needs Task Force is enhanced by this effort.

Housing Development Process Improvement Team

Short Term (ST) & Long Terms Goals (LT) (Specify ST or LT)	Specific Activities	Completion Date and Responsible party	Major goal(s) - Special Needs Task Force (list by # (i.e. 1, 2, and/or 3)
1. Develop resource for 24/7 staffed crisis housing supports & County shelter options (LT)	Partner with 10 Yr Plan to End Homeless Governing Council and Shelter work group; identify and prioritize development options based upon local data	Ongoing; Silas and Melissa bridge to Council/Shelter; all work on prioritization	1, 2 & 3
2. Explore Safe Haven housing models in surrounding counties and look for innovation locally (ST)	Visit ?	May 1, 2010; Melissa lead.	1, 2 & 3
3. Increase transition housing options for persons re-entering the community w/ A & D issues (LT)	Look at grants; explore meetings with Oxford and Thugz to expand service locally; connect with Keith Urban and better identify need and local data	Ongoing; all	3
4. Add capacity for Corrections pilot project for fast track section 8 and/or designate 5 of 10 slots for special needs (ST)	Create policy at Community Corrections to authorize special needs PO Spencer to use 5 slots for caseload; coordinate with Elise Hui re: future expansion	February 1, 2010 and possibly ongoing for expansion; Silas and Elise to take the lead	3

Ex. A 5/10

5. Build a "housing first" model locally for person at risk of criminal justice system-involvement (LT)	Connect with 10 Yr Plan to End Homeless Governing Council; visit other areas with successful models and learn from them	Ongoing; visits by May 1, 2010; all to participate	1 & 3
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Jail & Court Process Improvement Team

Short Term (ST) & Long Terms Goals (LT) (Specify ST or LT)	Specific Activities	Completion Date and Responsible party	Major goal(s) - Special Needs Task Force (list by # (i.e. 1, 2, and/or 3)
1. Early ID of special needs inmates in the jail and capture data at booking (ST)	Select screening tool and train jail staff in its use	Captain Huber & Dr. Nunley w/ input from Drs Christensen & Gordon; First NIC site visit: January 20 & 21, 2010	2
2. Education for attorneys (ST)	Provide training series during noon hour: IDing special needs clients, local resources, case resolution options, etc. featuring local and visiting experts	Judge Collins with Alene Jacobs, Charles Lisle, a DDA (TBA), Patricia Brown, Carol Morris, Charlene Gibb. First in series March, 2010	2 & 3
3. Census Data (LT)	Explore national models w/ Technical Assistance via NIC; look at ways to be more data-driven in policy and practices	Captain Huber and Drs Christensen & Gordon; Spring 2010 projected implementation date	2
4. Staffing levels and Special Needs Pod (SNP) in the jail (LT)	Explore increased staffing and the development of a SNP; ways to look at innovation with indirect vs. direct supervision models	Captain Huber with Drs. Christensen & Gordon Spring 2010 summary & recommendations date	2
5. ECR/EDP (LT)	To be developed	Judge Collins and Brad Berry; completion date pending	1, 2 & 3
6. Medication access and treatment in the jail (LT)	To be developed	Captain Huber with Drs. Christensen & Gordon; Spring 2010 summary & recommendations date	2

Ex. A 7/10

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Integrated Services Process Improvement Team

Short Term (ST) & Long Terms Goals (LT) (Specify ST or LT)	Specific Activities	Completion Date and Responsible party	Major goal(s) - Special Needs Task Force (list by # (i.e. 1, 2, and/or 3)
1. Data Sharing Across Systems (ST)	Develop multi-agency ROI & basic protocols for info sharing	February 1, 2010; all team members, Silas lead.	1, 2 & 3
2. Integrated Services Routine Screening (ST)	Develop a checklist of potential agency involvement w/ champions & contact info identified	February 1, 2010; all team members, Charlene lead.	1 & 2
3. Specialized Training Across Disciplines (ST) – this will include TBI and physical disability considerations	Coordinate with jail/court team for training; provide additional training via multi-agency meetings	March 1, 2010 and ongoing; Silas, Marie & Charlene to liaise with other work groups	2 & 3
4. Establish Multi-Disciplinary Meetings (ST)	Set regular meeting times for clinical consultation once goal 1. is established	March 1, 2010; all team members, Marie & Silas lead	1, 2 & 3
5. Explore options for grants - Forensic Assertive Community Treatment (FACT) is one idea (LT)	Watch for grants, examine existing capacity to see about any pilot options, especially for capacity in the jail programs	Ongoing; Marie lead.	1 & 3

Ex. A 8/10

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Community Crisis Support Team

Short Term (ST) & Long Terms Goals (LT) (Specify ST or LT)	Specific Activities	Completion Date and Responsible party	Major goal(s) - Special Needs Task Force (list by # (i.e. 1, 2, and/or 3)
1. Information Sharing between multiple agencies (ST)	<ul style="list-style-type: none"> - create a way to access client info after hours - run monthly reports on clients, diagnosis & current meds - give PPC supervisor access to Raintree - jail to assist with holding records or keep it with PCC? - combine work with Integrated Services group on ROI - better define emergent vs. urgent - develop a list of needed information for data base 	April 1, 2010; Marie & Anne Marie on PCC & Raintree issues; Silas & Marie to lead ROI work	1
2. Cross Training (ST)	<ul style="list-style-type: none"> - continue CIT training, but augment with local LE training - Patricia & Kevin to overview MH - include TBI and DD - 4 hour class - training for HHS staff 	Training scheduled by February 1, 2010 and first one completed by May 1, 2010 with ongoing trainings to follow; Marie, Captain Marks, Lt Bolek to lead; Alene, Judge Collins and	1 & 3

Ex.A 9/10

Cross Training Cont.	<ul style="list-style-type: none"> - agency roles - criminogenic risks - community resources - connect with Jail & Court group that is working on training for attorneys and court staff 	Captain Huber working on Court training	
3. Assistance to moderate MH in crisis (ST, LT)	Activities Pending	Timeline Pending	1 & 3
4. MOU re: holds and information sharing (ST)	Marie is currently working on finalizing a document between hospital staff, LE and HHS	January 1, 2010; Marie and LE/hospital leadership	1 & 3
5. Address cross-county transition services (LT)	Activities Pending	Timeline Pending	1
6. Improve processing and transport of commitment clients (LT)	Activities Pending	Timeline Pending	1
7. Access to 24 hr Psych DR or PMHNP to prescribe meds quickly (LT)	Activities Pending	Timeline Pending	1
8. Access to local 24 hr MH screening or crisis response (LT)	Activities Pending	Timeline Pending	1
9. Create more non-incarceration community solutions (LT)	Activities Pending	Timeline Pending	1, 2 & 3
10. Implement security at emergency room departments (LT)	Activities Pending	Timeline Pending	1

Ex-A 10/10