

**INFORMAL MINUTES**

**February 22, 2010**

2:00 p.m.

Oval Office

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

Staff: John M. Gray, Jr., Pat Anderson, Chuck Vesper, Ken Friday, Silas Halloran-Steiner; Chris Johnson, and Ted Smietana.

Guests: Hannah Hoffman, News-Register; Linda McMahan, OSU Extension Service.

\* indicates item forwarded to formal agenda

Kathy called the meeting to order.

\* Personnel - Pat presented personnel requests from various departments. See agenda for details.

Minutes - Leslie moved approval of the following informal session minutes. The motion passed unanimously.

B. O. 10-112 - January 25, 2010

B. O. 10-113 - January 27, 2010 work session

B. O. 10-114 - February 1, 2010

\* Approve minutes from the January 27, 2010, formal session.

Special Needs Task Force - Silas Halloran-Steiner distributed the following handouts: Gary Christensen's report and recommendations for the task force, a summary of the February 12 policy group meeting, general points compiled by Carl Gordon after his initial meeting with the policy group, and an organizational chart of the task force (see Exhibit A). The group discussed the implementation of screening tools in the jail to capture data during booking in order to track how many of each population are being served and allocate resources to the different programs as needed.

OSU Extension Service - Linda McMahan stated that state funding for higher education has been decreasing and there is no tuition offset for extension service programs. She said that Scott Reed, Oregon State University Extension Service Director, has created a series of three conversations designed to develop some solutions: first, the reorganization of extension service districts to provide savings; second, possible revenue generation to help maintain the current high level of services; and third, the realignment of some of the programs. She said that the first set of proposals will be out around March 15 and a finalized plan will hopefully be ready by July 1.

She summarized the discussions that took place during a webinar the previous week with commissioners around the state and reviewed suggestions that were made for improving the extension service districts, which included better partnerships, more research and delivery of programs dealing with water, and more involvement of county commissioners. Kathy added a suggestion that more research be done on crop blights. The commissioners invited Linda to keep

them informed of any further updates or opportunities for involvement.

### Department Updates

HHS - Chris Johnson stated that developing his budget is difficult, even without having to budget a cost of living increase, because of substantial increases in rent, maintenance costs, and network charges and because PERS reductions weren't all passed on to the departments, but the state has reduced its allocations based on those reductions. He said that the good news is that he has fund balance that can be used.

He said that he disagrees with the decision to calculate network charges based on the number of computers on the network because his department has secondary computers that are used infrequently, thus putting much less pressure on the network than computers in the Sheriff's Office, for example, which are used three shifts per day. He said that a better method would be basing the charges on the number of user login accounts or e-mail accounts. Leslie stated that the point is a good one and acknowledged that the Board didn't give much thought to the methodology.

Chris discussed drug court grants and said that he believes they will be successful. He reported that Public Health and Family & Youth are working on the Yamhill-Carlton school-based health center, which integrates mental health services as well. He discussed the biennial plan and said that he is not pleased with the new format and the resulting document. He stated that local pharmacists have noticed improvements as a result of a program to help Adult Mental Health patients struggling with their medications. He mentioned that the county is partnering with a nursing program run by OHSU-Monmouth in order to create a link between primary care physicians and Abacus.

Community Corrections - Ted Smietana stated that he is continuing to work on the programs discussed the previous month and is working to implement the Measure 57 grant along with three others. He said that the budget is pretty solid because most of the cuts were made during the first half of the biennium, but the state is projecting a \$2.2 billion shortfall for the 2011-13 budget. He reviewed personnel changes in his department.

He briefed the Board on a specific case involving a pedophile who is ready to be released from prison, but has no permanent housing lined up. He stated that his office is working with the sheriff to create a long-term plan for this person that includes a prescription for Depo-Provera, the equivalent of chemical castration for men. He recommended not releasing the individual until he has started the prescription. He noted that the subject is borderline in qualifying for a Developmental Disabilities designation, but doesn't quite meet the criteria. Mary stated that Ted is working through the appeals process to have the DD designation reconsidered. The group discussed the use of Depo-Provera for sex offenders and its cost and availability.

Ted stated that this case has opened up conversations with the sheriff about ongoing issues related to sex offenders. He said that the sheriff agrees with the need for some kind of monitored transitional housing facility, but obstacles include where to locate such a facility and how to pay for it. He said that partnering with a local non-profit organization could be beneficial and asked the

commissioners to let him know if they have any other ideas.

Land Use Briefing - Ken Friday briefed the Board on Planning Docket PAZ-04-09(KF), request for comp plan/zone change from VLDR 2.5 to LI Light Industrial to eventually accommodate a storage lot for recreational vehicles, applicant Far West Development. The commissioners agreed not to schedule a site visit because they are all familiar with the property.

\* Committees - See agenda for details.

\* Dues - Authorize the payment of \$16,800 to the Association of Oregon Counties for 2010 dues.

\* AmeriCorps - Consideration of authorizing the submission of a membership application to AmeriCorps, subject to approval by the Chair and County Counsel. Mary stated that she has been working on modifying the application to include a water conservation focus. The group discussed rainwater treatment systems and other options for water conservation.

The meeting adjourned at 4:03 p.m.

Anne Britt  
Secretary

Special Needs Task Force Policy Meeting: 2.12.10

Current special needs working definition:

Adults or juveniles with mental, physical and/or substance abuse disorders which, if not addressed, will likely result in longer periods of incarceration or hospitalization and/or increased criminal justice system involvement.

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Context:

The SNTF has defined this population to be inclusive of many persons, including those with:

- Traumatic brain injury
- Mental health disorders, including both severe and persistent mental illness and moderate issues
- Chemical dependency
- Co-occurring mental health and chemical dependency problems
- Developmental disabilities
- Veterans w/ physical and/or mental disorders caused during service
- Medical issues or physical disabilities that further interact with or complicate any of the above categories

The SNTF recognizes there are pros and cons to this broad and inclusive definition. It allows us to think about high utilization and/or high risk for recidivism as a framework for discussion. The SNTF hopes to gather data on risk and needs for the entire population in order to better focus on specific populations, especially those at highest risk for criminal re-offense. This will allow Yamhill County to more effectively apply resources to targeted populations and adhere to EBP.

The mission of the SNTF remains unchanged:

Purpose: Assess local criminal justice (CJ) system and how it interfaces with special needs populations (as defined above) in order to make recommendations and strengthen system initiatives.

Goal: Increase the overall health and safety of our community by focusing on cost-effective, research-based principles to

1. Prevent initial involvement of special needs persons in CJ system;
2. Reduce length of stay at Jail/Detention and ensure quality care while incarcerated; and
3. Decrease the rate of return to CJ system.

## General Points

- The primary data collection site is booking at the Yamhill County Jail (YCJ).
- Basic mental health and substance abuse information will be collected during booking.
  - This data will be entered directly into Eagle in the same way that information is currently entered.
  - Approximately 8 questions for mental health and 9 questions for substance abuse will be added to the booking process.
  - Computer services will add a tab to Eagle so the booking deputy doesn't have to change to a different program to enter this information.
- The proposed mental health screening tool is the Brief Mental Health Jail Screen (BMHJS).
- The proposed substance abuse screening tool is the TCU Drug Screen II (TCUDSII).
- Individuals needing further services will be referred to appropriate staff/agencies. This could be immediate as in the case of suicide risk, or longer term as in the case of medication review.
- The Oregon Risk Assessment Tool (ORAT) will provide the criminogenic risk assessment. This is an automated process. Information will be automatically imported into the Planning/Development Database.
- End users will access the database by a web-based application.
  - The database will be developed and maintained by the Yamhill County computer services / information technology (IT) group.
  - Access to the database, including who can access it and what data can be accessed, will be based on need.
- The information that will be entered into the database hasn't been selected yet. Any thoughts or ideas on this matter would be appreciated.

# BRIEF JAIL MENTAL HEALTH SCREEN

## Section 1

Name: _____ <small>First MI Last</small>	Detainee #: _____	Date: ____/____/____	Time: _____ AM PM
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## Section 2

Questions	No	Yes	General Comments
1. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you <i>currently</i> feel that other people know your thoughts and can read your mind?			
3. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are <i>currently</i> much more active than you usually are?			
5. Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do?			
6. Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful?			
7. Are you <i>currently</i> taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you <u>ever</u> been in a hospital for emotional or mental health problems?			

## Section 3 (Optional)

<b>Officer's Comments/Impressions (check all that apply):</b>		
<input type="checkbox"/> Language barrier	<input type="checkbox"/> Under the influence of drugs/alcohol	<input type="checkbox"/> Non-cooperative
<input type="checkbox"/> Difficulty understanding questions	<input type="checkbox"/> Other, specify: _____	

**Referral Instructions:** This detainee should be referred for further mental health evaluation if he/she answered:

- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

Not Referred

Referred on \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_\_

Person completing screen \_\_\_\_\_

INSTRUCTIONS ON REVERSE

## INSTRUCTIONS FOR COMPLETING THE BRIEF JAIL MENTAL HEALTH SCREEN

### GENERAL INFORMATION:

This Brief Jail Mental Health Screen (BJMHS) was developed by Policy Research Associates, Inc., with a grant from the National Institute of Justice. The BJMHS is an efficient mental health screen that will aid in the early identification of severe mental illnesses and other acute psychiatric problems during the intake process.

This screen should be administered by Correctional Officers during the jail's intake/booking process.

### INSTRUCTIONS FOR SECTION 1:

NAME: Enter detainees name — first, middle initial, and last  
DETAINEE#: Enter detainee number.  
DATE: Enter today's month, day, and year.  
TIME: Enter the current time and circle AM or PM.

### INSTRUCTIONS FOR SECTION 2:

#### ITEMS 1-6:

Place a check mark in the appropriate column (for "NO" or "YES" response).

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

#### ITEMS 7-8:

ITEM 7: This refers to any *prescribed* medication for any emotional or mental health problems.

ITEM 8: Include any stay of one night or longer. Do NOT include contact with an Emergency Room if it did not lead to an admission to the hospital

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

#### General Comments Column:

As indicated above, if the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

All "YES" responses require a note in the General Comments section to document:

- (1) Information about the detainee that the officer feels relevant and important
- (2) Information specifically requested in question

If at any point during administration of the BJMHS the detainee experiences distress, he/she should follow the jails procedure for referral services.

### INSTRUCTIONS FOR SECTION 3:

OFFICER'S COMMENTS: Check any one or more of the four problems listed if applicable to this screening. If any other problem(s) occurred, please check OTHER, and note what it was.

### REFERRAL INSTRUCTIONS:

Any detainee answering YES to Item 7 or YES to Item 8 or YES to at least two of Items 1-6 should be referred for further mental health evaluation. If there is any other information or reason why the officer feels it is necessary for the detainee to have a mental health evaluation, the detainee should be referred. Please indicate whether or not the detainee was referred.

Ex. A 4/7

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## TCU DRUG SCREEN II

During the last 12 months (before being locked up, if applicable) –

Yes	No
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1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended? .....  Yes  No
2. Did you try to cut down on your drug use but were unable to do it? .....  Yes  No
3. Did you spend a lot of time getting drugs, using them, or recovering from their use? .....  Yes  No
4. Did you get so high or sick from drugs that it –
  - a. kept you from doing work, going to school, or caring for children? .....  Yes  No
  - b. caused an accident or put you or others in danger? .....  Yes  No
5. Did you spend less time at work, school, or with friends so that you could use drugs? .....  Yes  No
6. Did your drug use cause –
  - a. emotional or psychological problems? .....  Yes  No
  - b. problems with family, friends, work, or police? .....  Yes  No
  - c. physical health or medical problems? .....  Yes  No
7. Did you increase the amount of a drug you were taking so that you could get the same effects as before? .....  Yes  No
8. Did you ever keep taking a drug to avoid withdrawal symptoms or keep from getting sick? .....  Yes  No
9. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug? .....  Yes  No
10. Which drug caused the most serious problem? [CHOOSE ONE]
  - None
  - Alcohol
  - Marijuana/Hashish
  - Hallucinogens/LSD/PCP/Psychedelics/Mushrooms
  - Inhalants
  - Crack/Freebase
  - Heroin and Cocaine (mixed together as Speedball)
  - Cocaine (by itself)
  - Heroin (by itself)
  - Street Methadone (non-prescription)
  - Other Opiates/Opium/Morphine/Demerol
  - Methamphetamines
  - Amphetamines (other uppers)
  - Tranquilizers/Barbiturates/Sedatives (downers)

EX. A 5/7

## Scoring for the TCU Drug Screen II

Page 1 of the TCU Drug Screen is scored as follows:

1. Give 1-point to each “yes” response to 1-9 (Questions 4 and 6 are worth one point each if a respondent answers “yes” to any portion).
2. The total score can range from 0 to 9; score values of 3 or greater indicate relatively severe drug-related problems, and correspond approximately to DSM drug dependence diagnosis.
3. Responses to Question 10 indicate which drug (or drugs) the respondent feels is primarily responsible for his or her drug-related problems.

The TCU Drug Screen II was developed as part of NIJ Grant 1999-MU-MU-K008, *Assessment of a Drug Screening Instrument*.

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For more information on the TCU Drug Screen II, please contact:

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# Special Needs Task Force Organization

Wednesday, February 10, 2010

