



MULTNOMAH COUNTY OREGON DETENTION REFORM INITIATIVE

Juvenile Justice Council (JCC)

July 16, 2007 (Monday)

12:00 pm – 1:30 pm

Juvenile Justice Complex - large conference room

1401 NE 68th Avenue

Portland, Oregon 97213

MEETING MINUTES

Meeting Attendees:

Mary Claire Buckley
Loren Calkins
Tom Cleary
Tracey Cordes
Tina Edge

William H. Feyerherm
Lisa Fithian-Barrett
Shelley Flynn
Carolyn Graf
Rob Halverson

Debbie Hansen
Carol Herzog
Linda Hughes
Dave Knofler
Dave Koch

Paula Kurshner
Steve Liday
Michael Loy
Keith Meisenheimer
Leo Muniz

Lorenzo Poe
Tim Nacoste
Christine Pedersen
Tom Ryan
Wayne Scott

Helen Smith
Diana Stuart
Susan Svetkey
Scott Taylor
Katherine Tennyson

Heather Updike
Nan Waller
Michael Ware
Carol Wessinger
Sara Westbrook
Merri Wyatt

AGENDA TOPIC:	NOTES:	PLAN OF ACTION
Review and revise past minutes (if applicable) / approve today's agenda Judge Waller	Judge Waller asked that all edits to the minutes and updates to the council distribution list be sent directly to Tina Edge (DCJ) phone number (503) 988-3083, email tina.a.edge@co.multnomah.or.us . The agenda was approved and each member of the group introduced themselves.	
Measure 11 Population in Detention Dave Koch	Dave reported that this population has been growing steadily over the past 6-9 months. Currently, 27 of Multnomah County's 52 funded detention beds are occupied by youth charged with Measure 11 offense; 75% are youth of color (mostly males). Currently, there is no budget for an additional unit. 16 and 17 year olds that cannot be handled in detention due to negative behaviors are transferred to adult jail. There was a workgroup that reviewed the Measure 11 agreement for effectiveness and commitment - the most recent agreement is available from Judge Waller if anyone would like to review it.	Judge Waller is soliciting volunteers for a new workgroup to continue the reviewing process of the Measure 11 policy. It was suggested to have the adult Pretrial Supervision Program Manager be a part of this workgroup. Please let Judge Waller know if you are interested in becoming a workgroup member.

AGENDA TOPIC:	NOTES:	PLAN OF ACTION
<p>Juvenile Detention Culinary Arts Program/ Conditions of Confinement</p> <p>Tim Nacoste</p>	<p>Tim informed the council that the prior food service agency was not meeting the required level of service in detention and has been replaced. The cafeteria has also been named "Courtyard Café" and all staff are working on a temporary status. They are looking at implementing a national curriculum for probationary youth to participate in the Pro Start program that will teach youth the top to bottom basics in food services. This program will be modeled after the program Lane county currently has in effect. This curriculum will be taught by the French-trained Chef working in the café. She has a background of working in 4 and 5 star California restaurants. After the youth successfully complete the program, they will be given the opportunity to apply for jobs in the community with the help of the Pro Start program. Youth will receive 2 credits for graduating and will eventually be preparing food in the café. They are currently looking for youth that would be appropriate for this program and would like to begin implementing it on October 1st. Tim asked for the council's approval and support of this program to ensure it's success.</p> <p>Conditions of Confinement - Tim asked for volunteers to participate in evaluating this process that looks at how youth are treated while in detention. He would like to encourage folks to volunteer that have not already participated last year. The dates are October 1, 2, 3rd, and 4th - volunteers are asked to pick one day (not all four).</p>	<p>The counsel approves and fully supports this program.</p> <p>Please let Tim know if you are interested in participating in a Conditions of Confinement subgroup or have questions about the Pro Start Culinary Arts Program. He can be reached at:</p> <p>Tim Nacoste, Detention Manager Juvenile Service Division - Custody Services 1401 NE 68th Street Portland, OR 97213 (503) 988-6066 tim.nacoste@co.multnomah.or.us</p>
<p>Memorandum of Understanding Between Juvenile Justice and Schools (MOU) Subcommittee Update</p> <p>Wayne Scott</p>	<p>This work group has been meeting for the past six months and is focused on developing successful transition planning and placement for juvenile justice youth moving between public schools and institutional settings. The workgroup has four main focuses: Transition planning; School placement and enrollment issues; Getting IEPs and educational/psychological evaluations for juvenile justice youth; and pro-active planning for positive behavioral supports for behavior-challenged youth. Cross education has been an important part of the work group's time so far. Kate Desmond commented that an increased number of youth being placed back in school was evident this past year. She also mentioned a school fair taking place at Holiday Park to give youth an incentive to go back to school.</p>	<p>Wayne will continue to update the council on the progress of this subcommittee. If anyone has questions or would like to participate, contact Wayne at:</p> <p>Wayne Scott, Supervisor Treatment & Specialized Services Juvenile Service Division 1401 NE 68th Street Portland, OR 97213 (503) 988-6904 wayne.scott@co.multnomah.or.us</p> <p>If you would like the flyer for the Holiday Park school event, please contact Kate Desmond at</p> <p>Kate Desmond, Supervisor Gang Resource Intervention Team (GRIT) Juvenile Service Division 1401 NE 68th Street</p>

AGENDA TOPIC:	NOTES:	PLAN OF ACTION
<p>Youth Referred to Custody on a Firearm's Charge Policy Review</p> <p>Heather Updike</p>	<p>Heather presented procedural content changes to the Juvenile Firearm Policy. There was concern raised about the department's 72 hour hold request - Kate Desmond provided clarification by explaining the policy's purpose of expediting a youth's stay in detention as opposed to unnecessary custody stays for 10+ days.</p> <p>This policy is currently at the end of the 21-day review cycle and will be finalized once JJC members have had a chance to respond to the policy related documents being forwarded to them.</p>	<p>Portland, OR 97213 (503) 988-3978 kate.desmond@co.multnomah.or.us</p> <p>If you have questions or concerns, please contact Heather at:</p> <p>Heather Updike, Juvenile Custody Specialist Juvenile Service Division 1401 NE 68th Street Portland, OR 97213 (503) 988-5587 heather.k.updike@co.multnomah.or.us</p> <p>It was suggested to attach copies to the minutes for council review of the ...</p> <ul style="list-style-type: none"> • Firearm Policy (Exhibit A) • MHC position description (Exhibit B) • RAI (Exhibit C) • Gun Assessment (Exhibit D) • Articles that review the authenticity of the Assessment (attached as .pdf to distribution email) <p>Rob Halverson invites volunteers to participate in the RAI Override Policy Group. Rob can be contacted at:</p> <p>Rob Halverson, Supervisor BIST / Data Services Juvenile Service Division 1401 NE 68th Street Portland, OR 97213 (503) 988-4603 Robert.p.halverson@co.multnomah.or.us</p>
<p>PSRB - Psychiatric Security Review Board</p> <p>Mary Claire Buckley, J.D.</p>	<p>In 2000, the Oregon Law Commission took this on as a project because the law provided for the use of the insanity defense by juveniles but specified no clear dispositional procedure in the Juvenile Code. After a lengthy process over several interim sessions with a workgroup of the Juvenile Code Revision Committee and two full Legislative sessions where the merits and fiscal impact of such a system were addressed, the juvenile panel of the PSRB came into existence as of Jan. 1, 2007. There is now a 5 member multi-</p>	<p>Judge Waller may be forming a workgroup (if needed) in the future to address issues that may arise.</p> <p>Mary Claire requests that you notify the board immediately if you are aware of case on the horizon that may be coming their way. She can be reached at:</p>

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	<p>disciplinary Board appointed by the Governor to assume jurisdiction over youths who are found “responsible except for insanity” of a crime who either suffer from a “serious mental condition” as defined by statute or who suffer from another mental disease or defect and pose a substantial danger to others. The Board can only accept new substantive cases, not probation violations. The judge will make the initial determination as to whether the youth is committed to a secure residential treatment facility at the Children’s Farm Home, Parry Center or Albertina Kerr (depending on the age and diagnosis of the youth) or is placed on conditional release status in the community. The JPSRB will hold hearings thereafter and make all future placement decisions. DHS is responsible for the payment for any residential and/or treatment services the Board may require for the youth as well as monitoring and supervision fees.</p> <p>The members have been holding administrative meetings monthly since January to organize itself, develop policies and procedures and write administrative rules in anticipation of its effective date of July 1, 2007. It recently decided that <u>solely</u> alcohol or drug abuse or dependence diagnoses will not be sufficient “mental diseases or defects” for Board jurisdiction.</p> <p>The Board does not yet have a case but would encourage any party involved in a potential insanity defense case to contact the PSRB office for information and consultation to assure that this new statutory scheme is implemented properly.</p>	<p>Mary Claire Buckley, J.D. Executive Director Oregon Executive Department Psychiatric Security Review Board 620 SW 5th, Suite 907 Portland, Oregon 97204 (503) 229-5596 (503) 229-5085 fax mcb@oregonvos.net</p>
<p>Failure to Supervise Hearings for Parents of Curfew Violators/Minor in Possession (MIP) Truancy Dockets</p> <p>Judge Wyatt and Judge Waller</p>	<p>Judge Waller reported there have been no cases so far but she would like to continue discussions on how this process is working so far and if it is the most effective way to address the issues. It is important to make sure it is evenly applied across the county. Law enforcement agencies are fully aware of this process. There was strong encouragement to look at other options and mechanisms to accomplish this - make it happen not just talk about it.</p>	<p>There is a workgroup meeting led by Julie McFarland in August to review this process. If you have questions or are interested in joining the group, contact Julie at:</p> <p>Julie H. McFarlane Supervising Attorney Juvenile Rights Project, Inc. 401 NE 19th Avenue, Suite 200 Portland, OR 97232 (503) 232-2540 ext. 227 Julie@jrplaw.org</p>
<p>Role of Probation Programming & Judicial Use of Programming</p> <p>Judge Waller</p>	<p>Meeting time ran short.</p>	<p>Item will be moved to August agenda</p>

AGENDA TOPIC:	NOTES:	PLAN OF ACTION
Miscellaneous	<p>The council warmly welcomed Scott Taylor, the new Department of Community Justice Director.</p> <p>Welcome new members:</p> <ul style="list-style-type: none"> - Lorenzo Poe, Chair's Office - Loren Calkins, Wraparound Oregon - Michael Ware, Self-Enhancement, Inc. <p>Steve Liday, interim Department of Community Justice Director gave a budget update. He stated the 2008 budget was approved and informed the council that on July 31st -DCHS, the sheriff, and DCJ will present their budget options to county board. Juvenile Services has a shortfall of \$650,000 and the worse case scenario will have SRTP and GOALS programs cut. It will be stressed that Judge Koch fully supports all current juvenile programs that focus on "core services".</p>	<p>Scott will be spending his first few weeks getting acquainted with staff and identifying department priorities. Steve Liday, interim Director will remain until late August and will continue to guide the Department in the operational matters.</p>

Facilitator: Judge Waller Note taker: Tina Edge

Next meeting ...
 August 20, 2007 (Monday)
 12:00noon - 1:30pm
Juvenile Justice Complex
 Large conference room
 1401 NE 68th Avenue Portland, OR 97213

** Meetings will take place 3rd Monday of every month 12:00noon - 1:30pm**

EXHIBIT A

DIVISION: Juvenile Services

SUBJECT: Youth Referred to Custody on Firearm Charge

APPROVAL:**EFFECTIVE DATE:****REPLACES (policy # and date):**

Youth Referred to Custody on Firearm Charge; January 2, 2007

DRAFT

I. PURPOSE:

To provide a consistent practice of assessing youth who are brought to detention on firearm related charges.

II. REVIEW HISTORY:

Reviewed by Juvenile Counseling Services, Treatment Services and Custody Services Management 12-4-06 and 5-12-07.

III. CONTACT:

Custody Services Manager

IV. PERSONS AFFECTED:

Community Justice Managers; Mental Health Consultants; Juvenile Court Counselors; Juvenile Custody Services Specialists; Placement Coordinator.

V. POLICY:

It is the policy of the Department of Community Justice to hold all youth brought to detention with a referral for: 1) unlawful possession or use of a firearm, or 2) unlawful possession of a destructive device. A preliminary hearing will determine future judicial proceedings.

VI. RATIONALE:

Gun assessment instruments provide predictive validity for recidivism. In accordance to ORS 419C.109(3), youth who are brought to detention with allegations of possessing a firearm or destructive device in violation of ORS 166.250, 166.370, or 166.382 may receive a mental health assessment.

VII. CROSS REFERENCES:

ORS 419C.109(3); 166.210; 166.250, 166.370; 166.382; Juvenile Treatment Services - File and Record-Keeping Guidelines; Global Appraisal of Individual Needs (GAIN), Version 5.3.

VIII. DEFINITIONS:

Assessment and Treatment for Youth and Families (ATYF): An outpatient mental health and alcohol and drug service, run by Juvenile Treatment and Specialized Services. This resource is available to meet the unique needs of youth and families involved in the criminal justice system, or at imminent risk of deeper involvement in the system, or at imminent risk of institutionalization.

Criminal Violence Index (CVI): A list of 19 violence-related behaviors that have been shown to predict recidivism in youth who have engaged in such behaviors in the past year. The CVI is

scored as Low (0 behaviors in the past year), Moderate (1-3 behaviors in the past year) or High (4-19 behaviors in the past year) severity.

Destructive device: Any of the following devices with an explosive, incendiary or poison gas component: (A) Bomb; (B) Grenade; (C) Rocket having a propellant charge of more than four ounces; (D) Missile having an explosive or incendiary charge of more than one-quarter ounce; or (E) Mine; or any combination of parts either designed or intended for use in converting any device into any destructive device.

Firearm: A weapon designed to expel a projectile by the action of powder and which is readily capable of use as a weapon.

GAIN (Global Assessment of Individual Needs): a comprehensive bio-psycho-social clinical assessment that provides diagnostic information and treatment placement recommendations according to objective criteria.

GAIN-Q (Global Assessment of Individual Needs – Quick): A subset of items from the GAIN’s core pathological, outcome and service utilization scales designed to make the referral process more efficient. Responses to the GAIN-Q can be used to support brief interventions.

GCTI (General Crime Tactic Index): A list of 18 crime-related behaviors that have been shown to predict recidivism in youth who have engaged in such behaviors during the past year. The GCTI is scored as Low (0 behaviors in the past year), Moderate (1-3 behaviors in the past year), or High (4-18 behaviors in the past year) severity.

Gun Assessment: The Gun Assessment is composed of the GAIN-Quick, the GCTI, and the CVI (see definitions). It is used as one source of information to determine a youth’s risk to recidivate. It does not provide a comprehensive mental health assessment, a diagnosis or any treatment recommendations.

JCP (Juvenile Crime Prevention – Risk Assessment): The JCP Risk Assessment was developed by the Oregon Juvenile Department Directors’ Association (OJDDA) for use by Oregon County Juvenile Departments to identify risk and protective factors that put youth at risk of delinquency, and to use this information to guide and update decisions regarding level and type of intervention and/or supervision.

Mental Health Consultant (MHC): provides consultation, assessment, and treatment for children, adolescents, adults and families who exhibit severe emotional disturbances, substance abuse and/or criminal behavior; perform varied mental health tasks, primarily in educational, child welfare, corrections, health care, family, and community systems.

RAI (Risk Assessment Instrument): The objective assessment instrument implemented during the Custody Intake process and used to determine the level of risk of pre-adjudicated youth.

IX. PROCEDURES:

- A.** At the youth’s initial preliminary hearing, the department recommends holding the youth in order to obtain a gun assessment. A Juvenile Court Counselor (JCC) completes an electronic Gun Assessment Referral, (within 24 hours) either when one has been court ordered, or when an attorney has provided written approval for a gun assessment to be administered with his/her client.
- B.** The Gun Assessment Referral is electronically submitted to the ATYF supervisor who assigns a MHC to the case; a copy of the police report is provided to ATYF supervisor.
- C.** If the defense attorney requests to be present during the assessment, the MHC will notify the attorney of two assessment schedule options.

- D. MHC meets with the youth and administers the gun assessment.
- E. MHC obtains collateral information from the JCC, the youth's primary caregiver(s), and the police report.
- F. Administering a gun assessment, including gathering and inputting data from collateral sources, takes approximately 72 hours.
- G. If a youth chooses not to answer questions (either by choice or advice of counsel, or if no reliable historian exists in the situation in question, or if data is inconsistent and unreliable), validity of the assessment may be compromised and risk level may not be determined. The validity of the data is reported in a written summary of the assessment.
- H. MHC gives the JCC and the Placement Coordinator a written summary that identifies a risk level that indicates the probability of future offenses.
- I. A copy of the Gun Assessment summary is maintained in the youth's social file and in a chart maintained by Juvenile Treatment and Specialized Services.
- J. At subsequent hearings (2nd Prelim, Review, etc.), the department's recommendation to hold or release a youth is based on the gun assessment information and other factors - including the availability of a responsible adult to assist in supervision.
- K. If an attorney does not grant permission to administer a gun assessment and the court does not order a gun assessment, the department will recommend holding the youth and setting a 2nd preliminary hearing within 72 hours, so that other assessment information (RAI, JCP, etc.) can be reviewed for the development of the most appropriate safety plan. **Please refer to Exhibit A - Firearm Flowchart.**

X. **EXHIBITS:**

- Exhibit A - Gun Assessment Procedure / Flow Chart
- Exhibit B - Gun Assessment Referral

EXHIBIT B

MENTAL HEALTH CONSULTANT

Class Code:
6365

MULTNOMAH COUNTY
Revision Date: Oct 25, 2006

SALARY RANGE

\$23.72 - \$29.18
Hourly

\$4,127.28 - \$5,077.32
Monthly

\$49,527.36 - \$60,927.84
Annually

DEFINITION:

To provide consultation, assessment, and treatment for children, adolescents, adults and families who exhibit severe emotional disturbances, substance abuse and/or criminal behavior; perform varied mental health tasks, in educational, child welfare, corrections, health care, family, and community systems; and, provide crisis intervention on the County Mental Health Crisis Line; and apply managed-care principles in selecting services for clients.

EXAMPLES OF DUTIES:

ESSENTIAL FUNCTIONS (Essential functions, as defined under the Americans with Disabilities Act, may include the following duties and responsibilities, knowledge, skills and other characteristics. Depending upon assignment, the incumbent may perform a combination of some or all of the following duties, which are a representative sample of the level of work appropriate to this classification.)

Duties may include, but are not limited to, the following:

Consult with staff in contracting schools, child welfare, judicial, health agencies, correctional agencies or Community Mental Health Program sub-contractors. Support informed decision-making about individual and family behavioral health needs. Focus on clear problem definition, alternate solution identification and analysis, and action plans and/or treatment strategies.

Provide individual, group or family counseling to remediate identified problematic behavior, including clients with serious, pathological or life-threatening behaviors; those needing intensive clinical treatment unobtainable elsewhere; and those needing ongoing supportive maintenance counseling to enable them to benefit from their learning environment.

Provide crisis intervention, including assessments and management of potential life-threatening behaviors to self and others. Monitor children, adolescents, adults and families for signs or symptoms of child abuse, neglect, or life threatening situations. Follow state and federal laws concerning child, adult and elder abuse reporting, special education process, commitment, and confidentiality.

Use independent judgment and discretion applying the rules and requirements of the VERITY program.

Independently assess and evaluate the need for and eligibility for mental health and related social services over the phone.

Interview callers and make immediate decisions affecting the health and safety of people and property while assuring the most cost effective treatment and services are made available.

Conduct Care Coordination Utilization Management functions for VERITY members to ensure that hospital acute care and community based providers address client needs appropriately and adequately.

Advocate for clients with providers, family members, public and private agencies, and others. Phone or personal contact with service providers to gather information and develop treatment plans that promote functional interdependence within natural support systems.

Coordinate with members and providers determining clinical need for continuing care services, appropriate service type and amount. Refer to appropriate post-discharge care level (including supported housing, appropriate day treatment, outpatient services, and intensive levels of outpatient services). May authorize or deny requests.

Document clinical information and interventions and communicate rationale, and pertinent information to providers. Issue pre-authorization for twenty-four hour care and flexible services as clinically appropriate per VERITY policy.

Provide diagnostic assessments which may include administering, scoring and interpreting standardized psychological tests; obtain psychosocial histories; assess family dynamics; perform mental status exams; document DSM IV diagnostic impressions, prescribe treatment; make behavioral and clinical observations; present findings and recommendations in a written report.

Receive requests for twenty-four hour care from inpatient, sub-acute, and respite facilities.

Gather relevant clinical information, formulate an effective treatment plan, and issue pre-authorizations for twenty-four hour care when appropriate per VERITY Clinical Policy. Provide active, concurrent Care Coordination for members in twenty-four hour care settings by contacting community treatment providers and natural systems of support to explore and create outpatient alternatives.

Ensure that client needs are adequately addressed. Locate, arrange and authorize specialty mental health services if VERITY's provider panel is not able to provide when a member/physician/provider requests.

Provide short-term case coordination and follow-up for members with urgent and/or complex needs to ensure that service providers address client needs appropriately and adequately, including: care coordination services on interim basis; and, follow-up contact to ensure service appropriateness.

Make real-time assessments and take appropriate action with limited information about client needs and situation's hazards. Use complex rules and guidelines to make sound decisions that minimize county exposure to risk.

Assess each case's medical and social aspects and formulate service plans that are realistic and consistent with VERITY'S requirements. Interpret and apply Federal, State and local laws, rules, regulations, and policies. Integrate multiple priorities and eligibility and choose among programs. Manage case functions in accordance with pre-established criteria for utilization review and quality assurance and Oregon Health Plan and Oregon Administrative Rules guidelines. Analyze relative data and authorize expenditure of funds to provide needed services.

Document all member/provider contacts and clinical reviews: diagnosis, symptoms, interventions, goals and plan for next review; and evaluations of case management effectiveness and efficiency and utilization management program. Maintain accurate client contact records and notes concerning client. Access, interpret, and apply computerized client data information. Document investigation findings and present report of findings and recommendations at hearings. Assure client confidentiality is maintained according to HIPPA requirements.

Attend staff meetings: Commitment Monitors, ICP, TRC to support working relationships

and facilitate communication of consumers involved in the crisis system, community education and consumer staffing. Attend training and seminars for professional development, and train and assist other staff in case management principles and practices in general and in the area of incumbent's specialty in particular.

Work closely with community providers to build effective systems of care. Establish and maintain cooperative working relationships. Gain cooperation through discussion and persuasion.

Provide home visits to clients and/or families, especially families at risk of child abuse; provide consultation to health care, corrections, child welfare, sub-contractor and educational staff about their clients.

Facilitate the referral, screening, placement, payment and follow-up services for clients with a chronic mental illness who require supervised community care in a foster home or residential treatment facility contracted to the State Mental Health Division.

Ensure that licensed supervised residential facilities meet Oregon and/or Multnomah County Administrative licensure rules; Residential service providers meet basic management, programmatic, health, safety, and human rights regulations for persons placed in their care; Report infractions, monitor plans of corrections; and to ensure licensed capacity is not under or over utilized.

Monitor and consult with residential and group home settings caring for mentally ill children and adults. Investigate client complaints.

Screen, evaluate and facilitate referrals to community agencies for intensive individual and family therapy, hospitalization, residential or day treatment, or for medical, social or legal assistance; provide liaison and advocacy activities to maintain communication, coordination and continuity between community provider, schools, correction agencies, child welfare agencies, probate court, hospitals, residential facilities, families and the client.

Provide individual, family and couples therapy; lead group therapy sessions; conduct individual and family cognitive-behavioral intervention in client's home, community or treatment facility; conduct strength-needs family assessment; screen potential clients for program admittance; formulate treatment plans which include short and long term goals.

Advocate with varied public and private agencies for clients. Develop teams of professionals to plan and implement case objectives. Develop systems to enhance program functioning; monitor compliance with multiple sub-contract procedures.

Provide preventive services such as client/parent training, staff development and classroom presentations; develop parent and/or family support groups as requested; provide in-service training to school, child welfare, correctional, sub-contractor and health agency staff.

Mediate conflicting view points among schools, families, child welfare, correctional agencies, health care and sub-contractors; facilitate interdisciplinary teams' processes and decision making.

Represent division or department mission and policies regarding behavioral health issues to other public agencies and the community.

Consult with acute care providers about managed care behavioral health services. Assure timely access to appropriate behavioral health services. Promote optimal treatment outcomes through clinical review and utilization management. Facilitate cost-effective behavioral health care services utilization.

Arrange translation services for callers, clients, and providers.
Perform other duties assigned.

SUPERVISION RECEIVED AND EXERCISED:

Receives direction from assigned management and supervisory staff. Receives clinical supervision individually and in staff meetings from a consulting psychiatrist and or clinical supervisor.

May provide technical and functional supervision of other case management staff, or students.

KNOWLEDGE/SKILLS/ABILITIES REQUIRED:

Principles and practices of child development, rehabilitative care, cognitive-behavior intervention, substance abuse treatment, family therapy, psychodynamics, psychopathology, psychotherapy and consultation.

Knowledge of psychological and personality testing and their application to diagnosis and treatment of children, adolescents, adults and families.

The principals of mental health managed health care; Disability related medical care level criteria; Disability related social service evaluation, treatment and rehabilitation principles, practices and techniques; Case- work principles and practices, and interviewing techniques.

Crisis intervention techniques for chronic mental health assessment and clinical triage for crisis and emergency management systems and crisis centers.

Knowledge of human behavior theories, practices, and techniques.

Some positions require ability to staff a 24 hour-per day, 7 day per week operation.

Ability to make rule-based decisions in short time frames.

Knowledge of the availability and use of auxiliary emergency resources, agencies, personnel and services. Community resources and agencies providing a wide variety of specific social service programs and resources. Community residential resources, such as adult foster homes, low-income housing, residential care, retirement homes, and nursing home levels of care.

Laws and regulations regarding involuntary commitment, guardianship/conservatorship, protective services, informed medical consent, confidentiality, facility certification and regulation. Client rights, hearings procedures, legal terminology, protective service policy and procedure.

Technical rules and regulations governing programs, and funding guidelines and constraints, such as: State and Federal laws for eligibility for public assistance; Oregon Health Plan eligibility, enrollment and benefits policies and procedures; Rules and Regulations pertaining to Medicaid; and, knowledge of Title XIX and waiver service concepts.

Knowledge of the geographic layout, topography, and environmental characteristics (socio-economic, ethnic, demographic, etc.) of the City of Portland and Multnomah County.

Principles and practices of mental health professional ethics, laws and consultation. Diagnostic principles and symptomology as presented in DSM IV of the American Psychiatric Association.

Mental health treatment and its range of psychotherapeutic techniques.

Community resources for children, adolescents, adults and families.

Federal and state regulations, especially educational laws applying to handicapped children (PL 94-142, PL 99-457, ORS HB 2021); and child abuse laws, State Oregon Administrative Rules for the treatment of behavioral health clients.

Exercise independent judgment in life threatening crisis situations and in consultative situations with contracting agencies regarding politically sensitive issues.

Assess, diagnose and develop treatment plans for children, adolescents, adults and families.

Perform an objective investigation of facts, professional observations and provide confidential reports to other agencies and the court.

Testify in court regarding commitment recommendations, child custody recommendations, treatment recommendations, termination of parental rights, and other legal matters.

Develop and implement individual treatment plans.

Provide individual, group and family therapy. Plan, organize and schedule assigned workload.

Work effectively as a consultant with other disciplines for diagnostic decisions, treatment, planning, evaluation, and coordinating referrals.

Prepare a diagnostic psychosocial history, conduct a mental status assessment and document a DSM IV diagnosis or diagnostic impression.

Consult with a variety of disciplines to effect good treatment planning for children, adolescents, adults and families.

Communicate effectively and interact diplomatically with service providers, staff and clients in situations requiring instruction, consultation and counseling.

Utilize clinical and peer supervision relating to clinical issues.

Work effectively with several administrative units with potential conflicting goals and practices.

Learn state and federal regulations relating to mandated services for handicapped students, and to the health and welfare of children.

Maintain statistical records and data collections for use in program planning and contract compliance reporting.

Prepare and present concise, timely, accurate written records, reports and case presentations.

Communicate clearly and concisely, both orally and in writing. Skill in speaking English clearly and correctly. Skill in reading and comprehending complex technical documents written in English.

Travel to and enter clients' residence. Maintain physical condition appropriate to the performance of assigned duties and responsibilities.

Skill in dealing tactfully and effectively with a variety of people, often under stressful conditions.

Ability to apply required knowledge to analyze client needs in the areas of intake, protective

services, risk intervention, and relocation.

Ability to apply comprehensive mental health assessment methods and tools, treatment and rehabilitation principles, and practices and techniques relating to needs of clients.

Ability to analyze and interpret policy information, understand and follow complex written and oral instructions, rules, and procedures.

Ability to apply Oregon law regarding legal status of clients under Federal and State program rules and regulations.

MINIMUM QUALIFICATIONS REQUIRED FOR ENTRY:

Any combination of experience and training that would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities would be:

Experience: Meet provider credentialing requirements for the following specialties—

Adults: Two years of professional experience in the provision of behavioral health services to adults as a Qualified Mental Health Professional under current Oregon Administrative Rules

Children and Adolescents: Two years of professional experience in the provision of behavioral health services to children/adolescents as a Qualified Mental Health Professional under current Oregon Administrative Rules

Families: Two years of professional experience in provision of counseling services to families and/or delinquent youth as a Qualified Mental Health Professional under current Oregon Administrative Rules

Acute Care: Two years of increasingly responsible case management or mental health counseling experience at the QMHP level working with chronically mentally ill individuals and their families in outpatient, managed behavioral health care and/or crisis management; and, one year of managed care utilization review experience.

Training: Equivalent to a Master's degree from an accredited college or university in the mental health field with major coursework in social science, social service, or a related field.

License/Certificates: Requires ability to achieve and maintain status as a Qualified Mental Health Professional in Oregon. May require professional licensure or certification (e.g. Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Counselor, Licensed Clinical Psychologist, Certified Involuntary Commitment Investigator). May require valid drivers' license.

CLASSIFICATION TYPE/FLSA/HISTORY:

Type: Union Classification

FLSA: Non-Exempt

EXHIBIT C

DIVISION: Custody Services		
SUBJECT: Detention Screening Decision and Preliminary Hearing Recommendation		
APPROVAL:	EFFECTIVE DATE: <i>DRAFT</i>	REPLACES (policy # and date):

1. PURPOSE:

To uphold public safety by establishing a consistent and systematic protocol (based on assessed risk for re-offense, failure to appear for court, and/or seriousness of the youth's current behavior) for deciding whether to detain a youth or utilize release options at a detention screening and for a preliminary hearing recommendation.

2. REVIEW HISTORY:

Originating

3. CONTACT:

Custody Services Intake Community Justice Manager

4. PERSONS AFFECTED:

The Judiciary, Defense Attorneys, Deputy District Attorneys, Placement Coordinator, Juvenile Custody Services Specialists, Juvenile Court Counselors (JCC), Community Justice Managers (CJM), and contracted partners.

5. POLICY:

It is the policy of the Department of Community Justice to ensure that youth who receive a RAI screening score less than 12 are detained only with substantial historical documentation or circumstances that indicate the youth:
1) will not attend his/her assigned court hearing, and/or 2) is a safety risk to self or community.

6. RATIONALE:

By implementing this policy, the Juvenile Services Division ensures that the decisions and recommendations to use detention or other release options are based on consistent, objective decision making criteria designed to place youth in the least restrictive setting that protects community safety and increases the likelihood that youth appear for court.

7. CROSS REFERENCES:

ORS 419C.100, 419C.136, 419C.080, 419C.133, 419C.145, 137.707, 166.210; Intake Procedure Manual; Reception Center Eligibility Criteria Form; Firearm Charge Policy.

8. DEFINITIONS:

Conditional Release: (2 venues) - #1) Detention Intake - releasing a youth with an alternative to detention placement and a summons to appear for a preliminary hearing. #2) Preliminary Hearing - a judicial officer's order of release accompanied with special conditions such as community detention, etc.

Grounds for Pre-adjudication Detention: In order to be detained pending a preliminary hearing, youth must meet the criteria set out in ORS 419C.145:

- 1) A youth may be held or placed in detention before adjudication on the merits if one or more of the following circumstances exists:
 - a) The youth is a fugitive from another jurisdiction;
 - b) The youth is alleged to be within the jurisdiction of the court under ORS 419C.005, by having committed or attempted to commit an offense which, if committed by an adult, would be chargeable as:
 - A) A crime involving infliction of physical injury to another person;

- B) A misdemeanor under ORS 166.023; or
- C) Felony crimes;
- c) The youth has willfully failed to appear at one or more juvenile court proceedings by having disobeyed a summons, citation or subpoena;
- d) The youth is currently on probation imposed as a consequence of the youth previously having been found to be within the jurisdiction of the court under ORS 419C.005, and there is probable cause to believe the youth has violated one or more of the conditions of that probation;
- e) The youth is subject to conditions of release pending or following adjudication of a petition alleging that the youth is within the jurisdiction of the court pursuant to ORS 419C.005 and there is probable cause to believe the youth has violated a condition of release; or
- f) The youth is alleged to be in possession of a firearm in violation of ORS 166.250.

Override Down: The decision of the RAI Override Reviewer to implement a less restrictive sanction than is indicated by a RAI score.

Override Up: The decision of the RAI Override Reviewer to implement a more restrictive sanction than is indicated by a RAI score.

Placement Coordinator: A Juvenile Court Counselor designated to collect information and review RAI and department policy compliance, as well as screen appropriate cases for detention alternatives and present recommendations to the court in preliminary hearings.

Preliminary Hearing: Court hearings held within the first 36 hours of when a youth is detained, excluding weekends and holidays. Probable cause findings are made at this time, as well as the decision whether or not to detain a youth pending adjudication.

Pre-trial Placement Planning Meeting: A daily meeting that occurs prior to Preliminary Hearings where cases are discussed and potential recommendations for the Court are understood. In regular attendance are: a representative from the District Attorney's office, a representative from Community Detention, various defense firm representatives, a representative from the Oregon Youth Authority, and the Placement Coordinator. Other attendees may include: a representative from the Department of Human Services, a staff from a Secure Shelter program, and Juvenile Court Counselors.

RAI (Risk Assessment Instrument): A tool used to assess a variety of risk factors relative to the likelihood that a youth will appear in court, or re-offend prior to his/her court appearances.

RAI Override Reviewer: A department Community Justice Manager or designated staff in Custody Services who reviews RAI override requests and decides (based on the criteria in this policy) whether a RAI override is granted.

RAI Override Reviewers:

- 1st - The Custody Services Intake Manager.
- 2nd - The Custody Services Manager, if the Intake Manager is not available.
- 3rd - The Placement Coordinator, if neither of the two managers listed above is available.

Safety Plan: A plan to address youth who pose a community safety concern (as in youth affiliated with an alleged sex offense, fire, domestic violence or gun charges). This plan is developed by staff from Counseling Services or Custody Services Intake and is acknowledged by the youth and the youth's parents or guardians. A safety plan outlines structured expectations / guidelines and prohibits contact with victims.

Unconditional Release: At detention screening: when a youth is released from Detention without conditions. At preliminary hearing: when the judicial officer orders a youth's release without special conditions (e.g. community detention, community shelter) prior to plea or trial.

9. PROCEDURES:

A. DETENTION INTAKE SCREENING

1. All youth entering Intake will receive a RAI except for:
 - a. A youth identified as an Immigration and Homeland Security person who does not have a new felony law violation.
 - b. A youth who has a traffic warrant and no new charges.
 - c. A parole youth who does not have a new felony law violation.
 - d. A youth in the jurisdiction of Clackamas or Washington County.
 - e. A youth who does not have a new felony law violation held as a courtesy for other jurisdictions while transportation is arranged.
 - f. A youth who does not have a new felony law violation and is brought to detention as an out-of-state runaway or out-of-state warrant.

2. Automatic Hold Criteria:

* **Note:** All pre-adjudication detention must meet *Grounds for Pre-adjudication Detention* set out in ORS 419C.145 (see Definitions).

- a. **Measure 11 Charge:** All youth charged with any of the Mandatory Minimum Sentencing (Measure 11) offenses listed in ORS 137.707, (including youth under 15).
- b. **Measure 11 Warrant:** A youth who has a warrant for Measure 11 Charge (as above).
- c. **Escape From Secure Custody:** A youth who has escaped from secure custody in a detention center or youth correctional facility and is now back in custody for the first time after the escape.
- d. **I.C.E. Detainer:** All Immigration and Homeland Security youth with a Federal Detainer.
- e. **Parole Violator With New Felony:** A parole violator who is charged with a new Felony law violation and has a parole violation warrant.
- f. **Firearm:** A youth charged with the possession or use of an operable gun or felony possession or manufacturing a destructive device (See Firearm Policy).
- g. **Material Witness Warrant:** A youth who has a Material Witness Warrant.
- h. **Out of State Warrant:** A youth who has a warrant from another state.
- i. **Out of State Runaway:** A youth who is an out-of-state runaway where the parent or jurisdiction is not able to pick the youth up within five hours.
- j. **Court Order:** A youth who is court ordered to be detained.
- k. **Adult Hold:** A youth on adult supervision where the adult probation officer requests a detainer pending preliminary decision.

3. Automatic Conditional Release Criteria (where RAI <12):

- a. **Domestic Violence With Safety Plan:** Unless overridden for some other reason in compliance with the criteria in this policy, all youth brought in on Domestic Violence charges with RAI Scores of less than 12 will automatically be released with a summons to a preliminary hearing if a **workable safety plan** can be made.
- b. **Fire Charges With Safety Plan:** Unless overridden for some other reason in compliance with the criteria in this policy, a youth with new fire-related charges and a **viable safety plan** must be released with a summons to preliminary hearing.
- c. **Sex Offense With Safety Plan:** Unless overridden for some other reason in compliance with the criteria in this policy, a youth with an alleged Sex Offense who has a workable safety plan may be released with a summons to a preliminary hearing.
- d. **Warrant Youth:** Unless overridden for some other reason in compliance with the criteria in this policy, all youth brought in on Multnomah County Failure to Appear, Unable to Locate or Probation Violation warrants with RAI scores less than 12 will be released with a summons to appear at a preliminary hearing.

4. RAI Scoring and Screening Decisions / Preliminary Hearing

Recommendations:

- a. 12+ = Detain **OR override** down to implement Conditional Release. No override down to unconditional release allowed.
- b. 7-11 = Conditional Release **OR override** up to Detain or down to implement Unconditional Release.
- c. 0-6 = Unconditional Release **OR override** up to either Detain or to implement Conditional Release.

5. Intake's Override to HOLD Criteria

* **Note:** All pre-adjudication detention must meet *Grounds for Pre-adjudication Detention* set out in ORS 419C.145 (see Definitions)

a. 36-hour Hold - Oregon Revised Statute 419C.136:

A youth can be held for up to 36 hours (from the time police bring a youth into custody) in order to establish a safety plan that considers the youth's safety and his/her appearance in court when all of the following circumstances exist:

- **The youth is charged with a misdemeanor or felony law violation.** Per ORS 419C.136, 36-hour hold is allowed only if the youth is accused of an act that would be a crime if committed by an adult.
- **Unavailability of parent, guardian or a responsible adult:** Intake personnel contact and exhaust all adult placements for which a youth may be safely released.

- **Unavailability of alternative programming:** Intake personnel contact and exhaust all possible appropriate alternative programming placements (Boys and Girls Aid Society, Harry's Mother, or Department of Human Services).
 - b. **Sex Offender - No Safety Plan:** A youth with an alleged Sex Offense who does not have a workable safety plan.
 - c. **Fire Charge - No Safety Plan:** A youth with an alleged fire-related charge who does not have a workable safety plan.
 - d. **Domestic Violence - No Safety Plan:** A youth with an alleged Domestic Violence charge who does not have a workable safety plan.
 - e. **Serious Threat of Physical Harm - No Safety Plan:** There is recognizable danger to a victim based on documented threats of physical harm that cannot be addressed through a safety plan.
 - f. **Placement Interruption - No Safety Plan:** A probation youth who has violated the conditions of probation while in a court-sanctioned placement such that there are no remaining options for a workable safety plan. Override approval is required from the Juvenile Court Counselor's supervisor and the RAI Override Reviewer.
 - g. **Strong Indications of Imminent Violence:** Examples: Youth was recently released on violent charges and has now returned on new violent charges; **the youth states intention to physically injure or kill another person and releasing the youth would give the youth access to the threatened person.**
 - h. **Strong Indications of Failure To Appear:** Examples: Multiple recent warrants/runaways, very recently on run for long periods and compelling reason to believe this will happen again, youth states will not appear, recently cut off Electronic Monitoring device, very recent FTA is clearly noncompliance, not lack of information, many JCC efforts to get youth to court and youth has not complied.
 - i. **Extradited Youth:** A youth extradited from another jurisdiction to Multnomah County on a warrant.
 - j. **No Shelter Available:** Release to home is not an option and shelter beds are unavailable or shelters are refusing to house the youth.
 - k. **Youth In Serious Danger - No Safe Placement:** A youth is in imminent danger AND it is clear that youth will not remain in safe placement until preliminary hearing. Examples: prostitution, recent suicide attempts, death threats against the youth, etc.
6. **Intake's Override to Conditional Release Criteria - with a summons to a preliminary hearing (where RAI < 7):**
- a. **No Verifiable Community Ties:** A youth who does not have verifiable community ties can be released to community shelter with a summons to a preliminary hearing.
 - b. **Warrant/Runaway History - Community Detention:** A youth who has any history of Failure to Appear, Probation Violation, Unable to Locate warrants, or has recently been a runaway for an extended period, can be released with a referral to Community Detention and a summons to preliminary hearing.
 - c. **Home Placement Not Workable:** If placement at home is not possible, the youth may be placed in a shelter and summonsed to a preliminary hearing.
 - d. **Close-Call Dangerous Behavior:** A youth whose recent behavior risked serious injury to self or others, may be released with a summons to a preliminary hearing. Examples: menacing with a pellet gun, high-speed auto chase, etc.

*** Note:** Youth with warrants and youth with Domestic Violence charges who have safety plans must be released with a summons to appear at a preliminary hearing (see - **A 3. Automatic Conditional Release Criteria**).

B. PRELIMINARY HEARING RECOMMENDATION

1. Automatic Hold Recommendation

- a. **Firearm:** A youth charged with the possession or use of an operable gun or felony possession or manufacturing a destructive device (See Firearm Policy).
- b. **Measure 11 Charge:** All youth charged with any of the Mandatory Minimum Sentencing (Measure 11) offenses listed in ORS 137.707; including youth under 15, who do not have a workable safety plan.
- c. **I.C.E. Detainer** All Immigration and Homeland Security youth with a Federal Detainer.
- d. **Material Witness Warrant:** Youth with Material Witness Warrants
- e. **Out of State Runaway or Warrant:** Youth brought to detention on out-of-state runaways or out-of-state warrants.

2. Override to Recommend Hold

- a. **Sex Offender - No Safety Plan:** A youth with an alleged Sex Offense who does not have a workable safety plan.

- b. **Fire Charge - No Safety Plan:** A youth with an alleged fire-related charge who does not have a workable safety plan.
- c. **Domestic Violence - No Safety Plan:** A youth with an alleged Domestic Violence charge who does not have a workable safety plan.
- d. **Serious Threat of Physical Harm - No Safety Plan:** There is recognizable danger to a victim based on documented threats of physical harm that cannot be addressed through a safety plan.

3. Automatic Conditional Release Recommendation (where RAI < 12)

- a. **Domestic Violence With Safety Plan:** Unless overridden for some other reason in compliance with the criteria in this policy, all youth brought in on Domestic Violence charges with RAI Scores of less than 12 will automatically be released with a summons to a preliminary hearing if a workable safety plan can be implemented.
- b. **Fire Charges With Safety Plan:** Unless overridden for some other reason in compliance with the criteria in this policy, a youth with new fire-related charges and a viable safety plan must be released with a summons to preliminary hearing.
- c. **Sex Offense With Safety Plan:** Unless overridden for some other reason in compliance with the criteria in this policy, a youth with an alleged Sex Offense who has a workable safety plan may be released with a summons to a preliminary hearing.

4. Override to Recommend Conditional Release (where RAI < 7)

- a. The youth's history and current circumstances indicate that conditional release is needed to protect the community, the youth and the victim, and to assure that the youth appears in court.

C. OVERRIDE AUTHORIZATION

1. Intake

- a. Once Custody Services Intake staff has scored a youth's RAI, the staff considers any and all extenuating circumstances that impact whether a youth should be held or released. If the override criteria indicates an override is necessary, the Custody Services Intake staff contacts one of the three RAI Override Reviewers:
 - 1st - The Custody Services Intake Manager.
 - 2nd - The Custody Services Manager, if the Intake Manager is unavailable.
 - 3rd - The Placement Coordinator, if neither of the managers listed above is available.
- b. The RAI Override Reviewer considers all available information and decides whether a RAI override is appropriate based on the criteria in this policy.
- c. The Custody Services Intake staff thoroughly documents in the RAI the reason for the override and the name of the authorizing RAI Override Reviewer.

2. Preliminary Hearing

- a. A Juvenile Court Counselor submits a Preliminary Recommendation Form to the Placement Coordinator prior to the Pre-trial Placement Planning Meeting. This form indicates the JCC's reasoning for recommending a particular placement for a youth.
- b. The Placement Coordinator reviews the form and discusses his/her concerns with the appropriate JCC and then makes the department's recommendation during the Pre-trial Placement Planning Meeting (consistent with the criteria in this policy).
- c. During the Preliminary Hearing the judge/referee determines whether to follow the department's recommendation or another option.

10. EXHIBITS:

Exhibit A: Risk Assessment Instrument

Exhibit B: Pre-adjudicated Safety Plan Form (Sex Offense)

Exhibit C: Pre-adjudicated Safety Plan Form (Fire and Explosives)

Exhibit D: Preliminary Recommendation Form



EXHIBIT D

Multnomah County Department Of Community Justice
Juvenile Services Division
Juvenile Treatment and Specialized Services

GUN ASSESSMENT

HOW TO & CHECK LIST

Youth:			
Juvenile Court Counselor:		Referral Date:	
Evaluator:		Assessment Date:	

Function	Initial When Completed
Court Ordered GUN Assessment Referral	
Administer GUN Assessment - GAIN-Q FULL	
Gather collateral information from parent, JCC, or other significant resources Include review of police report (police report will be in referral)	
ABS Data Entry (GAIN Quick)	
Run the report - RRS Narrative Click on: GAIN Quick - Reports - Questionnaires - RRS Narrative	
Score Assessment, staff with teammate as appropriate	
Create report/JCC letter and submit to Deena Corso for review (Can be submitted to Wayne Scott or Kathy Ruberg if Deena is not available)	
Verbally connect with JCC about Risk Level	
Make 5 copies of the final letter (Defense Attorney, JCC, Judge, District Attorney (DA), OYA or DHS) Submit those 5 copies to Patty Iwamoto	
Submit entire packet to Deena Corso a) Referral b) GUN Assessment Hard Copy & Collateral c) RRS Report d) Original JCC letter	