

Site Visit #1 – Policy Team Meeting

Minutes
Monday, June 29, 2015, 8am-2pm
Attendance:

Lore Joplin	Justice Systems Partners	MacArthur Site Liaison Lead
Jennifer Ferguson	Justice Systems Partners	MacArthur Site Data Consultant
Casey Filice	Chair Kafoury	Staff Assistant
Judy Shiprack	County Commissioner	District 3
Mathew Lashua	District 3	Chief of Staff
Nan Waller	Circuit Court	Presiding Judge
Julie Frantz	Circuit Court	Chief Criminal Judge
Kevin Modica	Portland Police Bureau	Assnt. Chief
Linda Yankee	Sherriff's Office	Chief Deputy
Scott Taylor	Dept. Community Justice	Director
Ginger Martin	Dept. Community Justice	Deputy Director
Jeff Howes	District Attorney	Deputy DA First Assnt.
Caroline Wong	District Attorney	Deputy DA
Lane Borg	Metropolitan Public Defender	Executive Director
Joanne Fuller	Health Dept.	Director
David Hidalgo	Mental Health & Addiction Services Divs.	Divs. Director
C.J. Robins	City of Portland, Black Male Achievement	Director
Tim Hartnett	CODA	Executive Director
Suzanne Hayden	Citizens Crime Commission	Executive Director
Ben Duncan	Office of Diversity & Equity	Director
Sheri Campbell	Office of Government Relations	Senior Grants Coordinator
Jessica Morkert-Shibley	Communications Office	Public Affairs Coordinator
Abbey Stamp	Local Public Safety Coordinating Council	Executive Director
Christina Youssi	Local Public Safety Coordinating Council	Executive Assnt.
Lindsay Stover	Mental Health & Addiction Services Divs.	Program Specialist Senior

Summary: Welcome, Introductions

Lore Joplin and Abbey Stamp welcomed the group.

(A) Background – MacArthur Goals

Lore presented overview of SJC competition (*See, Attachments: A–B*)

- MacArthur Goals: (1) Reduce jail utilization in innovative and impactful ways
(2) Reduce racial and ethnic disparities
- Multnomah County SJC: (*See, Attachment C - for overview and site visit dates*)
 - Intensive 6 month planning process to surface reform strategies to continue the foundation of work that has been done to improve criminal justice system.
 - Phases of project: 4 Site Visits (optional 5th may be scheduled in December, if team decides this is important).
 - Required deliverables:
 - Aggregate Data Template: finalized before 7/29
 - Systems Map: finalized by 7/31
 - Logic Model: finalized by 9/2
 - Implementation Plan: drafted by 11/5, submitted by 1/6/16
 - Creation of Policy and Operations Teams:
 - Operations will do a lot of the detailed work and vet through Policy Team

- First task is to draft a Map of current criminal justice system
- Policy Team meeting schedule is every other week between Site Visits: first and third Wednesdays
- Upcoming Site Visits will be similar and include one full day of planning for each team

(B) Areas of Focus – Multnomah County

1. Low Level Defendants

- State offenses – high volume in jail (open container, possession, etc.)/ Seattle LEED model (Justice Based Policing)
- Open booking – Cite & Release
- Aid & Assist requires that people are served in community, aside from state hospital – there are little resources available for this population that needs support so they can withstand trial

2. Defendants with Behavioral Health Needs (mental illness/ addictions)

- How do we connect this population with services earlier?
- Fitness to proceed, not guilty for reason of insanity/ defacto now – this is important to understand
- Policy drivers have created a mental health system in this county as people from all over the state come to Multnomah County, because we have the largest array of: Residential and PSRB resources, which are state run. We have most services; therefore, become the net for the whole state.

3. Racial & Ethnic Disparities (RED)

- Many sites have low level implementation things that they will be doing, MacArthur has asked Multnomah County if they would be interested in targeting this area of focus since few sites are positioned for success as uniquely as Multnomah County given past criminal justice groundwork.
- Deeper dive into data of why disparities exist may be required.
- Disparities in charges at arrest? Is this driver of disparities of who is being held?

Related discussion points:

- MHASD's EVOLV database contains over 136,000 clients and around 266,000 Health Share insured individuals – yielding a diagnostic profile of mental health in our county along with demographics of this population.
 - Community Mental Health system is not set up to deal with people with forensic issues, this system is not set up to appropriately/ easily serve the diversity of issues and staff working within this system are not trained in forensic issues/ criminal justice. A question that may be important: are we set up/ do we actually have the right services in community?
 - There isn't a training program to train clinicians in forensics, we need to talk to CCO's and universities about this issue.
- How do we define these focus areas?
- What data do we need to better understand these areas?
 - Potential Data ask: a) Service Inventory for forensic and behavioral health clients, b) demographics of Medicaid population in County.
 - Bench probation misdemeanors – how many are there? Length of Stay?
 - Law Enforcement Officer MH pick-ups – how many? Length of Stay? Expense associated? (Important as these are some of the most expensive individuals)
 - Short term/ long term costs (MH clients are expensive to take care of in community, too. However, they are best served in community, not in jail).
 - Housing status of inmates
 - Functionality of DSSJ data warehouse at this point?
- 14,000 on bench probation – not a lot of tools for a judge for monitoring; therefore, jail is the tool that is accessible. Thousands go through Community Court every year.
- Work Release: we use jail when someone is not compliant with Probation as a punishment/ sanction. If we could shift so that we had a work release-like model and we give someone peer mentoring, job assistance, etc.



Summary: There are short-term policy work goals, in addition to long-term planning conversations.

(C) Vision Statement Development

Focus: Vision for the Jail – what is it's use?

- Group exercise conducted to develop draft vision statements in small groups
- Voting determined vision statement:

*“Beyond Jail: A Just and Equitable System for a Safe, Healthy Community.”
Jail usage as a last alternative for community safety and offender processing*

- Need to define the following concepts: Justice, Equity, Safety, Health

Related discussion points:

- What does that look like when you are beyond jail, what changes when you have this shift where jail is not the first, predominant, or only solution?
- Marriage of health and safety is important: includes behavioral health, healthcare, disparities, and public safety.
- Important to define concepts: just, equitable, safe, and healthy
 - Just covers how you use the jail on a equitable basis by using risk assessments and tools that shift focus away from arbitrary decision making and charge-based system lens.
- Discussion around this vision, the competition and ability to have focus under this 6 month timeline. This is an aspirational moment despite the timeline.
- This conversation about jail being the last option impacts the PPB. We use jail as a processing center.

Principles:

- building legitimate and appropriate alternative capacity and access
- risk-based and evidence-based decision-making (vs. charge-based)
- jail is the last alternative
- wise use of public resources
- data-driven planning, implementation, and on-going evaluation/ learning (adjustments made based on data)
- connecting systems: treatment, education, workforce, treatment, health resources (jail is not an island) to reduce recidivism
- Accountability over punishment
 - How do we develop a model for appropriate punishment. Non-compliance results in jail, how to shift the thinking to jail as a method for accountability/ correction instead of punishment. System wrestles with this conversation. Use of sentencing guidelines was a shift to create great consistency.

Additional discussion points:

- If we are talking about a risk/needs evidence-based system, there are a lot of people in jail that should not be there and wouldn't be there if we did this. Philosophically, this is difficult and this is a huge change. If you look at all the people who in jail for probation violations, these are who we are talking about.
 - Bench-probation switch was made not on philosophical, but budget reasons.
 - Police need a sorting process and options beyond jail.
- Juvenile has made a lot of progress in this area
- Lore mentioned: Burns Institute/ San Francisco report just released (See, Attachment: D)
- Different subpopulations within the Mental Health population:
 - Frequent flyers/ “spinners” in the system (reference to LPSCC report 8 yrs ago, centered on 80 individuals).



- “HUM: High utilizers of multiple systems” (healthcare and criminal justice).
- Abbey summarized don't have options for either of the HUM or frequent flyers and effective alternatives when it comes to their Mental Health, risk, or racial/ethnic disproportionately.

Summary Next Steps: Abbey/ Lindsay will draft Vision Statement for the next Policy Team meeting.

(D) Mapping the System

Required deliverable is a process map indicating how individuals flow through system, due July 30th.

Though tedious work, both the process and product are extremely helpful to the initial planning process in considering the 7 decision points that MacArthur is asking us to concentrate on.

- Brief review of existing maps (*See, Attachments: E – G*).
- Operations Team is tasked with drafting a map of the current system and presenting to Policy Team for review.

Related discussion points:

- Discussion on whether to make separate maps for felony and misdemeanors given complexity of current system, resulted in decision to use layered mapping program to show felonies and misdemeanors as separate tracks.
 - Question about mapping for risk level, instead of by charge given some felons have low criminogenic risk. Decision to map the existing system and keep this as a possible next step consideration to be discussed when planning teams narrow target to identify where to focus. (*See, Attachment: H*). Another next step may be to create expansion maps on each decision point that is targeted.
- Comment about staff bandwidth related to data team/ etc. and need for prioritization in terms of decision points and focus areas.
- Question about how the County reduced jail population from 1,800 beds (when Wapato facility built) down to the 1,300 beds that exist today?
 - Change: length of stay shortened and amount of credit given increased. Happened in chunks, not all at once.

Summary Next Steps: Operations Team will begin to draft map during tomorrow's site visit session. Policy Team will review finalized map and Aggregate Data Template to identify areas of concentration.

(E) Community Stakeholder Input

Primary questions to consider:

- Is stakeholder/ community input important to get during this planning process?
- What would we hope to achieve by engaging in community input process?
- Who would need to participate?
- What methods should be used to engage them?

Related discussion points:

- Consumer voice at the table adds great value, but is difficult to effectively achieve especially within the six month timeframe.
- What are we willing to hear in terms of feedback? Will we actually use that feedback to shift planning in a meaningful way?
- More effective process to approach existing groups, instead of have a few tokens join planning team or creating a new group we ask people to join for this specific purpose.
 - Existing groups: Coordinated Care Agencies have community advisory boards, MHASD and HD have advisory boards that include consumer advocates, Alliance for Culturally Specific Providers, City has advisory groups, Coalition of Communities of Color, NAMI, etc.



- Important to hear about access barriers for treatment/ services and what the drivers are of barriers/ noncompliance in fulfilling court orders/ supervision. Lessons learned from Juvenile: folks affected can best point out if the system is creating the barriers.
- Potentially invite consumers to attend Policy meeting as focus groups.
- Victim engagement is important given our focus.
- Community can be a driver if we have intentionality and are clear about what kind of feedback we need. Important for both planning and implementation efforts. May only have time for one community session during planning.
- Including community feedback will strengthen our application.
- Need to think about both input and output – how we engage media and communicate goals.
- We have systems partners (Communities of Color, Black Male Achievement, etc.) that aren't true consumers, but systems partners who have extensive knowledge/ insights into specific communities. Engaging these partners is critical. It may be a different process to engage actual consumers, but will be important at some point in process. MCJRP utilized listening sessions/ focus groups from true consumers to get feedback.
- Each Policy Team member talk to the various groups that they are a part of and bring back information to this group.
- Gang Assessment process to survey 1000 community members was a large burden. We are still at same place with how best to illicit meaningful consumer feedback.
- When to bring in this feedback?
 - Ideally, we would co-develop the plan around this feedback from today on; however, the reality may not be able to accommodate this.

Summary/ Next Steps:

- Policy Team will analyze the data and systems map to identify target areas and then revisit how best to achieve stakeholder input through utilizing existing groups and partnerships, as well as developing a plan to including actual consumer input in the implementation process.
- This process is not about funding a program; it is about changing the way we do business.

(F) Communications Plan

Berlin Rosen is a PR firm that is coordinating communications plan for MacArthur around this effort and have provided sites with a basic PR packet.

Question: What does the County's Communication plan look like and what should it include? Jessica Morkert-Shibley, County Public Affairs Coordinator, will assist SJC. County has media sources that are contacted for specific stories. Abbey and Jessica will discuss communications offline, but need Policy Team's feedback about approaching public at large.

Related discussion points:

- There are stories, even though we are in the planning process: X person cost the system X \$, if we could have had X diversion package (\$housing, \$treatment, etc.), long-term ROI on treatment investment, people can rejoin society again.
- Tell the story of why we are doing this: decreasing long-term costs, better outcomes, enhanced services in community, increased public safety, etc.
- Law enforcement can use their social media capacity.
- Communications Plan needs to include: common messaging, tag lines, etc. No matter who the partner is, since this is a collaboration, there is a need to be consistent and utilize all partners' media outlets/ resources.
- Jessica would like partners to pool resources to surfaces stories that may be good to showcase, promotion should wait until plan is more concrete, then it can be pushed out to dedicated media contacts, and in December it can be broadly promoted.



- Lane's idea of telling story of past/ current collaborative processes to enhance community systems (maybe target radio - OPB, Amelia Tempelton interested). Joanne stated this is similar to what was done with the juvenile program with inviting the Oregonian to attend meetings at an early juncture.

Summary Next steps: Policy Team will discuss whether or not to invite a reporter into the planning process and appropriate communications timelines at the next meeting.

(G) Data Overview

Overview of the data deliverables currently required by MacArthur that the SJC Data Team is currently working on:

1. Aggregate Data Template: Snapshot of who is in the jail on June 30th for 5 years (2014-2010). It has been color coded to indicate which partner/ database the data lives. Data Team will complete by second Site Visit. (*Handout: I*)
2. Jail Cost Survey: MCSO and Central Budget Office is partnering to compare 2 cost centers. DCJ, PPB, and Corrections Health will also send cost data to MCSO. Due to VERA Institute on 7/24, who will do a comparison across all 20 jurisdictions. (*Handout: J*)
3. ISLG Data/Sharing Diagnostic Site Visit: Institute for State & Local Governance at City University of NY will be doing a Site Visit in August to interview data/ analytical, IT, and privacy staff across the system to analyze our capacity for individual-level data collection and reporting. This diagnostic will be reported back to MacArthur and be considered as part of the decision to award implementation funding. ISLG wants to know that sites have the capacity to collect and share individual-level data that will be required during the implementation phase. (*Handout: K*)

Related discussion points:

- What else is missing? Aggregate Data Template will not include all the data that is needed for our planning, like the behavioral health data.
- How should we spend the \$86,000 in the budget? Is data important enough to devote planning funds in this way?
 - We need to buy for 5 months an analyst that can focus on data and expertise in mining and/or free someone else up to so someone internally can do this.
 - Behavioral health data is time consuming to pull out of the system, align with CJ data, and then aggregate/ de-identify. Helpful to support this effort through this funding.
 - Nancy Griffith had to pull data by hand that was needed for the recent Feasibility Study, which was expense and time consuming for a very small data pull.
 - DSSJ has significant issues and is not as supportive to the analytical team.

Additional discussion points:

- Is there a need to prioritize among the 3 focus areas we have outlined? Should we drill down and focus on RED or one area?
 - This is important when we talk about how to prioritize planning resources/ data asks.
- May be helpful guide to look at system change moment (eg: impact of recession/ state budget on court, 2010 county budget which caused furlough/ layoffs at DA's office, 2008 open booking started, jail bed decreases, etc.) that all affect the system and data analysis around these may be insightful.
- Behavioral health and CJ collaboration will continue to be a focus, regardless of whether it is a focus of this effort given the Unity Center being built that will help to realign crisis services/ response. We have a unique opportunity to focus on RED.
 - Lore and Jennifer are in NY with MacArthur and will pose this to them to gauge response/ feedback if we decide to focus on RED issues as the lens to identify strategies to reduce jail population. Will report back.
- Can we decide on focus after we review the data?
 - Numbers vs. RED/ the disparity - affecting the disparity is more value-based, not numbers based. But, if MacArthur wants the largest reduction in jail beds, will focusing on disparities have a smaller aggregate impact?



- How do make the point that the RED conversation gets overlooked, because it is more difficult to address effectively and it affects less overall numbers.

Lore outlined potential next steps after data is reviewed:

- Look at each 7 decision points and conduct RED analysis at each point.
- Take the 2-3 points that have biggest disparities and conduct a data analysis to identify the number of jail beds used and who is using them (low-level offenders, mental illness, substance use, co-morbid, racial/ ethnic groups, etc.).
- Develop strategies around those populations to decrease use.
- Therefore, RED analysis is used as the primary lens to surface targeted decision points and identify populations. Strategies are created around those populations to reduce jail beds.
- Lore will ask MacArthur if there is expertise/ technical assistance available around the application of a RED lens to surface reduction strategies.
 - Is the Burns Institute able to support this effort?

Summary Next steps:

- Lore will report back with what MacArthur decides regarding availability of additional support to assist with RED lens.
- Team will analyze data and systems map at next site visit.
- Decision to utilize RED as primary lens to target decision points.

(D) Wrap Up

Next Meeting: WED, July 15th, 12pm-1:30pm, Multnomah Bldg.

Next Steps:

- Operations Team to draft Systems Map
- Data Team to produce Aggregate Data Template and Behavioral Health snapshot
- Policy Team will meet the first and third Wednesdays of each month, between Site Visits
- Next Site Visit: July 29th – 30th

