OREGON CASE MANAGEMENT NETWORK

MINUTES
June 10th – June 12th
Deschutes Co. Parole and Probation
63360 NW Britta St #2, Bend, OR 97701

June 10th, 1:00pm– 5:00pm **Mental Health Supervision Network**
Betti Spencer, John McVay, Ben Geiger, Ken Yee, Stephanie Miller, Cassaundra Dozdozani, Steve Hames, Cris Criswell, Jason Ridgeway, Erin Larson, Larry Evenson, Katie Faias, Lexi Meyer, Brittany Marshall

1300 – 1430 Aid & Assist Tom Gerding

- Introduction to Lane County Behavioral Health (LCBH)
  - What is aid and assist: When someone lacks the capacity to go to trial
    - Capacity refers to understanding the charges against them, ability to participate in their own defense and cooperate with their attorney.
  - Qualifying disorders include a Severe and Persistent Mental Illness (SPMI), Developmental Disability, or Traumatic Brain Injury.
  - When someone is assumed to be unable to aid and assist, their charges are put on hold and the client is placed into some program for community restoration (see more in section below).
    - Client will either go to the Oregon State Hospital (OSH) or placed in the community for restoration.
  - *Case example*
    - Client charged, attorney identifies a potential issue and arranges for a forensic evaluation to be completed.
      - Evaluation is done in person or virtually and is always done by licensed forensic evaluator.
      - Results of the forensic evaluation are contained in a 15–30-page document and it identifies specific areas regarding an individual's competency.
        - Able to proceed (FIP) – client is found fit and can aid and assist in their case.
        - Unable to proceed – client is found unable to adequately assist in their case.
        - Never able to proceed – no amount of medication or restoration will put this client in the capacity to aid and assist.
        - Med-never able to proceed – Client is competent, but only when medicated.
    - Following the results of the report, if found unable, a court issues a consult order to a treatment provider, like LCBH. The provider will meet with the client and gather info for the consult report.
      - Consult report needs to identify 3 things:

- If ordered to community restoration, what level of services will the person require to gain/regain competency?
- Is this level of services present in the community?
- Is this level of services available in the community?

- Provider completing the report cannot request hospital level of care, but they can request a secure residential treatment facility. If there are no beds, the court is informed and the client may be sent to OSH. Reports need to be submitted to the courts within 5 business days.

Oregon State Hospital (OSH)

- OSH – if client is found to need a Hospital Level Of Care (HLOC), deputies will transport client from the jail to the hospital.
  - How long will they be at OSH? They will be discharged if:
    - 1. Have another eval finding they're able.
    - 2. Found ready to place (no further need for HLOC) *and* there's a suitable placement in the community.
    - 3. Mosman Ruling identifies the end of jurisdiction, or end of commitment, and their released regardless of capacity.
  - More about the Mosman Ruling
    - Why the Mosman Ruling came about: hospitals were full and people waiting in jail to go to OSH for weeks or months.
    - Length of commitment:
      - Non-person misdemeanors cannot go to OSH
      - Person misdemeanors up to 90 days
      - Non-violent felonies up to 180 days
      - Violent felonies up to 1 year
      - Rare extensions can be granted based on certain criteria, very specific and not done very often.
  - Time spent in hospital goes toward time served in their case.
  - OSH cannot force meds on anyone who have enough capacity to refuse. Anyone unable to give consent can be placed on involuntary meds for tx. They can issue a "sell order" compelling clients to be medicated against their will, but this is not common.
  - During their time at OSH, they get legal skill training, engage in complex discharge meetings, regularly scheduled competency evaluations, HLOC meetings, monthly Interdisciplinary Team (IDT) meetings.
    - If during HLOC meeting and they're found ready to place, they're given a LOCUS score identifying level of care needed in the community.
      - When they get a LOCUS score, a treatment provider may meet with the client for another consult.
      - Tx provider sends consult report listing placement options and will note if they're on waitlist. The program will reach out to client and screen/accept client.
      - While on waitlist they'll continue to receive services at OSH

Community Restoration

- Court issues community restoration order and provides secure transport.
  - Wherever a client is placed, they'll continue to receive support through tx provider, ongoing legal skill training, medication

management, therapy, ongoing evaluations, regular court appearances, etc. If client isn't doing what they're expected, tx provider will provide notices to the court.

- Currently no limit to how long someone is on community restoration, but they are looking at creating limitations.
- For folks who cannot go to the state hospital, a tx provider will still request client go to OSH and OSH writes a refusal letter.
- If they reach their end of commitment and the hospital believes their extremely dangerous, OSH may request a magistrate hold or civil commitment.

Working with your local mental health provides when someone is aid and assist

- MH provider may not know if an aid and assist client is on supervision. You're encouraged to have ongoing communication between parole/probation officers and the behavioral health providers in our various communities.
- Community Navigator Program – happening across the state!
    - Grant funded pilot program where a navigator provides ongoing services to clients after they're off aid and assist. About 6 counties have this and these providers will transport to appointments and help navigate life.
- Types of placements
    - **Level 2 - Secure residential facilities**: Madrone, Manzanita, McKenzie Ridge in Junction City
        - Locked facilities, staffed 24/7
        - Cannot administer involuntary meds and cannot use restraints, seclusion or go hands-on.
    - **Level 1 -Secure residential facilities**
        - Locked facilities, staffed 24/7
        - CAN administer involuntary meds and CAN use restraints, seclusion and use physical intervention.
    - **Residential programs**: various programs throughout the state. Some specialize in aid in assist clients, while others do not. Varying lengths of support.
    - **Other placement options**: independent living, family/supportive friends/sober living homes
        - Homeless: sometimes clients are placed on Community Restoration knowing their status as homeless. When this happens, they are ordered to participate in restoration with a local MH provider.

NEXT STEPS:

- Send out copy of slides from Tom's presentation with minutes

June 11th, 8:30am – 12:00pm Gender Responsive Supervision Network

Melissa Pankratz, Rochelle Reed, Tali Strom, Shawnee Sandri, Ben Gieger, Gretchen Pacheco, Stephanie Miller, Tami Nims, Julie Harper, Lisa Cain, Lisa Hall, Angie Madden, Sharla Lewandowski, Christina Stephens, Katie Faias, Lexi Meyer, Justin Bendele, Larry Evenson, Pam Ramsey, Erin Larson, Chris Enquist, Paula Fata, Mandy Gautney, Steven Hames, Cassandra Dozdozani, Jason Ridgeway, Mercedez Popp, Brittany Marshall

0840 – 0940 Gender Responsive Conference debrief & General Updates Christina/Paula/Mandy

- Reviewed the conference, had about 65 in attendance, Washington County was a great site. Received responses from 21 attendees filled out surveys, 3.1 out of 4. Most popular was the lived experience piece from Safety Compass. Presenter from safety compass (human trafficking) could potentially come to one of our meetings.
- We can get a discount on women's WRNA change journals – agencies could partner with other agencies to save money.
- Next Pathways training is in August in Josephine County. Currently 5 openings assuming everyone pays.
- Next conference will be held in 2027, location TBD
- Talked about creating a human trafficking questionnaire in Deschutes County.
- Looked at a couple examples of screening tools. Would this be beneficial to have done at intake
    - Counties would see a benefit in creating our own screening tool. Would like to get people trained to look for signs of trafficking
        - **GR Screening Workgroup – Tami Nimms, Brittany Marshall, Christina Stephens, Mandy Gautney (heading).**
- Screening and TBI – is there interest in having something? Yes, could create/use something for all genders. Our clients don't generally get the aftercare for a TBI to recover.
    - TBI's can significantly increase the likelihood of mental illness
    - **Plan will be to combine TBI and trafficking into one workgroup**
- Items for next conference
    - Keep lived experience, DPSST could host, potentially add a registration fee, budget and food

1000 – 1100 WRNA train the trainer update Christina/Paula/Mandy

- Debrief training
    - Megan was great, received feedback that some of the materials were "mind numbing". Felt like there was a lot of focus on selling it, but we don't need to do that because we're already doing it. The pieces about research and learning how to teach it didn't feel necessary. Some of the MI material could be cut back, would like an MI training, but didn't necessarily have to be included in this training.
        - Manual for version 7 is much better. Would like to have time to have more practice using it during the training.
        - No plan to change the amount of time for the training, but might adjust how time is spent on certain topics.
        - In the past we've had actual clients come in to complete the WRNA, people really liked it and there isn't a specific reason why we stopped doing it.
        - Should there be a sequence/background to who can go to the training – create a WRNA track?
    - WRNA is normed in Oregon for our population. DOC's research team is reviewing norming report. PPS and Probation had positive results. There were some issues with DOC results. Looking into why this is happening. Report for PPS/probation will be available toward the end of August.

- Talked about combining medium and high, but that would put 70+ clients on a caseload.
- Will likely need to re-norm in 2029, will be norming on version 7
- Would like to wait until the study is done to determine if we want to move some of the moderates to low or medium.
- Folks with WRNA 6 version trainers can continue to train, they will need to be provided the information. If you are version 6 trainer, please review the new manual, there are some changes to the manual and our approach.
    - **Paula will send out an email with all the new/additional info for people she knows are WRNA trainers.**
- Do we want to update the slides?
    - DOC – suggestion to remove some of the content
    - **Workgroup to make changes: Paula Fata, Mercedez Popp, Tami Nims, Lisa Cain, Angie Madden, Sharla Lewandowski, Christina Stephens, Tali Strom, Mandy Gautney**
        - Would like to have it done before October. July 2nd, Mandy will send out invite
- Any desire to have access to prerelease WRNA, this WRNA is only for clients in state custody. If someone is in your local jail, you can still use the community version. Even if you have a prerelease WRNA, you still need to complete the community version within 60 days.
- Like the idea of having normative feedback during this training in lieu of the BCP training

1100 – 1130 WRNA BCP training Paula/Mandy

- WRNA BCP Training- Not completed yet and waiting on it to be validated
    - OMS version will be updated as soon as possible, unsure of the timeline. DOC can provide a tentative date around July 2nd.
    - Help finish the BCP training: Shawnee Sandri
    - DOC WRNA BCP training in October 27th at their headquarters.
    - Gender neutral CBI's 10/29 at DOC HQ

1130 – 1200 Roundtable All

- What are counties doing for your clients:
    - Deschutes: gender-specific caseloads, meet as a team regularly, implemented moving on, courts allow women to complete moving on (cognitive based class, per PO – encourage courts consider this. This gives PO's discretion) in lieu of BII, SO and highly sexually deviant has SO PO (case by case), gender responsive training for DA's and courts this has helped gain support. Gender responsive 101 law enforcement, DA's, judges, etc. Still want gender responsive space.
    - Multnomah: gender responsive unit/PO's doing WRNA and using pathways. Women are mixed in other specialty caseloads. Embedded women's DV caseload, also has MH embedded in their unit. Community health specialist/worker that work with someone in the community, taking to appointments, schools, etc.
    - Coos: no gender responsive unit, small county. Have women's MRT group, will move females to female PO's if deemed a better fit. Not a lot of resources. Does WRNA.
    - Yamhill: Lots of changes in the last year. Decided to close day management center where she was operating gender responsive caseload. Looking to justify for a separate space. WRNA on all

female clients. Pathways trainer utilize pathways to change. Part of family justice planning committee.
    - Columbia: no gender responsive caseload, inhouse specialist, separate groups. Renovating space at court house as part of deflection and hope to create space for females and folks with kids, FSAPP. Doing WRNA.
    - Washington: WRNA, gender responsive caseloads, FSAPP (Family sentencing alternative pilot program) hoping to make the program more permanent. Specific treatment provider and groups, some specific housing
    - DOC: Working on internal changes to be more gender responsive, new OB/GYN, doulas come in, things that don't cost money they're able to do, but if it costs money, they're not getting funded. BHS is adjusting appointment times, special housing has been improved, got funded for 140k for WRNA journals. Lots of focus on getting more volunteers back in the prison. Added another PREA compliance manager at CCCF. Additional metal detectors to help lower the number of pat downs. Suggestion to do mor reentry work prior to release from community corrections. Another recommendation was to leave prison with a parenting plan (came from DHS). If there's an open dhs case plan juvenile system often want's requirements completed but sometimes it competes with our conditions. When PO does reach in/IDT meeting, can DHS be involved. Looking into options for transportation for clients leaving CCCF
    - Klamath: No gender specific caseloads, leadership wanted more people exposed, separated groups, care navigators, WRNA, community based trauma informed care summit.
    - Lane: Gender responsive caseloads, 3 po's work in outlying stations for just women. We have female MH PO, women's reduced supervision, all WRNA, have SO PO, drug court/smart court, etc, all have mix. Female only housing (Sponsors and Oxford houses), some female only groups, daycare in one of the outlying offices.
    - Josephine: gender responsive caseload (1 PO). Does women's specific group – beyond violence, helping women recover. Looking at developing separate space. Use WRNA, use EBP.
    - Clackamas - 2 gender responsive PO, WRNA on any one who identifies as female, specialty caseloads, no separate space in lobby. TX courts utilize mostly separated groups. Female PO does reach-ins regularly.
    - Umatilla: gender specific reporting days, no caseloads, gender specific session for court.

- Brief discussion about online/virtual trainings: OACCD will be talking about having screens on while attending virtual trainings.

- **Roundtable**
    - Added WRNA journals into the BCP intervention options
    - Concerns around time management, additional work, contact standards. 35/40 is a good cap for GR caseloads. Reminder that everything, aside from WRNA, is a recommendation. Sometimes those recommendations/best practices turn into policy.
    - If you have DA's, judges, local chiefs that you're struggling to work with, they brought someone with lived experience who was received very well.
    - Thank you DPSST for helping get journal and for those who helped with role playing.
    - DOC: moving into challenging time with budget, encouraged us to maintain our standards and not back slide. The work that we're doing is so important.
    - Request to get some support for GR integrated into the academy.
    - Are we creating videos for community partners for gender responsive work?
        - Clackamas has some videos

- WRNA training in Lane County October 7-8th. Tami will keep track of attendees.

NEXT STEPS:

- Gender Responsive / TBI Screening Tool Workgroup: **Tami Nimms, Brittany Marshall, Christina Stephens, Mandy Gautney (lead).**
- WRNA Train the Trainer Slides Update team: **Paula Fata, Mercedez Popp, Tami Nims, Lisa Cain, Angie Madden, Sharla Lewandowski, Christina Stephens, Tali Strom, Mandy Gautney**

June 11th, 1:00pm– 5:00pm OCMN Meeting Day 1

Mandy Gautney, Paula Fata, Chris Enquist, Jessica Harrison, Erin Larson, Larry Evenson, Pam Ramsey, Lexi Meyer, Katie Faias, Christina Stephens, Sharla Lewandowski, Angie Madden, Lisa Hall, Lisa Cain, Julie Harper, Tami Nims, Brittany Marshall

1335 – 1430 BCP T4T Debrief Mike Albers

- 2nd BCP train the trainer
  - Made some adjustments from the first one. Got good feedback and those that just learned to train were able to train new participants.
    - Feedback received, appreciated the small groups, helpful, knowledgeable trainers.
    - Seems like most people appreciated the training – provided some consistency across the state.
    - Overall, the feedback was positive.
      - Suggestion is to include some interventions. We do teach some at the academy
  - Question about being able to access the CMA reviewer role. If you've attended the train the trainer, you'll automatically get access to the reviewer role.

1445 – 1515 2025 LSCMI IRR Review Paula/All

- Still needs to plug data into the system to see the results. Total of 376 completed LSCMI IRR.
  - Overall positive feedback, some concerns about sentence structure in parts, but we'll have to see if that negatively affects the results.
  - Unsure when the IRR results will be sent out, but Paula is aiming for end of July. It's a very challenging and complicated.
    - Question about how long it'd take to just get the raw data.
      - Pulled up raw data and reviewed it. Went over each domain
        - There were quite a bit of N/A's so we talked about possibly pulling the ability to do that
      - Overall, the narrative was much easier to work with.
      - Some talk about the narratives within the assessment and how people don't update it.
    - **LSCMI IRR Workgroup: Jessica, Paula, Gretchen, Brittany, Tami**
  - Agreed next IRR will be on a DV client
  - Clarification on whether those who participate in the IRR creation should do the IRR.
    - We are likely skewing data, but no definitive action on this.
  - Ongoing challenge with getting people to participate. Question came up on if we should we be continuing to do the IRR, is this a good use of our time? Currently, yes, it is a good use of our time.

- Lots of conversation about why we do the IRR. Hoping to get results from the MRNA pilot in summer of 2026. Based on the results, we'll have to see which one is more accurate. MRNA may roll out in 3-4 years.
- What else could we be focusing on? Next step will be CBI refresher trainer
  - Lots of talk about different CBI's
  - Possibility of providing these trainings virtually, CBI training curriculum
    - Want to have workgroup to focus on this: Paula, DPSST, Sharla (send out invite), Tali, Angie. July 14th at 2pm

1515 – 1600 Normative Feedback Training Paula

- Question about adding Normative Feedback (NF) to the end of LSCMI, if we have time for that.
  - Could tie NF to the BCP training?
  - Might be best to be flexible and consider virtual
    - Suggestion for short, online training
    - Would like to see trainers for BCP also trainers for normative feedback.
  - Online train the trainers for normative feedback, okay to push it out a while since there's so much going on.
    - Would like to talk about how to roll out virtual/canned trainings in the future at next meeting.

1600 – 1700 LSCMI Trainer Refresher All

- Would there be a benefit in doing this, possibly to check in, see if people are using the right slides, etc.?
  - How do we identify who are currently trainers?
- Instructors throughout the state
  - Chris E. went into the results of the survey of current instructors.
    - Paula will send out email to everyone asking if they are an instructor, if they've taught in the last three years

OACCD Meeting Update Larry Evenson

- Budget for each Network
  - Met about a week ago about budget needs
  - Suggested $500 for each subgroup (MHSN, GRSN, FVSN)
  - DPSST provides up to $1200 to go toward this network
  - Is there a way to create an account through OACCD that can be used to hold money when we do charge fees for trainings?
- Will be talking about virtual participation – hoping to have all networks offer a virtual option
  - Looking at getting "owls" to allow agencies that don't have access to cameras/mics

June 12th, 8:30am – 12:00pm OCMN Meeting Day 2

Mandy Gautney, Paula Fata, Chris Enquist, Jessica Harrison, Pam Ramsey, Justin Bendele, Lexi Meyer, Katie Faias, Christina Stephens, Sharla Lewandowski, Angie Madden, Lisa Hall, Lisa Cain, Julie Harper, Tami Nims, Brittany Marshall, Steven Hames, Cassandra Dozdozani, Tali Strom, Michael Albers, Ben Geiger, Stephanie Miller

0830 – 0840 Welcome and Introduction All/Lincoln County

- Reviewed survey that Paula created to track trainers. It's short and straight forward and will gather the necessary data.
    - Please give your counties a heads up about the survey

0840 – 0930 Instructor Development Chris Enquist

- Instructor development at DPSST
    - Formatting of training at DPSST
        - Block Training: Older term, pull group together, learn one thing, not necessarily have boosters. DPSST only has a couple weeks with people
        - Interleaving Basic: Some building on the skills, over time
        - Interleaving Advanced: Learning various skills in one setting, continuous disruption of learning. This gives various learning abilities an opportunity to be challenged.
            - Wants to make learning somewhat random, but there's some limitations to that because students need some basic info.
        - What we want out of students at DPSST
            - We want learning to be durable and flexible.
                - Durability is retention – learning is good enough and last with them so that agencies can pick up the learning back at agency.
            - Feedback is critical to learning
                - Different ways to increase the helpful feedback
                    - Effective feedback: specific, prioritized, timely, balanced
            - DPSST wants to use a functional feedback model
        - Reviewed video and walked through opportunities for feedback
    - Broke out into groups and developed frag drills/role plays. Focused on feedback
        - General discussion around whether it's helpful to continue training effective reinforcement, effective disapproval, and effective use of authority. General consensus is yes, especially if we're tying these methods into rapport building.

0930– 1030 Training Schedule All

- Go back to counties and let them know that they can access upcoming trainings via OMS.
- Thursday Augst 28th, Central Distribution Center – MRNA training

1045-1100 General Updates All

- FAUG updates
    - Reach-in code: Person code should be RI, Place should either be Jail or Institution.
        - OACCD is interested in tracking this data
    - FAUG service request: Request for an option to auto close BCPs from institution to community.
        - Request that we don't do this because RC will case plan based on community release
            - Confirmed that the information can still be viewed
            - Can we just have the BCP's closed from institution to community but not the other way? Paula will check on this

1100 – 1130 CCM/DOC & OMRA Update Lisa

- MRNA – needs help from community corrections to participate in the study.
    - Commitment, one day of training in August, PO would need to create two recorded interviews, upload tapes, PO needs to view all other assessments except their own and score those.
        - Sounds like she's got what she needs, but would like some extras

1130 – 1200 Next Steps/Meeting Schedule/Roundtable All

- Possibly host next meeting in Astoria?
- 10th, 11th, 12th of February in Lane.

NEXT STEPS:

- LSCMI IRR Workgroup: Jessica, Paula, Gretchen, Brittany, Tami
- Virtual CBI Refresher Training Workgroup: Paula, DPSST, Sharla (send out invite), Tali, Angie. July 14th at 2pm
- Talk about how to roll out virtual/canned trainings in the future at next meeting.
- Paula will send out email to everyone asking if they are an instructor, if they've taught in the last three years