



Governor's Re-entry Council, Steering Committee Minutes – Meeting # 28 – June 1, 2011

Steering Committee Members Attending: Paula Bauer, Cindy D. Booth, Mark Cadotte, Debra Giard, Richard Harris, Ginger Martin, Pegge McGuire, Stephanie Miles, Paul Solomon, Patrick Vance

Guests: Kimberly Allain, Jim Booker, Megan Churchill, Amy Cook, Lorin Dunlop, Anne O'Malley, Mitchel Sparks

Item	Discussion	Action
Welcome and Introductions		
Review of Minutes from the April 6, 2011 Meeting	The minutes had been distributed via e-mail. There were no changes and the minutes were accepted as presented.	
Announcements and Updates from Members	<p>Ginger Martin began by stating that the Department of Corrections budget has not yet been established by the legislature, nor does the department know when the Ways and Means Committee will be considering that budget. There are a number of policy ideas being discussed that would reduce the prison population or reduce community corrections' population or a combination of the two. A reduction in community corrections funding not only results in a reduction in the number of people being supervised, but a reduction in the programs available to people after they leave prison. Ms. Martin went on to explain that the reduction to community corrections would not go below the amount that would trigger the opt-out option for counties. The ideas being considered are: With a nearly insignificant funding impact, the first would create inactive status for people on post-prison supervision under local (county) control rather than the Board of Parole and Post-Prison Supervision. The two possible reductions with significant impact would continue the cap on probation revocations at 60 days and allow for earned time off probation for people complying with supervision conditions who have served at least half their sentence. Those two would reduce community corrections' budget by \$15 million.</p> <p>Paul Solomon said another Second Chance Act Grant Request for Proposal has been released and Lane County is considering applying for the demonstration project.</p> <p>Richard Harris explained some of the changes that are taking place in the realm of addictions services and treatment programs in relation to the newly created Oregon Health Authority and the management of the Oregon Health Plan. Medicaid funded services for addictions treatment, mental health treatment and health care are going to be managed by a community Coordinating Care Organization (CCO) using a global budget concept. This will provide a fixed amount of money for a certain number of people and the CCO will determine the most efficient and effective way to</p>	

	<p>provide the services. The state will then manage those dollars on an outcomes-based system. A new web-based, open-source data system will replace the current Client Process Monitoring System (CPMS). The new plan, Web Infrastructure for Treatment Services (WITS), will provide easier access and a wider variety of services which will be determined by the needs of the client and may include housing, case management services, acute care, crisis services, etc. There is widespread agreement between the federal government and the State of Oregon on how Medicaid dollars can be spent under this plan. There is a \$1 billion reduction that is being implemented with the intent to mitigate the impact on the current network of local treatment providers. The next year will be devoted to preparing for implementation July 1, 2012.</p> <p>Mr. Harris was asked to explain the division of programs from the Department of Human Services to the Oregon Health Authority. Many administrative functions are shared, such as human resources, finance and budget, and information technology services. Where overlap of client services occurs, intergovernmental agreements are in place. There is a joint policy committee and a joint operations committee that manage the shared services.</p> <table border="0" data-bbox="346 597 1339 990"> <tr> <td>OHA</td> <td>DHS</td> </tr> <tr> <td>Addictions Services</td> <td>Children's Services</td> </tr> <tr> <td>Division of Medical Assistance Programs</td> <td>Seniors and People with Disabilities</td> </tr> <tr> <td>Mental Health Services</td> <td></td> </tr> <tr> <td>Family Health Insurance Assistance Programs</td> <td></td> </tr> <tr> <td>Office of Oregon Health Policy and Research</td> <td></td> </tr> <tr> <td>Oregon Medical Insurance Pool</td> <td></td> </tr> <tr> <td>Oregon Prescription Drug Program</td> <td></td> </tr> <tr> <td>Office of Private Health Partnerships</td> <td></td> </tr> <tr> <td>Pharmacy Services</td> <td></td> </tr> <tr> <td>Public Health Division</td> <td></td> </tr> <tr> <td>Oregon Educators Benefit Board</td> <td></td> </tr> <tr> <td>Public Employees Benefit Board</td> <td></td> </tr> </table>	OHA	DHS	Addictions Services	Children's Services	Division of Medical Assistance Programs	Seniors and People with Disabilities	Mental Health Services		Family Health Insurance Assistance Programs		Office of Oregon Health Policy and Research		Oregon Medical Insurance Pool		Oregon Prescription Drug Program		Office of Private Health Partnerships		Pharmacy Services		Public Health Division		Oregon Educators Benefit Board		Public Employees Benefit Board		
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<p>Review of May 25 Council Strategy Session</p>	<p>Ginger Martin sent around the table, a document that the technical assistants brought and used to develop the planning session and which Ms. Martin thought will be useful in developing our strategy for juvenile re-entry.</p> <p>Ms Martin explained that the goal of the session was to determine the areas onto which the council should focus. The following are those areas:</p> <ul style="list-style-type: none"> Community engagement (beyond community corrections) <ul style="list-style-type: none"> ▪ Recognize that, in Oregon, there is no 'one-size-fits-all' ▪ Develop a menu of structures or methods to help guide people who are interested in creating a re-entry-type function in their local community. ▪ Assess each county for readiness to create a local re-entry effort ▪ Locals talking to locals and learning from one another ▪ Use existing groups in communities i.e.: Community Action Agencies, Workforce Investment Boards, Local Public Safety Coordinating Councils ▪ Look at state agency partners that have groups they sponsor 																											

	<ul style="list-style-type: none"> ▪ Develop public information or educational materials to help build support ▪ Determine role of council to support local planning (small grant) ▪ Drafting a new Council strategic plan, using the attached document as a structure ▪ Every expectation should have a measurement associated with it <p>Ms Martin asked if anyone else would like to share what they took away from the strategy session. Pegge McGuire said that during the discussions she had the idea to pursue a process within the framework of the Council of asset mapping. Many agencies are providing the same or similar services, such as systems navigators, mentors, case managers. She believes it would be beneficial to develop an entity that provides a common service with all the agencies contributing to the support of that service and calling out re-entry as a targeted population. Paul Solomon said he appreciated the discussion of using best practices in risk assessment and targeting high risk offenders to drive the service delivery. The Steering Committee hasn't discussed this with the Council and since we have limited resources, focusing on making the risk assessments widely available and what that information provides for service providers would be beneficial. Mr. Solomon said agencies outside of the public safety circle, such as partner agencies and community organizations could impact good outcomes using the information we have available. Discussion about the criminal risk factors and how housing and employment may impact those factors was clarified by Ms. Martin. She explained that people with certain criminal risk factors are more likely to commit a crime in the future. There are also resiliency factors and that is where having a home and a job come in. Being homeless does not cause you to be a criminal; however, it does cause your life to be less stable, which can cause you to be more impulsive which can lead to more exaggerated criminal risk factors. There is a nexus, but they are not the same. It is important to pay attention to both.</p>	
<p>Employment Opportunities for Veterans: Request for Support: Anne O'Malley, ROAR</p>	<p>Anne O'Malley read a portion of a request (attached) for the support of the Re-entry Council from a policy analyst at the Legal Action Center for a federal bill to address barriers to veterans who have service related post-traumatic stress disorder, mental illness or physical illness and become involved with the criminal justice system because of those illnesses. A discussion clarified that the governor's office is going to be hiring a congressional liaison to work for Oregon and that person will be responsible for taking issues to congress on behalf of the governor. The members discussed how to handle these kinds of requests needing a quick turnaround in the future. It was decided that the Steering Committee will recommend an expedited process to the Re-entry Council.</p>	
<p>Recommendations for Next Implementation Tasks: Housing Workgroup: Pegge McGuire</p>	<p>Pegge McGuire informed the committee that the Housing Workgroup is absorbing the Legislative Workgroup. There are a couple of items the workgroup is addressing. They are still highly interested in developing strategy around creating permanent transitional housing and identifying funding resources, identifying processes for those housing opportunities are being developed around the state. It has become clear that the highest ability to provide housing is in partnering with the private housing market. Several barriers have been identified and they are primarily caused by and can be overcome by messaging. Surveys have been conducted through landlord associations and national surveys have been reviewed, which indicate that the providers will work with people with a criminal history, but they do not want to be required to accept everyone who applies for housing with them. They are against making people with criminal histories a protected class, but they strongly support having a mechanism in place to protect them from financial liability should a person reoffend while employed by them or housed in their property. There is major misunderstanding of or no knowledge of much of the favorable data that is available. The workgroup has been working with Dēmos developing messaging around this issue. There is also national messaging work available on the topic of re-entry and the workgroup wants to develop some tools to use when talking about the population being served and to educate the general public as well as employers, landlords and housing providers. As a separate task,</p>	

Continuity of Care
Workgroup:
Patrick Vance

there are two certificates to help overcome the fear employers and landlords may have are in use around the nation and are working well. The first is a Certificate of Relief, which would be issued by the Parole and Probation Officer and is a short-term certificate that states the person has met specific criteria and can be revoked, if something changes. The Certificate of Rehabilitation would be issued by the courts and is for a longer term and that the criteria have been accomplished by the person to change their life.

The workgroup is also working on the “ban the box” issue, which has been enacted by the City of Eugene and several other municipalities around the state and will take the question of a person’s criminal history off the initial job application and give the person a chance to present their experiences and skill set to the employer and allow the person to inform the potential employer of their criminal history in person, should they get an interview. These applications would, of course, not be for jobs that have statutorily mandated restrictions on hiring convicted felons, such as police officers. The workgroup is recruiting additional groups to assist with moving this task forward.

During the strategic planning session in May, it was suggested that the education workgroup join the housing and employment workgroup. Lastly, the workgroup itself is reviewing its membership for active interest in participation and recruiting new members to add areas of expertise and fill the spots left vacant by retirements and job changes over the last four years.

Patrick Vance reported that he had recently met with Ginger Martin to discuss the accomplishments of the workgroup and what still needed to be done. Mr. Vance said the current environment with the new governor and the focus on coordinating health care and mental health care is an excellent opportunity to make significant change for our unique population.

The first item on the To Do List is a review of the Memorandum of Understanding, developed two years ago between DOC and the county mental health directors. They had agreed to set up an information exchange and a consistent way of entering data into their system. The workgroup will check in with them to see how it is going. Mr. Vance met with people from the Marion County Mental Health Department and will report to the Council what is working and where improvements can be made. They will be doing essentially the same review of veterans’ services. A number of services are now available to veterans prior to release that better prepare them for life in the community and the Department of Veterans’ Affairs presence on the Council and the Steering Committee has had a significant impact.

Mr. Vance attended a meeting sponsored by the Center for Evidenced-based Policy (CEBP) created by Governor Kitzhaber, which is very active in health care public policy issues around efficiency and effectiveness. They also have a mission to bridge issues between groups. The center works with the Milbank Memorial Fund, which provides seed money to bring people together to discuss issues and then backing out and following the long-term outcomes. At this meeting on the Drug Effectiveness Research Project, Mr. Vance was with a group of correctional health care pharmacy directors which share a number of interests with Medicaid pharmacy managers in each of the states. Mr. Vance spoke to the CEBP director and asked if they would consider obtaining Milbank Memorial funding to bring together representatives from several states to work on the issues they’d discussed, such as health care, continuity-of-care, etc. and the response was, “Absolutely”. He is working to bring together people from select states, doing similar work in re-entry, health care and coordination in the community, most likely in the Spring 2012.

	<p>The final issue Mr. Vance reported is an ongoing effort in partnership with the Marion County Re-entry Initiative, Commissioner Janet Carlson, the Marion/Polk County Medical Society and Marion County District Attorney Walt Beglau to share information on the successful solutions to common problems surrounding re-entry and health care.</p>	
	<p>Pegge McGuire asked about the Health Information Exchange Medical System she has heard about. Richard Harris said the federal government is funding the planning for the system and DHS and OYA have been working on the system for some time. Mr. Harris said he will discuss the steering committee's issues with the two project managers and report back.</p> <p>Lorin Dunlop reported that the funds the Criminal Justice Commission earmarked for paying for identification documents for those transitioning to the community is still available and that not many counties have taken advantage of the service. The funds remain available through June 2012.</p>	
Re-entry Messaging Project: Missouri	<p>Due to time constraints, this will be moved to a future meeting.</p>	
Next Meeting	<p>The next scheduled meeting on July 6, 2011 was cancelled.</p>	

Dear Chairman Murray and Ranking Member Burr,

Thank you for your work to focus greater attention on the need to improve and expand employment opportunities for veterans. As you continue this critically important work, the undersigned organizations are writing to ask that you ensure veterans' employment initiatives under your Committee's jurisdiction fully and equitably include veterans with criminal histories and that these initiatives work to address these veterans' unique barriers to employment.

A significant number of our veterans have untreated mental illness and addictions due to their service. We know that many veterans carry the invisible scars of combat, including untreated Post-Traumatic Stress Disorder (PTSD), other untreated mental health issues and addictions to alcohol and other drugs, and Traumatic Brain Injuries (TBI) that impact cognition. Early indications are that the type of combat experienced by our servicemen and women fighting in Iraq and Afghanistan causes PTSD at a higher rate than that resulting from previous conflicts.[1]

A huge treatment gap exists for veterans with mental illness and addictions. As a result, many veterans with untreated PTSD, mental illness, and addictions, as well as those with Traumatic Brain Injuries obtain criminal records. Given the high number of veterans returning from Afghanistan and Iraq (more than 2 million men and women have been deployed to war zones since 9/11), many of whom have experienced combat, the number of veterans with PTSD, other mental health issues, untreated addictions, and TBI will continue to increase in the years ahead, and only about one in four veterans with PTSD, TBI, or depression seeks and receives "minimally adequate care" for these issues.[2]

While the Bureau of Justice Statistics' (BJS) study of the 2004 prison population showed that veterans were incarcerated at an age-adjusted rate similar to their non-veteran counterparts,[3] the study focused on the prison population during the early stages of the wars in Afghanistan and Iraq. Even at that time, over half of incarcerated veterans had performed wartime military service, and one in five reported combat experience. Previous studies performed shortly after the Vietnam War, our most recent previous war that also included counterinsurgency against an ambiguous enemy, found veterans imprisoned at double the 2004 rate which suggests the number of veterans in prison will rise as more combat troops return from the wars in Afghanistan and Iraq.[4] Further, the BJS studies looked only at the prison populations and are therefore inadequate to capture the large number of veterans who obtain convictions but receive sentences that do not include time in prison. Given the strong correlations among untreated mental health issues, traumatic brain injuries, untreated addictions, lack of social and family supports, homelessness, unemployment and involvement in the criminal justice system, the number of veterans with criminal records is likely to increase dramatically in the years ahead.

In addition to the discrimination they will face due to their criminal records and potentially because of their status as combat veterans, veterans with criminal records face a number of federal policies that make it more difficult for them to become stable and employed. Among these barriers are policies that prevent them from obtaining particular types of employment, employers' unfettered access to criminal record information that is notoriously inaccurate or incomplete, and barriers to housing, education, public benefits, and treatment for addictions and mental health issues. Many of these barriers can be addressed by agency policy changes; others require congressional action. In some cases, it is public perceptions and institutional attitudes that must be adjusted. In all these settings, it is imperative that

we do something to ensure the sacrifices we ask our veterans to make to keep us safe do not lead them to lifetimes of second-class citizenship and lowered employment achievement.

Policies aimed at improving employment opportunities for veterans must address the unique needs of veterans with criminal records. As a society, we have an important obligation to ensure the men and women who serve in our military and return to our communities are given opportunities to be successful in civilian life. Studies show that veterans with criminal records face difficult and unique challenges but that we can improve their employment outcomes by offering group employment interventions tailored to their unique needs as veterans.[5] However, in order to begin to address the challenges this group will face, we need to look at the myriad of obstacles erected in their path by federal laws and policies as a result of their convictions. Too many of our servicemen and women obtain criminal records as a result of the invisible scars left by combat, and we must do everything we can both to treat the scars and to remove the barriers that prevent them from engaging in the society they fought to preserve.

Thank you again for your leadership to improve employment opportunities for our nation's veterans. As the committee prepares legislation to improve employment outcomes for veterans and looks for ways to assist agencies and defense officials prepare our veterans for civilian employment, we ask that you keep in mind the unique challenges confronting veterans with criminal records and seek ways to address their needs. Please contact Mark O'Brien at Legal Action Center (mobrien@lac.org) at (202)544-5478 if you would like any further information or to discuss these issues in more detail.

Sincerely,

State and Local Organizations

A Safe Haven Foundation

Center for Community Alternatives

Community Service Society of New York

New Mexico Center on Law and Poverty

Ohio Justice and Policy Center

Safer Foundation

South Carolina Re-entry Initiative

The Center for NuLeadership on Urban Solutions

The Fortune Society

The Middle Atlantic States Correctional Association

National Organizations

FedCURE

International Community Corrections Association

Legal Action Center

Mennonite Central Committee U.S., Washington Office

National Association of Social Workers

National Employment Law Project

National H.I.R.E. Network

Sargent Shriver National Center on Poverty Law

TASH

The Council on Crime and Justice

The Sentencing Project

Treatment Communities of America

Volunteers of America