

DRAFT MINUTES FOR THE REGULAR MEETING ASHLAND CITY COUNCIL

Tuesday, December 3, 2019

Council Chambers 1175 E. Main Street

Note: Items on the Agenda not considered due to time constraints are automatically continued to the next regularly scheduled Council meeting [AMC 2.04.030.E.]

I. CALL TO ORDER

Mayor Stromberg called the Business Meeting to order at 6:00 PM.

II. PLEDGE OF ALLEGIANCE

III. ROLL CALL

Councilors' Slattery, Graham, Akins, Seffinger, Rosenthal and Jensen were present.

IV. MAYOR'S ANNOUNCEMENTS

Mayor Stromberg announced the current Commission/Committee vacancies.

V. <u>CITY ADMINISTRATOR REPORT</u>

City Administrator Kelly Madding spoke that due to large topics on the agenda it was suggested to move the below items to a future Council Meeting:

- VII. SPECIAL PRESENTATIONS & AWARDS
 - o Annual Presentation by the Planning Commission
 - Statistical Transparency of Policing (STOP)
 - o First Quarter Review of Ordinance 3176
- XIII. NEW AND MISCELLANEOUS BUSINESS
 - o Ashland Parks and Recreation Commission Revenue Bond Approval and Capital

Council gave consensus to move the suggested items to a future date.

Council discussed having a special meeting on the 11th instead of the 17th. It was decided to keep the Regular Business Meeting on the 17th.

VI. APPROVAL OF MINUTES

- 1. Study Session of November 18, 2019
- 2. Business Meeting of November 19, 2019

Rosenthal/Seffinger moved to approve the minutes. Discussion: None. All Ayes. Motion passed unanimously.

VII. SPECIAL PRESENTATIONS & AWARDS

- 1. Annual Presentation by the Planning Commission
- 2. Statistical Transparency of Policing (STOP)
- 3. First Quarter Review of Ordinance 3176

Due to time constraints these items were moved to a future Council Meeting.

VIII. MINUTES OF BOARDS, COMMISSIONS, AND COMMITTEES

Airport Budget Conservation

<u>Historic</u> <u>Housing and Human Srvs.</u> <u>Parks & Recreation</u>

Forest Lands Climate Policy Cost Review
Planning Public Arts Transportation

<u>Tree</u> Wildfire Mitigation

IX. PUBLIC FORUM Business from the audience <u>not</u> included on the agenda. (Total time allowed for Public Forum is 15 minutes. The Mayor will set time limits to enable all people wishing to speak to complete their testimony.) [15 minutes maximum]

Louise Shawkat – Ashland – Read a statement into the record regarding climate change (see attached).

Alan Rathsam – Ashland – Read a statement into the record regarding the cell tower (see attached).

Gretchen Vos – Ashland – Spoke regarding the AT&T cell tower. She spoke against it and hopes the City will work together with the Community to fix this issue (see attached).

Dr. Carol Voisin – Ashland – Read a letter into the record regarding AT&T (see attached).

X. <u>CONSENT AGENDA</u>

- 1. Liquor License Approval for Press for Oil, LLC
- 2. Resolution Supporting a Strengthened 2021 International Energy Conservation Code (IECC)
- 3. Award of a Professional Services Contract for Final Engineering to Rehabilitate the East and West Forks Raw Water Transmission Line
- 4. Intergovernmental Agreement with Southern Oregon University for Public Access Television Services

Rosenthal/Graham moved to approve the Consent Agenda. Discussion: None. All Ayes. Motion passed unanimously.

XI. <u>PUBLIC HEARINGS</u> (Persons wishing to speak are to submit a "speaker request form" prior to the commencement of the public hearing. Public hearings shall conclude at 8:00 p.m. and be continued to a future date to be set by the Council, unless the Council, by a two-thirds vote of those present, extends the hearing(s) until up to 9:30 p.m. at which time the Council shall set a date for continuance and shall proceed with the balance of the agenda.)

XII. <u>UNFINISHED BUSINESS</u>

1. City Hall Design

Public Works Director Paula Brown introduced ORW Architect Dana Crawford.

Brown gave a Staff report discussing the two options.

Council discussed the LEED certifications.

Brown explained that ORW has done an analysis and recommends new construction for City Hall. Brown explained this is due because of safety, faster to construct, provides more usable space and greater efficiencies.

Council discussed the options.

Graham/Jensen moved approval of staff's recommendation to approve a contract for professional engineering/ architectural services with ORW to provide City Hall Phase 2 Design and Construction Documents for a base cost of \$404,431 plus the additional cost of \$81,400 in this phase to include LEED certification and acceptance process for a total Phase 2 cost of \$485,831.

Discussion: Graham spoke that this is designed to be a 100 year building and it is clear that whenever we are building something to last that long we need to build to the highest and safest standards. Jensen spoke

that this is an exciting moment and is looking forward to continue. Seffinger spoke in agreement with Graham and Jensen. Rosenthal spoke regarding the additional \$81,400 for LEED certification. He spoke that many in the Community have spoken to importance of the climate and energy plan. He spoke that this investment could yield a huge dividend down the line in terms of increased energy efficiency. He spoke that this would be a wise investment. Akins spoke that she is pleased this option appears to be the least expensive. She spoke to the importance of keeping a close eye on the project. Slattery spoke in agreement with the Councilors. Roll Call Vote: Slattery, Graham, Jensen, Akins, Rosenthal and Seffinger: YES. Motion passed unanimously.

XIII. NEW AND MISCELLANEOUS BUSINESS

1. Ashland Parks and Recreation Commission Revenue Bond Approval and Capital Improvement Projects Amendment

Due to time constraints this item was moved to the next Council Business Meeting.

2. Amendment to the Ashland City Charter to Create City Manager Position Ballot Language

Lohman gave Staff report (see attached).

Public Input:

Bill Heimann – Ashland – Spoke regarding the Charter change. He explained that there has been extensive research on this topic. He spoke that this will correct the split leadership in the City. He explained that this will separate politics from administration. He spoke that this change will not diminish the power of the Mayor. He spoke that only one other City in Oregon has Ashland's current form of government.

Eric Navickas – Ashland – Spoke to the importance of having a democratic system. He spoke that there are problems with manager system. He spoke that a manager system can cause a high turnover rate because the Mayor still has the authority to hire and fire the Manager. He spoke that this could be fiscally irresponsible. He suggested that if Mr. Heimann wants to do this he needs to follow through with the process and get the signatures from the Citizens. He spoke that this isn't a decision that should be made by the Council.

Slattery/Jensen to direct the City Recorder to file the necessary documents with Jackson County to have the question whether to amend the Ashland City Charter to establish a City Manager position for administration of city government as proposed by petitioners placed on the May 19, 2020 primary election for Jackson County. Discussion: Slattery spoke in support of putting this item on the ballot to let the Citizens of Ashland decide. Jensen agreed with Slattery and spoke in support of the motion. Roll Call Vote: Jensen, Rosenthal, Seffinger, Akins, Slattery and Graham: YES. Motion passed unanimously.

XIV. ORDINANCES, RESOLUTIONS AND CONTRACTS

1. Resolution 2019-31 and 2019-32 to join the Jail Service District

Madding introduced Stacy Brubaker Jackson County Mental Health Division Manager.

Brubaker gave Council handouts and presented Council with a PowerPoint presentation (see attached).

Items discussed were:

- History of mental health in Jackson County.
- Roles and Responsibilities of the CMHP/LMHA.
- County and State responsibilities.
- Coordinated Care Organizations (CCO's).
- Long-term planning.

- Identifying a community health improvement plan.
- Top 3 priorities. Behavior Health, Housing for all & Families Matters.
- 24 Hour Crisis Response System Core Functions.
- Assertive Community Treatment (ATC).
- Adult Foster Homes.
- Jail Diversion Services.
- Prevention and Promotion.
- Crisis intervention training.

Jennifer Lind CEO of Jackson County Care Connect presented information to Council regarding what Coordinated Care Organizations (CCO's) are responsible for.

Lind explained that they serve to cover all Medicaid benefits for member and they are paid based on how many members there are. She spoke that there are roughly 60,000 Medicaid members in Jackson County. She spoke regarding jail diversion programs and working with the County. She explained the importance of treating people rather than incarcerating.

Judge Lorenzo Mejia - Medford – Spoke regarding his background. He explained that no member of the bench thinks mental illness or homelessness is a crime. He spoke to the importance of helping each person. He explained that the criminal justice system in Jackson County is currently in crisis. He spoke that a major problem is fail to appear. He spoke that he is not an advocate of putting people in jail.

Public Input:

Lucy Durst – Ashland –She spoke that she is a district attorney and sees people cycle in and out of jail. She spoke to the importance of services and programs. She spoke that a bigger jail is needed but urged Council to vote no at this time.

Christine Lachner – Medford – Read a statement into the record regarding the importance of mental health and the safety of the Community (*see attached*).

Gina DuQuenne – Ashland – Spoke urging Council to vote no at this time and bring it back to the County Commissioners.

Meesha Blair – Talent – Spoke to the dangers of having a larger jail.

Rich Rohde – Ashland – He spoke in opposition of the jail and concerns regarding behavioral health.

William Zentner – Ashland - Spoke in appreciation of all the speakers. He spoke that a larger jail would negatively affect Ashland.

David Wick – Ashland – Spoke to the importance of diversion options and urged Council to vote no.

Betsy Shanafelt – Ashland – Spoke in opposition of the jail and the importance of treatment programs.

Chris Luz – Phoenix – Encouraged the Council to vote to send this to the voters.

Marian Spadone – Ashland – Spoke against the Resolutions and that this needs to be looked at more. She spoke to the importance of dealing with mental health problems.

Peter Philbrick – Ashland – Spoke that Jackson County is high in crime. He spoke that he is not sure a larger jail will help the crime rate. He spoke that his house was burglarized by a repeat offender.

Barbara Knox- Ashland - She spoke in concern of money being spent on a jail instead of other services.

Paula Sohl- Ashland - Urged Council to vote no. She spoke that taxes have already increased and there

needs to be a better plan.

Jesse Sharpe – Medford – Spoke in appreciation of all the work the Sheriff has put into this proposal. He urged Council to Vote no. He spoke regarding the Housing crisis.

Ed Masler– Ashland – Spoke opposed to the jail. He spoke to the importance of getting more programs for people and breaking the cycle of poverty.

Jamie Powell – Ashland – She spoke regarding racial equality. She suggested to vote no and work on a new proposal.

Tony Foster– Ashland – Spoke in concern of a new jail and to look at other ways to help the Community.

Kevin Brewer - Ashland – Thanked Sheriff. He spoke in concerns with proposal and the importance of mental health needs.

Charlotte Nuessle – Ashland – Spoke regarding her personal background. She spoke regarding the difficulties it is to fix the mental health issues.

Eric Navickas – Ashland – Spoke regarding the cost of the project and the impacts it places on the tax payer. He spoke regarding fixing mental health issues. He spoke regarding jail beds and releasing homeless people.

DeeAnne Everson- Ashland – Spoke to the importance of her right to vote. She urged Council to let the voters decide on this issue.

Derek Pyle – Ashland –Spoke that the mental health system is broken in this Country.

Questions:

County Administrator Danny Jordan clarified incorrect information going around in the media.

Jordan discussed the current mental health structure in the County. He explained that the County does not fund mental health services. He explained that that is something the State funds.

The Council discussed County and CCO's responsibilities.

Jordan discussed County funding and services.

Slattery/Jensen moved to approve Resolution No. 2019-31 entitled "A Resolution Approving a Jackson County Order to Initiate Formation of a Jackson County Law Enforcement Service District and Consenting to the Inclusion of City Territory Within the Boundaries of the District". **Discussion:** Slattery thanked Ms. Brubaker for her presentation. He spoke that the current jail is not a good situation for people in it and for people who work in it. He spoke that this isn't a decision that should be made by 6 people and the importance of allowing the citizens to vote. Jensen spoke in support of the motion and read a statement into the record (see attached). Akins spoke against the motion and explained this is too much money and too big of a jail. She suggested to go back and try for a better plan. Seffinger spoke to the importance of mental health services being provided. She spoke that it is undemocratic to not allow the people to vote and spoke in support of the motion. Rosenthal spoke in appreciation of all emails and citizen testimony. He explained that the citizens come and speak and ask to be heard. He spoke to the importance of listening to the citizens of all view points and is in agreement that this should go on the ballot for the citizens to decide. Graham spoke that when this topic first came in she voted no and asked for a delay on the vote. She explained she needed more context and more research. She explained that since that time she has done lot of research. After getting all the facts and understanding how the system works she spoke in support of the motion. She spoke in confidence in the people who put this proposal together and that it was well thought through. She spoke that she wants to give the Sheriff and the County the opportunity to make their case in front of the people of Ashland. Mayor Stromberg spoke in support that this decision needs to go to the voters. Roll Call Vote: Slattery, Graham, Seffinger, Rosenthal and Jensen: YES. Akins: NO. Motion passed 5-1.

Slattery/Jensen moved to approve Resolution No. 2019-32 entitled "A Resolution Approving a Jackson County Order to Initiate Formation of a Jackson County Law Enforcement Service District and Consenting to the Inclusion of City Territory Within the Boundaries of the District". (without Talent). Discussion: Slattery thanked all for their work on this topic. Roll Call Vote: Slattery, Graham, Seffinger, Rosenthal and Jensen: YES. Akins: NO. Motion passed 5-1.

XV. OTHER BUSINESS FROM COUNCIL MEMBERS/REPORTS FROM COUNCIL LIAISONS

Rosenthal announced that the RVMPO approved the Jackson County proposal to improve Clay Street. Public Works will be coming back with a proposal.

Seffinger announced that the Conservation Commission will be bringing a discussion to Council on declaring a climate energy emergency in Ashland.

XVI. ADJOURNMENT OF BUSINESS MEETING

The Business Meeting was adjourned at 9:30 PM.			
Respectfully submitted by:			
City Recorder Melissa Huhtala			
Attest:			

Mayor Stromberg

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the City Administrator's office at (541) 488-6002 (TTY phone number 1-800-735-2900). Notification 72 hours prior to the meeting will enable the City to make reasonable arrangements to ensure accessibility to the meeting (28 CFR 35.102-35.104 ADA Title I).

The November 2019 issue of Road and Track published an article by Sam Smith...it is an unheard of subject for a combustion engine magazine. Specifically he writes about his love of driving cars and trucks and climate change

He says....The science here is not new, but its conclusions are worth repeating. The chemical bits emitted by automobiles and their production reorganize the atmosphere. As a result, the planet is warming and cooling as it recently has not, and we get increasingly strange and often catastrophic weather. Stretch that timeline out long enough, and coastal cities are underwater and the Earth looks and works a lot differently—generally in ways that will make human existence more costly and difficult.

The irony is obvious: car writer chews on climate change by driving consuming nonrenewable resources to visit a place where use of those resources has caused us to consume more nonrenewable resources.

But. How else do you go anywhere in America? Outside a few select corridors, our public transit is patently terrible. And at the risk of sounding like a selfish ostrich, I like driving. You control a satisfying machine. Travel independently and with minimal restriction. In this vast country built by and for the automobile, the machine too often makes sense.

We have made the automobile so much a part of our lives and our landscape for so long that it's sometimes difficult to acknowledge that roads cannot expand forever, that traffic and pollution left unchecked will inevitably worsen as the world's population grows. It's equally difficult to adore the machine while recognizing its problems, acknowledging that you can love what the device does for us while also despising much of what it has done *to* us. The ways in which it has made us dependent.

The author acknowledges that we have to make choices and recognize that we have a problem-what to do about the auto's contribution to climate chaos.

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Presentation to Ashland City Council By Alan D. Rathsam, Ashland resident December 3, 2019

Mayor Stromberg and members of the City Council, my name is Alan Rathsam, and I'm a resident of Ashland.

There is growing awareness, worldwide, about serious adverse effects of radio frequency radiation. This affects the environment, human and animal health, trees and plants, insects and bees, and more, all of which are documented in peer-reviewed scientific journal reports deemed acceptable evidence in the courts. The local placement of cell towers and antennas also raises valid legal issues: loss of city aesthetics, loss of real estate values, lost business revenue, and the personal and professional liability of government officials when employees and the public experience health and other losses from radiation exposure. Lloyds of London will not insure the wireless industry for health effects.

With the imminent permit application from AT&T for a 105-foot pinetree cell tower on Walker Street, informed Ashland parents and residents appeal to the City to act now in the best interests of everyone by taking three actions as other cities have done:

- 1. Declare a moratorium on wireless facilities permits for 4G and 5G facilities until state officials make health determinations or until new ordinances have been adopted. Telecom regulations are based on 3G technology.
- 2. Update the existing ordinance for cell towers and antennas to maximize local regulatory authority within state and federal laws.
- 3. Because they use significantly different technology than cell towers, establish a separate small-cell facility (5G) ordinance to maximize local regulatory authority, also within state and federal laws.

Here are some notes on the legal overreach of the FCC in dozens of law suits by politicians, civil society groups, and cities.

- 1. The Telecommunications Act of 1996 sustained the purposes of the Communications Act of 1934, which created the FCC to execute and enforce provisions that include, "promoting safety of life and property through the use of wire and radio communication."
- 2. The Telecom Acts of 1934 and 1996 do not allow local municipal authorities to deny wireless facility permits for reasons of "environmental effects." When a Federal judge ruled that environmental effects includes health effects from RF radiation exposure, he or she was making law inconsistent with congressional intent. By definition in Blacks Legal Dictionary, environmental effects do not include health effects.
- 3. State and local governments can cite the tenth amendment to the constitution in claiming authority for public health:

AMENDMENT X: Powers retained by the states and the people The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.

State and local governments can prove their lawful authority to protect public health since the Telecom industry and the FCC do not practice constitutional authority to protect public health.

4. The Telecom Acts regulate three factors associated with wireless facilities: placement, construction, and modification. Congress did not deny local authority to regulate <u>operational requirements</u>, such as radiation exposure levels. The FCC does not monitor wireless power exposure levels. Cities may require unannounced measurements by a qualified third party as a condition for annual permit renewals.

Public Comment by Gretchen Vos, 444 Lit Way, Ashland, Oregon, to be entered into the public record, City of Ashland, Public Forum, December 3, 2019 City Council Meeting.

- 1. AT&T is in the initial application process of a cell tower (a monopole) to be located near SOU stadium in Ashland, Oregon. The AT&T consultant has already notified property owners within 300 feet of the proposed site, and had their public information meeting last Monday Nov. 25, 2019.
- 2. The proposed location is very close to 3-5 schools: Head Start pre-school; Walker Elementary School, Ashland Middle School, SOU Resident Dorms, SOU Cafeteria, SOU Rec. Bldg and SOU local TV station).
- 3. There is a very large citizen opposition to the location; over 50 citizens attended the AT&T meeting on a cold rainy night. Only 2 of the 50 people at the meeting identified themselves as living within 300 feet of the proposed location. They attended because they oppose the siting regardless of where they live.
- 4. The AT&T rep. stated, when asked directly, that they would not be willing to collaborate with the city/residents on the location of a new tower, i.e. a fight is a coming.
- 5. Since the 1996 Telecommunications Act, many studies have been published by peer-reviewed scientists that dispute the current FCC agencies' claims of no harm from RF energy. In fact, significant harm has occurred when telecommunication facilities are located near elementary schools, fire stations as well as universities. I am old enough to remember when tobacco companies own scientists disputed the link between cigarette smoking and lung cancer. Similarly, and eventually independently-funded research is now showing the science of environmental and physiological effects from RF.
- 6. To be clear: the 1996 Act never stated we "cannot" voice our concerns about health effects, the act actually and simply states that wireless companies do not *have* to consider environmental impacts; but it does not preclude them from considering a community's health or environmental concerns, they *can* consider these impacts, they just are not *required* to."
- 7. A new 2019 federal ruling in a DC court challenges certain aspects of the 1996 act because it denies a NEPA review process. The ruling requires some kind of environmental review process to be included in cell tower location. As this was just published, we as a city will need to see how this lands to respond appropriately. This may allow the city the opportunity and time to legally rewrite some ordinances (i.e. school set backs).
- 8. Senate Bill 283 currently in the Oregon Legislature directs the Department of Education to prepare and make available statements that disclose the potential health risks of wireless network technology and requires public and private schools to distribute statements to employees, students and parents.
- 9. We all are in agreement in wanting to protect the children of Ashland and college students. The citizens of Ashland WANT to collaborate and work WITH the council to help you. Let us know what you need to better understand the legal, scientific, environmental, and legal issues; there is a very educated respectful concerned group of citizens willing to support you!

Thank you for this chance to speak about an issue that affects so many citizens of Ashland.

Public Forum: December 3, 2019 Cell Tower Permit Moratorium

He's back and it isn't Arnold Schwarzenegger. It's AT&T. In 2010, Ashland citizens led by Rod Newton and Jim Fong let the city council know of all the ways that it was wrong and immoral to let AT&T put a cell tower on the Ashland Cinema roof. The council listened and found good reasons to reject AT&T's permit none of which were based on health effects.

Monday, November 25th, Smartlink representative Sharon Getch rolled out the new proposal for AT&T to have a 105' tower on a small piece of property leased from SOU. She met her match. Expecting a dozen or so folks, she was surprised when Pioneer Hall filled up with people sitting and standing to listen to what she had to say. She was to report to AT&T what she heard from Ashland residents. She "heard" us. She also was quite frank with us when she said this is a done deal and there is no plan B and most likely no desire to work with citizens to find another site.

This brings us to tonight – December 3, 2019. The application for a permit will be submitted in early December or maybe late December. So, I'm representing those folks who came out on a cold, wet Monday evening on November 25 and the hundreds of people who are signing petitions that we don't want a wireless tower in or near our schools or residential areas. We honestly would like to collaborate with AT&T, but were given no hope for that.

Nevertheless, in order to collaborate, we need our land use ordinances regulating cell towers to be brought up to date. The Oregon for a Safer Technology group presented you with specific ideas for revising these ordinances in May of this year. In fact, Councilor Tonya Graham and Mayor John Stromberg have had these revisions in hand for a while with their promise to run them by Planning and legal before presenting them to council.

With a revision of the city regulations governing cell towers well under way, we are asking for the council to consider a moratorium on cell tower permits until these revisions are considered by council. The short term moratorium on land use permit approvals would effectively stop all new tower construction until the council has had a chance to analyze the overall planning issues and to decide where, and under what conditions, tower construction may proceed given the new ordinance proposals presented by Southern Oregon for a Safer Technology.

I have samples of what other cities and states have done in regard to such a moratorium. I'm happy to share that information with you for your consideration.

Dr. Carol Voisin Ashland

ATTACHMENT 1

The following amendments are proposed to the Ashland City Charter. Only these articles and sections therein are amended. All other language in the Charter shall be unchanged.

ARTICLE IV - Mayor

Section 2. Powers and Duties. The Mayor is the political head of the city government. He or she shall exercise careful supervision over the general affairs of the City and, with the City Council, over the City Manager and City Attorney, as well as other appointive officers as may be created by this charter. Appointive officers are those city employees who are hired by and report directly to the mayor and Council. The Mayor shall make a report to the Council and the citizens of Ashland on the state of the city at or as soon as practical following the first Council meeting of each calendar year.

VIII-A – CITY MANAGER

Section 1. The office of City Manager is established as the chief executive and administrative head of city government. The City Manager is responsible to the Mayor and Council for the proper administration of all city business. The city manager will assist the Mayor and Council in the development of city policies, and carry out policies established by ordinances and resolutions.

Section 2. A majority of the Mayor and Councilors must appoint and may remove the city manager. The appointment must be made without regard to political considerations and solely based on education and experience with local government management.

Section 3. The City Manager may be appointed for a definite or an indefinite term, and may be removed at any time by a majority of the Council. The Council must fill the office by appointment as soon as practicable after the vacancy occurs.

Section 4. The City Manager must:

- 1. Attend all Council meetings unless excused by the Mayor or Council;
- 2. Make reports and recommendations to the Mayor and Council about the needs of the city;
- 3. Administer and enforce all city ordinances, resolutions, franchises, leases, contracts, permits, and other city decisions;
- 4. Appoint, supervise and remove all non-elected department heads and other city employees, except as follows:
 - a. The Ashland Parks and Recreation Commission shall have responsibility for appointing, supervising, and removing its employees, subject to state law, Ashland Municipal Code, written mutual agreements between the City Council and Ashland Parks and Recreation Commission, and formal, written City administrative policies.

- b. Employees who report directly to the mayor and City Council shall be appointed, supervised, and removed by the mayor and City Council and shall be termed appointive officers.
- 5. Organize city departments and administrative structure, except that the City Manager shall have no responsibility for the supervision of the City Attorney's Office or the Ashland Parks and Recreation Commission;
 - 6. Prepare and administer the annual city budget;
 - 7. Administer city utilities and property;
 - 8. Encourage and support regional and intergovernmental cooperation;
- 9. Promote cooperation among the council, staff and citizens in developing city policies, and building a sense of community;
 - 10. Perform other duties as directed by the council;
- 11. Delegate duties to any city employee, in a manner consistent with the provisions of the City Charter, the Ashland Municipal Code, state and federal employment law, and collective bargaining agreements.
- **Section 5.** The City Manager has no authority over the Mayor or Council or any other elected official, or the City Attorney;
- **Section 6.** The City Manager and other employees designated by the council may sit at council meetings but have no vote. The City Manager may take part in all council discussions.
- **Section 7.** When the City Manager is temporarily disabled from acting as manager or when the office becomes vacant, the Council must appoint a manager pro tem. The manager pro tem has the authority and duties of manager, except that a pro tem manager may appoint or remove department heads only with council approval.
- **Section 8.** Neither the Mayor nor a member of the Council shall directly or indirectly, by suggestion or otherwise, attempt to influence or coerce the manager in the making of any appointment or removal of any officer or employee or in the purchase of services and supplies; or attempt to extract any promise relative to any appointment from any candidate for City Manager. Nothing in this section shall be construed, however, as prohibiting the Council from fully and freely discussing with or suggesting to the manager anything pertaining to city affairs or the best interests of the city.
- **Section 9.** No person related to the manager by consanguinity or affinity within the third degree shall hold any appointive office or employment with the city, except with express city council approval.
- **Section 10**. This Article VIII-A shall be effective on January 1, 2021, if approved by the electors of Ashland in a primary or general election prior to that date. The individual employed as Ashland City Administrator on the effective date of this ARTICLE VIII-A shall be the city manager as described above and shall remain so employed until such time as he/she resigns or is terminated by the Council. The position of city administrator is abolished.

ARTICLE XIII - Appointive Officers

Section 1. Appointive Officers. The Mayor, with the confirmation by the Council, shall appoint a City Manager, City Attorney and such other officers as the Council deems necessary. The Council may combine any two or more appointive offices. (Charter amendment 5-23-78)

COMMUNITY OUTREACH AND EDUCATION

JCMH receives frequent requests to deliver presentations to community groups about behavioral health needs and services. JCMH staff have presented to the following groups:

- Asante/NAMI Mental Health Forum
- Community Care Project
- County Public Forum (Sheriff's Office)
- Foster Parent Training
- Jackson Care Connect CCO
- Local Alcohol and Drug Planning Committee
- Mental Health Advisory Committee
- National Alliance on Mental Illness: Family to Family
- Oregon Pain Guidance
- Public Safety Coordinating Council
- Public Safety Coordinating Council
 Mental Health Task Force
- Rogue Community College
- Southern Oregon Success Advisory Council
- Southern Oregon University various classes in Human Services and Counseling programs
- TIC Steering Committee
- Traditional Healthcare Workers Course (RCC)
- Vocational Rehabilitation

Jackson County Mental Health (JCMH) is the designated Community Mental Health Program (CMHP) and the Local Mental Health Authority (LMHA) for Jackson County. Through this designation, JCMH provides medically necessary mental health services to children and adults with severe or chronic psychological or emotional problems, with direct responsibility for the indigent population. JCMH helps individuals resolve crisis situations, develop skills to improve their functioning in daily life, and reduce criminal justice involvement. Utilizing a recovery model, it supports individuals with serious mental disorders to sustain stable lives in the community. Additionally, JCMH provides mental health promotion and prevention. JCMH is the safety net for the community and will continue to deliver services as outlined in the Inter-Governmental Agreement (IGA) with the Oregon Health Authority (OHA).

EVIDENCE BASED PROGRAMS

ASIST Training: ASIST (Applied Suicide Intervention Skills Training) is a two day suicide prevention training designed for counselors, teachers, mental health specialists and other gatekeepers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. ASIST is recognized as an Evidence-Based Practice by the state of Oregon.

Mental Health First Aid: Certified staff members offer Mental Health First Aid to community partners throughout Jackson County as part of JCMH's prevention efforts. The interactive 12-hour course provides an overview of mental illness and substance use disorders in the U.S., introduces participants to risk factors and warning signs of mental health problems and reviews common treatments. In addition to our adult trainers, Jackson County Mental Health has a certified adolescent Mental Health First Aid Trainer. These staff, in collaboration with the two certified instructors at the FQHC, will continue to offer trainings across the County.

Suicide Prevention (Garrett Lee Smith): Jackson County is partnering with the Oregon Health Authority on a federal grant (FY 14-19), with an expansion grant (FY 20-22) to reduce suicide among youth aged 10-24 through implementing comprehensive suicide prevention and early identification practices. A full-time suicide prevention coordinator is dedicated to increasing gatekeeper training, facilitating training for clinicians, improving the continuity of care, and improving data collection.

Wellness Action Recovery Planning (WRAP): WRAP is an evidenced-based, trauma-informed model for personal wellness and recovery rooted in the principals of self-determination and empowerment. It encourages and provides participants with the tools they need to be more involved and proactive in their own wellness and success. Jackson County Health and Human Services (HHS) has enlisted WRAP as a transformative recovery tool for staff, clients, family members, supporters, partners and our community as a whole.

PREVENTION COALITIONS

Substance Abuse Prevention Coalition: The Jackson County Substance Abuse Prevention Coalition utilizes the structure of the Strategic Prevention Framework per the expectations of the Oregon Health Authority. The purpose of the coalition is to collaboratively address and reduce alcohol, tobacco, other drug, and gambling problems among Jackson County youth. The primary goal of the coalition is to utilize the Strategic Prevention Framework to address alcohol abuse among youth as well as other focus areas as determined by the coalition. Coalition members include stakeholders from across multiple community sectors including healthcare professionals, religious organizations, parents, schools, youth-serving organizations, local government, and treatment organizations.

Youth Suicide Prevention Coalition: The Jackson County Youth Suicide Prevention Coalition is a community based, volunteer membership organization comprised of representatives from public secondary schools and colleges, hospitals, non-profits, community organizations, Juvenile Justice, Mental Health, Veteran's Services, and local volunteers. The mission of the Coalition, available on our website at http://suicidepreventionjacksoncounty.com/, is to raise awareness of the problem of suicide in our county, reduce the incidence of suicide and suicidal behavior of Jackson County youth, and provide support for all those affected by suicide. The group keeps a comprehensive list of community resources and announcements on the website, as well as a Facebook page, (http://www.facebook.com/pages/Jackson-County-Youth-Suicide-Prevention-Coalition/140443226004431).

CRISIS AND STABILIZATION

As part of our CMHP responsibilities, Crisis Services are available through JCMH 24 hours a day, 7 days a week. Services include mobile crisis response with law enforcement, assessments, referrals, pre-

CRISIS INTERVENTION TRAINING

The goal of Crisis Intervention Training is to train and certify a cadre of law enforcement officers and mental health staff to respond to individuals with mental health issues in a more positive, less threatening way. The training is a full 40 hours delivered within a single week and includes educational presentations from over 10 different constituencies and community agencies, with a strong emphasis on individuals with mental health challenges; a visit to the behavioral health unit; an opportunity to role play scenarios; and a certification test at the end.

Within the past five years, JCMH has provided 10 CIT academies to over 186 law enforcement officers from all jurisdictions across the county.

The CIT planning committee continues to work to offer the academy to officers and other first responders.

commitment services, discharge planning, and a range of drop-in support and community resource groups. Services are available to everyone regardless of age, insurance status, Veteran's status or county of residence. Nearly 5000 individuals per year receive services through JCMH's Crisis Program, an estimated 1900 of whom are indigent, i.e., lack Medicaid or any other form of insurance coverage. Points of access include the walk-in clinic at 140 S. Holly in Medford, telephone referrals through local hospitals, police and social service agencies, and the after-hours hotline (541-774-8021).

<u>CATS Program - Emergency Department Diversion for Children and Youth:</u> JCMH receives dollars from the state of Oregon to provide diversion services for children and youth that are taken to the Emergency Department at local hospitals for psychiatric and behavioral crises. Services are immediate and delivered in the home and in the community to assist in providing stabilization services and assisting the families in getting the children and youth established in services.

<u>Living Room</u>: The "Living Room" program opened in July, 2016. This is a program designed to offer individuals in crisis an alternative to obtaining services in an emergency department. The Living Room is a research-based model offering a person-centered, non-medical environment staffed by peer specialists and professionals who are available to help clients de-escalate and avoid hospitalization, and is part of the crisis continuum.

<u>Mobile Crisis:</u> JCMH now has a law enforcement only back line, which allows local law enforcement to call for response with a crisis worker, when a mental health situations arises. This has proven to be very effective and has had some positive outcomes for the individual to engage in appropriate treatment options rather than being taken directly to the emergency room or incarcerated.

Pre-Commitment Investigations and Commitment Monitoring: JCMH is responsible as the Local Mental Health Authority to conduct pre-commitment investigations for individuals placed on a mental health hold to determine if the individual meets criteria for civil commitment. Investigations include interviews with police, family members, medical and behavioral health providers, and/or any other individual who holds information that maybe pertinent to a decision. Outcomes of the investigation include one of three options: the hold is dropped, the hold is extended (14 day diversion) or a commitment hearing is scheduled. Investigators work directly with an Assistant District Attorney who specializes in legal issues for individuals with mental health issues.

CHILDREN'S TREATMENT SERVICES

With the changes in the mental health service system in the county, services to children and youth have drastically changed and JCMH has had a large reduction in the number of children that we serve. JCMH continues to provide services to indigent and uninsured children and youth and some limited services (WRAP and EASA) through a contract with Jackson Care Connect. JCMH does not serve any AllCare children or youth in ongoing services. Access to services occurs through an initial assessment. The assessment will establish a diagnosis, if appropriate, and the appropriate level of care, and the child will then enter into treatment planning for outpatient care or receive a referral to a more appropriate resource.

Parent-Child Interaction Therapy CENTER OF EXCELLENCE

P-CIT is an evidence-based treatment for children 2-8 years old with social-emotional and behavioral problems that places emphasis on improving the quality of the parent-child relationships and changing parent-child interaction patterns.

In 2014, JCMH was named the Oregon P-CIT Center of Excellence and charged with training all P-CIT providers across the state. JCMH currently employs two nationally certified trainers.

Studies show that P-CIT reduces depression in mothers and reduces overall family stress; improves prosocial behavior and emotional regulation; and improves speech and language skills, among many other things. A new space has been designated for this program, designed with input from program experts.

Children's WRAP: Jackson County utilizes the National Wraparound model and is part of the Statewide Children's Wraparound Initiative as one of the three demonstration sites. Jackson County Wraparound is an intensive, integrated, holistic method of engaging children, youth, and their families with complex needs in a planning process. The primary goal is to keep children living in their homes and communities safely. The wraparound team takes a strength based approach and develops a plan that focuses on the priority needs as identified by the youth and family. The current project focuses on children in the custody of DHS Child Welfare or children who have behavioral, emotional, and/or mental health conditions severe enough to warrant direct entry into the service system at a high level of care. Jackson Care Connect has contracted with JCMH to serve 45 children and youth in the WRAP program.

Medford Drop (Young Adult Hub): Originally funded through a grant offered through OHA, these dollars now come to JCMH through the IGA and are passed on to Youth ERA Oregon (formerly Youth M.O.V.E Oregon) The purpose of this project is to: a) provide outreach, engagement and recovery oriented young adult centered planning and creation of social support systems, b) provide peer support services by young adult peers, particularly for young adults reluctant or disengaged in services, c) assist young adults in identifying and accessing resources to fit goals, d) demonstrate expertise in LGBT youth and connection to LGBT specific resources, e) participate in a statewide learning collaborative, and f) incorporate at least the philosophy and ideally the practice of the Transition to Independence Process (TIP) Model of support for Youth Adults in Transition. Partnering with Youth ERA Oregon, JCMH supports this drop-in center model, The Medford Drop, for youth ages 14-25; the focus of the program is education, employment and social connectedness, as well as character development and community service.

Early Assessment and Support Alliance (EASA): The purpose of the EASA program is to identify young adults, aged 15-25, who are experiencing (or are at high risk for experiencing) a newly emerging psychotic disorder. This program is geared towards providing intensive services as soon as possible to reduce the symptomology of this disease and decrease the negative impacts of the disease over the life course. The EASA program provides youth/young adults experiencing an onset of psychosis with the following services: trauma-informed mental health counseling utilizing the most current evidenced-based research and modalities; case management that provides youth assistance with financial, housing, relationships, school, and other areas which have been affected by their illness; supportive employment; peer supports; psychiatric and medication services; occupational therapy that helps youth and their family understand sensory issues and strategies for improving the outcome of treatment; family support, education and stress reduction activities; and crisis intervention with an enduring focus on helping young people to flourish to the greatest extent possible. These services will continue as appropriate for non-OHP members, and for five Jackson Care Connect clients as contracted.

ADULT TREATMENT SERVICES

<u>Adult Outpatient Treatment:</u> Jackson County Mental Health continues to provide outpatient services for indigent and uninsured throughout the county. Focusing on short term, solutions focused treatment, in addition to some long term services for those individual with Severe and Persistent Mental Health diagnoses.

Aid and Assist – Restorative Services: Aid and Assist screenings are managed through the Jail Diversion Team and are screened as they arise, through the Public Defender's Office or the court. After a Forensic Evaluation has been completed, a QMHP is assigned to interview the individual and should the team determine that the individual can receive the appropriate level of supports while the individual remains in the community, a recommendation to the court is made for community restoration. A county Aid and Assist docket has been created in Circuit Court in an effort to coordinate and resolve these cases as appropriate.

Assertive Community Treatment (ACT): ACT is an evidenced based intensive and community-based method of providing mental health care. Clients with serious and persistent mental illness or personality disorders are provided an alternative to traditional outpatient mental health care through an integrated community based team. Persons served by ACT may receive integrated substance abuse treatment, housing support, CBT, DBT, skills groups, peer supports, and Supported Education or Employment. Jackson Care Connect has contracted with JCMH for 40 ACT slots. JCMH will continue to offer these services to the indigent and under-insured, as dollars from OHA allow.

<u>Housing:</u> JCMH continues to work with other providers of Supported and Supportive Housing in the community. Originally working with Columbia Care to apply for Rental Assistance Program dollars through the state for SPMI, Veterans and Transition Aged Youth populations, JCMH continues to work with them for individuals that they are responsible for serving. Both Columbia Care and Options of Southern Oregon have developed housing for the OHP population in Jackson County and deliver those services to the various CCO members.

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JCMH continues to manage two transitional living homes that house 10 individuals, offer the supportive services and assistance need to find permanent housing. JCMH also funds transitional beds at the Kelly House through the Addiction Recovery Center (ARC) for individuals with co-occurring disorders involved with the criminal justice system and working on their addiction issues.

Adult Foster Homes. JCMH staff provide supportive services to individuals residing in adult foster homes, and coordinate with the other community providers to ensure that the individual's needs are met by the providers and that placements are timely and appropriate.

<u>Jail Diversion</u>: A partnership with the Jackson County Community Justice program, this program focuses on assisting adults with mental health issues to avoid becoming more entrenched with the criminal justice system through offering support and treatment. Program staff complete behavioral health screenings and provide collaborative release planning within the Jackson County Jail and the Community Justice Transition Center. They provide ongoing treatment services as appropriate and connect these individuals to appropriate services providers as needed.

Mental Health Court: Jackson County Mental Health Court is a partnership between JCMH and many other key community partners. Modeled after other evidence based treatment courts, the Mental Health Court supports are available to defendants charged with a crime in Jackson County Circuit Court who have a serious and persistent mental illness that appears to be the primary factor in the person's involvement with the criminal justice system. Mental Health Court provides a highly structured, supervised opportunity for eligible defendants to pursue mental health treatment, stability and independent well-being under intensive supervision of a multi-disciplinary team. JCMH provides the coordinator for this project and Jackson Care Connect and AllCare provide shared funding for this position.

<u>Multi-Disciplinary Staffings</u>: The purpose of inter-agency client staffing is to develop solutions for individuals who are struggling and slipping through the cracks of community services, as evidenced by multiple police or mental health emergency contacts, with the ultimate goal of preventing escalation of mental health symptoms and attendant crises. JCMH sponsored the formation of this group in 2012 through a subcommittee of the Public Safety Coordinating Council. This process has assisted several of the community's most high risk individuals in gaining stability and reducing police contact. JCMH will continue to chair this community group and serve in its capacity as convener.

<u>Peer Support Services</u>: Peer support is a research-based service delivered by state certified Peer Support Specialists. Peer support specialists self-identify as being in recovery from their own mental health and/or substance abuse problems; their personal experiences enable a depth of empathy and perspective that cannot be duplicated. Peers work as extra-help employees and support the clients they serve with skill development, advocacy, encouragement and assistance.

<u>Psychiatric Support Services:</u> Providing medication services and supports to individuals that will continue to be available for those individuals being served in our system. With the PharmBlue pharmacy

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embedded in the HHS building these medications are often filled at the on-site pharmacy with the goal of increased medication compliance and better outcomes for those individuals.

<u>Psychiatric Security Review Board (PSRB)</u>: Services for individuals under the mandate of the PSRB promote community integration for severely mentally ill persons after prolonged stays in state hospitals with the goal of moving to fully independent living situations when possible. Assessing for risk to public safety is an integral component of this work. Services include: the Hazel Center Secure Residential Treatment Facility (SRTF) run by Options which houses and treats 16 clients (8 clients under the PSRB) following discharge from the State hospital; and PSRB monitoring and supervision for up to 20 clients, living independently in transitional housing or in group homes under conditional release from the State hospital.

SERVICES FOR AGING AND PEOPLE WITH DISABILITIES (Enhanced Care):

Older Adult Behavioral Health Specialist: 1 FTE is currently funded through the OABHS initiative from OHA. Those dollars are passed through to the Rogue Valley Council of Government (RVCOG) to ensure collaboration and integration with the other services available in the county for older adults and individuals with mental health issues.

EXPANSION OF JAIL MH AND SUD TREATMENT **PROPOSAL** Mobile Crisis Outpatient Services 2019 Response with • 2 JCMH QMPH's CIT trained Law and 2 QMHA's at Enforcement Community Justice • Living Room Mental Health • Beckett Center Court • ED Recovery Compass House **Opportunities** Outpatient Court Peer Services Aid and Assist Services - partial Alternative sanctions Pre-trial and Diversion Court **Services** Services STOP Discharge Planning and Jail Services After Care Services 2 Wellpath QMHP's Outpatient services in the jail for crisis continued support and · 2 JCMH QMHP's screenings · 2 JCMH QMHA's 2 JCMH QMHP's for • Peers - partial assessment and treatment • SUD/MAT - partial · 2 JCMH QMHA's for • Resource Center at discharge planning Community Justice and care coordination • Peers - portions • SUD/MAT portions Existing Services correspond with the color of the pie chart

Jackson County Mental Health 2019

Stacy Brubaker, Jackson County Mental Health
Division Manager

A look back...the history of mental health in Jackson County

- ➤ 2008 the county in collaboration with other entities, such as the two local hospital systems developed a plan for a Community Crisis Center when the recession hit, the hospitals pulled out from the project and it could not move forward without the financial support of those partners.
- Oregon Health Authority (OHA) reduced the County Mental Health and Substance Abuse budgets by 15% statewide.
- ▶ 2012 Coordinated Care Organizations were stood up in Oregon as part of the Affordable Care Act. Both CCO's delegated the management of the mental health benefit to Jackson County.
- ▶ 2016 Both Coordinated Care Organizations changed their delegation agreement and contracts with Jackson County, and so went the Medicaid dollars, leaving the county with little influence on how those dollars are spent moving forward. Contract relationship only.
- ▶ With the inability to now leverage and braid funding, the County's level of influence is lower.

And then the escalator stopped...



Roles and Responsibilities of the CMHP/LMHA

Jackson County Mental Health Stacy Brubaker, Division Manager

Statutory Framework

Oregon Revised Statutes (ORS 430.610) direct DHS (now OHA) to assist county governments in the establishing and development of community mental health and developmental disabilities programs.

Oregon Revised Statutes (ORS 430.610) establish Counties, Regions or Tribes as Local Mental Health Authority.

Statutory Framework

Continued

ORS 430.630 (9)(b) Statutorily defined responsibility of LMHA for planning includes (but not limited to):

"Each local mental health authority that provides mental health services shall **determine the need** for local mental health services and **adopt a comprehensive local plan for the delivery of mental health services** for children, families adults, and older adults that describes the methods by which the LMHA shall provide those services...

County Commissioners are the Local Mental Health Authority (LMHA)

- ► The LMHA (the County Commissioners) assigns a Mental Health Director and designates the Community Mental Health Program functions to that individual
- In Jackson County, as Director of Health and Human Services, Mark Orndoff is the Director and Stacy Brubaker is the Division Manager of Jackson County Mental Health
- ▶ Jackson County Commissioners continue to be supportive of the county role in both the CMHP and LMHA functions

The Local Mental Health Authority Role in the Health Care System

The LMHA has the responsibility to:

Determine the need for local mental health services and adopt a comprehensive local plan for how the services will be provided most efficiently and effectively.

Establish and administer or operate a community mental health program with an array of services (includes screening, evaluation, crisis stabilization, vocational and social services, continuity of care with housing, health, and social services, psychiatric care, residential services, medication monitoring, counseling and therapy, public education, prevention services and mental health promotion).

Manage the mental health crisis system, children and adults entering or transitioning from Oregon State Hospital or residential care, and community-based specialized services.

Coordinate mental health services with the criminal/juvenile justice and corrections system and collaborate with the local public safety coordinating council.

While all Counties are designated Local Mental Health Authorities by State law, many Counties contract those responsibilities out, and how Counties carry out this role varies... "If you have seen one county...you have seen one county."

- Size and rural or urban makeup play a role.
- The amount of consumer/survivor or family advocacy plays a role.
- Local leaders' understanding of mental illness and its impact plays a role.

Jefferson Regional Health Alliance (JRHA)

- a collaboration of regional community leaders from all sectors learning and working together to improve the health and healthcare resources of Southern Oregonians.
- "All in for Health" is a community-wide initiative involving the collaborative engagement and expertise of organizations and individuals from multiple sectors across our two-county region.
- Jackson County has participated in the process from the beginning and has used the data, the report and the priorities as the basis for their required plans for OHA and what priorities we are needing to focus on. This is true for both Public Health, as well as for Mental Health. Top three priorities are:

Behavioral Health and Well-Being (mental health and substance use)

Housing for All (safe, affordable, appropriate housing)

Families Matter (parenting support and life skills)

24 Hour Crisis Response System - Core Function

By statute, LMHA's are charged with the responsible to provide a 24/7 crisis response system for individuals in the county regardless of insurance coverage.

- Mobile Crisis Response with Law Enforcement
- Crisis and Transition Services Team (CATS) Emergency Room Diversion for Children, Youth and Younger Adults to assist in designing and providing alternatives to placement in higher levels of care.

Currently both CCO's continue to contract with the county to provide crisis services to their members through out the county.

Civil Commitment – Core Function

- The CMHP in the county of custody (meaning where the individual was hospitalized at)is responsible for conducting the investigation.
- ► The commitment process is a legal intervention not a social work intervention
- Individuals completing the investigations must be certified by the state as a Pre-Commitment Investigator (PCI) and be a directors designee.
- Investigators collect relevant facts in a relatively short timeframe
- The investigator must
 - Establish that there is or is not probable cause to believe the person is "mentally ill" as defined in statute.
 - Determine if there is a "least restrictive" treatment option available to the person and the likelihood of the person following through with this treatment alternative.
 - Determine if the person is an imminent risk or danger to self or others.

Managing the State Hospital Population (Choices Model) – Core Function

- ► The Local Mental Health Authority has the responsibility to manage both the front and back door to the Oregon State Hospital.
- This includes a continuum of services:
 - Community supports and treatment of Seriously Mentally III Adults
 - Involuntary Commitment Investigation and Court Proceedings
 - ▶ Diversion from the State Hospital and from Acute Care if possible
 - Transition planning out of the OSH back into the community **

** This process has become very challenging with the recent changes to the mental health system in this county as much of this leg work requires the treatment provider to give information in a timely fashion and an opportunity for disagreement about next steps

Assertive Community Treatment (ACT)

- Assertive Community Treatment (ACT) is an Evidence-Based Practice (EBP) designed to provide comprehensive treatment and support services to individuals who are diagnosed with serious mental illness.
- ► Highest level of care outside of the hospital setting, but offered in the community aka Hospital without Walls, Services provided through a multi-disciplinary team.
- ▶ Contract with Jackson Care Connect for 45 of their members to receive this service.
- Receive a small amount of money through OHA to serve a limited amount of unfunded and Medicare individuals in need of the service.

Adult Foster Homes - Core Function

- ► CMHP's are responsible for the contracting, quality assurance, utilization management and plan of care approval for the Adult Foster Homes in the county.
- Jackson County has made this level of care a priority.
- Jackson County has the largest number of mentally ill individuals living in foster homes, 89 individuals.
- Historically JCMH has provided not only the oversight to the homes, but also the supports that often keep these individuals living in these lower levels of care and in their own communities.
- With the change in the mental health provider system these services are now often very different than the level of service that use to be provided to these individuals in the homes and the support given to foster providers.

Jail Diversion Services Forensic Team

- Aimed to increase Mental Health's interaction with individuals with Serious and Persistent Mental Illness (SPMI) who are involved with justice or law enforcement solely due to a mental health reason and are charged with low-level crimes.
- As a result of a grant written in 2014, 3 FTE embedded within the Community Justice programming and coordination and backup to the social worker in the jail. Providing individual and group services to this population.
- ▶ Based on the Sequential Intercept Model allowing CMHP's to intervene upon points of interception with the aim of preventing them from going further down the criminal justice track, supports implementation of the Stepping Up Initiative that the county commissioners supported in 2015.
- Receive some dollars through OHA and can serve Jackson Care Connect members through contract.

.370 Aid and Assist Population - Core Function (one of many "unfunded mandates")

- These are individuals that are found to not be able to aid or assist in their own defense of the crime in which they are charged.
- Now requires that the CMHP agree with the court that the individual is unable to aid and assist and needs to either be sent to the OSH to receive restoration services or may be more appropriate to receive restorative services in the community through the Forensics team.
- Circuit Court has started an Aid and Assist docket to mainstream process.
- This is coordinated through our Forensics team and we will now begin to offer these restorative services through the services we offer in the jail, probation and parole and the Transitional Work Center.
- Restorative Services means a planned, systematic program that focuses on helping each individual obtain and maintain the highest level of understanding and functional participation.

Psychiatric Services Review Board (PSRB) - Core Function

- This program provides the ongoing monitoring and supervision of individuals in the community that have been found Guilty by means of Insanity.
- Supervise them in the community and ensure that they are meeting the conditions of their release, including treatment and limitations.
- CMHP is not responsible to provide the treatment but rather ensure participation in the needed levels of treatment.
- Historically JCMH has done both the supervision and the treatment this is no longer the case for anyone on Medicaid and enrolled in a CCO the CCO provider will provide the treatment and the County will continue to provide the supervision.

Abuse Reporting and Investigation - Core Function (unfunded mandate)

- As established in ORS 430.610 to 430.695 and ORS 430.743, Jackson County Mental Health as the Community Mental Health Program in Jackson County, holds responsibility for carrying out the duties outlined in OARs Chapter 411, Division 20.
- Process reports of alleged abuse or the death of adult mental health clients receiving services in Jackson County.
- Oversight to ensure protective services are offered by MH service providers as needed or that law enforcement is involved as necessary.
- Investigate allegations, complete reports and submit to Office of Training, Investigations and Safety (OTIS).
- Oversight to ensure any required actions identified through investigation are completed.
- These rules are now being looked at and will be part of the upcoming legislative session to get more clarity around them and who is responsible for what.
- Maintain documentation, data collection and reporting to OTIS.

Prevention and Promotion - Core Function

- Mental Health First Aid training
- Crisis Intervention Training (CIT) for law enforcement
- Mental Health Court Coordinator position paid for through CCO contracts
- ► Compass House Initial start up investment made by county when managing the benefit
- ASIST training
- Originating through a grant written in 2014 "Medford Drop" the youth hub through YouthERA Oregon (formerly YouthMOVE Oregon) is funded through these dollars
- NAMI involvement and program support
- ► Trauma informed care support and community training efforts

Suicide Prevention Efforts

- Part of the statewide Garrett Lee Smith grant
- ► These funds pay for part of a full time suicide prevention specialist
- Provides a variety of community trainings such as Mental Health First Aid, Youth Mental Health First Aid, QPR, ASIST, RESPONSE, CALM and AMSR
- Providing prevention and post-vention services to schools and community for youth 24 and under
- Suicide Prevention Coalition
- Medford School District has now hired a full-time suicide prevention coordinator as a result of the success of this program

PCIT - Parent Child Interactive Therapy

- ► Center for Excellence for the State. Provide the statewide training and support for this modality.
- ► Serving children ages 2 7 years of age and their parents, when children have significant social, emotional, or behavioral disorders.
- Deliver the service to uninsured children, limited number of commercial insurance and JCC members as well.

Services to the Indigent and Uninsured

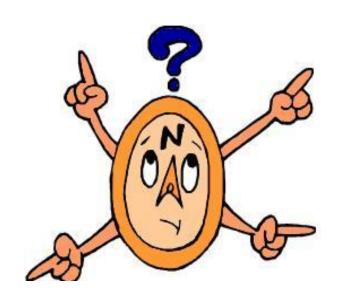
- Outpatient services including Psychiatric Support Services
- Peer Delivered services across the full system
- ACT services
- Supported Employment and Education
- Forensic services
- EASA services
- PCIT services

Other responsibilities - Core Functions

- ▶ Older Adult Behavioral Health Specialist currently contracted out to RVCOG
- ► PASRRS evaluation of services delivered to individuals in nursing homes who have Serious and Persistent Mental Illness. (SPMI)

Questions???

Stacy Brubaker, LCSW
Division Manager
Jackson County Mental Health
(541)774-8146



Mayor and Council Members,

My name is Christine Lachner. My home at 1732 Whitman Avenue in Southwest Medford is located within 2 1/4 miles of the jail. I have been on the Homeless Task Force, campaigned for housing for those with mental health challenges and in recovery, volunteered my time with various Jackson County non-profits. Twice a week my friends and I walk 3 miles on the Greenway. I do believe we need to put more resources into mental health, addiction services and felon rehabilitation. I am here to address the council regarding your stance on allowing us to vote on building a larger jail in Jackson County.

Besides the jail, the county mental health and social services, the majority of addiction treatment centers and most of the homeless shelters, food kitchens and affordable housing projects are located in Medford. We have needed a larger jail for years. We have to be able to hold people in crisis long enough to determine the kind of help they need or to keep them from committing further crimes. Medford residents also pay for 3 full time officers devoted to interacting and helping those on the street connect with programs or organizations to improve their situation.

Of course Ashland residents do not see the urgency of building a larger jail. When inmates are released because of jail overcrowding do you think they get in their Subarus or Prius' and drive to Ashland? No they go into our neighborhoods and steal something to pawn, buy drugs, or if mentally ill, look for a place where they will be safe.

I have been the victim of crime a few times in Medford – more than I ever encountered in 25 years of working in Detroit. These crimes have cost me thousands more than *triple* any projected tax increase. And last year, during the day when a man tried to break down my door with me in full view, should I have calmly dialed 911 and waited for officers to arrive? No I picked up my gun and held it by my side – he jumped off my porch and ran. I don't want to have to make the choice of another's life or mine.

Meanwhile the convicts, addicts, homeless and mentally ill come from all parts of the county – but the residents of Medford are living up close with them – even those from Ashland. So I guess if you are not the victims of crime, your city parks aren't littered with used needles even in the children's areas, your properties aren't devalued. . . then I guess you feel you are entitled to prohibit the rest of us from voting on one solution that would reduce crime in our neighborhoods.

I would ask you to FIRST consider yourselves residents of Jackson County. To care about how the cities can work together to make Jackson County a place where ALL of us feel we can have a say in our future safety.

Christine Lachner 1732 Whitman Ave, Medford, OR 97501 541-245-0542

<u>A Very Short Cautionary Tale</u> <u>Or</u> What Goes Around Comes Around

Once upon a time in the near future in 2022, a group of progressive citizens throughout Jackson County, but mainly in Ashland, joined together and qualified a bond measure to fund a much-needed improvement to the addiction, mental health and human services here in Jackson County. In 2020, the Jail Bond, which had a significant human services component, had failed to even come to a vote in Jackson County due to Ashland City Councilors voting to not allow Ashland to join the service district. And thus, human services throughout the county were in dire straits by 2022.

The special services district that needed to be formed to set up the taxing authority for this new bond required the consent of most of the city councils in Jackson County to put it on the ballot. Even though it was expensive, the proponents felt that if they could just get it on the ballot it would have widespread support with a good chance of passing.

However, several of the more conservative communities in Jackson County had significant "law and order" constituencies that opposed such expensive coddling of addicts, the shiftless and the homeless without a concomitant new jail as part of the package. These communities pushed hard for their city councils to vote the measure down and not even let it come to a vote of the people. They felt it was a flawed proposal and shouldn't even see the light of day!

These more conservative communities also vividly recalled in 2020 when the Ashland City Council voted to not allow a district to form to allow all voters in the county to vote on the Jail Bond. They were still raw from that memory where they felt disenfranchised by Ashland's "exceptionalistic" attitude toward the rest of the county.

As a result in the spring of 2022, Central Point, Eagle Point and Rogue River city councils torpedoed the new bond measure and no one lived happily ever after. -- The End

While I would probably not support the Jail Bond in its present form, I feel strongly that to prevent the citizens of Jackson County the chance to vote on this measure is undemocratic. Let those who oppose this Jail Bond fight it on the fields of electoral debate, civilized discourse and factual presentation. It should not be still-born and voters not allowed to exercise their basic right to vote.

Stephen Jensen Ashland City Councilor