

**Good Neighbor Agreement**  
**Johnson Creek Secure Residential Treatment Facility**  
**September 14, 2009**

**1. Introduction**

- 1.1. The following Good Neighbor Agreement (“Agreement”) was developed by and between Columbia Care Services, Inc. (“CCS”); the Ardenwald-Johnson Creek Neighborhood District Association (“Neighborhood Association”); and the Milwaukie Police Department (“Police”). Members of the National Alliance on Mental Illness (“NAMI”), Oregon chapter, participated in the process. Though the organization is not a party to this Agreement, those individuals had the opportunity to sign on in support as community members.
- 1.2. Columbia Care Services has purchased property and begun construction at 2808 SE Balfour Street, Milwaukie, Oregon 97222, to operate the Johnson Creek Secure Residential Treatment Facility (“Facility”). The Facility will serve people with mental illness who have committed a crime and have been found guilty except for insanity. These persons will be on conditional release from the Oregon State Hospital. Background information about the state and county processes that guide placement, supervision and services can be found in Appendices B and C; for future updates to these processes, contact the Psychiatric Security Review Board (PSRB; see Appendix A for contact information).
- 1.3. This Agreement is based on the assumption of certain rights:
  - 1.3.1. Every person (including residents, neighbors, visitors and staff of the Facility; emergency service providers; and other community members) has the right to personal safety.
  - 1.3.2. Every person has the right to a healthy environment.
  - 1.3.3. Every person has the right to quiet enjoyment of her or his home.

**2. Goals of the Agreement**

- 2.1. Initiate and maintain open communications and understanding between the parties so that they can be responsible partners to each other.
- 2.2. Develop a procedure for resolving problems that relate only to neighborhood issues.
- 2.3. Maintain neighborhood livability.
- 2.4. Foster an environment of healing for residents of the Facility, and a healthy environment for all in the community.

2.5. Mitigate risks to the livability of the neighborhood for the Facility's neighbors, residents, visitors, staff members and emergency service providers as well as other community members.

### **3. Duties of all parties**

3.1. Maintain up-to-date contact list: Update all parties with any changes to the contact information listed in Appendix A. Provide copies to the City Recorder to be filed with the original Agreement.

3.2. Build and maintain open channels of communication:

3.2.1. Cultivate regular channels of communication even when problems are not present. This may include speaking to one another in the neighborhood; attending meetings and events of the Neighborhood Association or other partner organizations; and participating in the System Management Committee (Section 3.3).

3.2.2. When concerns arise, take time to listen and ask questions.

3.2.3. When concerns arise, consider discussing them in person rather than by e-mail. If a written record of agreements is needed, consider using e-mail to follow an in-person conversation.

3.3. Form a System Management Committee:

3.3.1. Purpose: CCS will form a System Management Committee ("Committee") to discuss issues of safety, security and rumor control. The name of the Committee might change, but its intention will be to offer community stakeholders information and serious input.

3.3.1.1. CCS, with the oversight provided by laws and regulations, maintains responsibility for program decisions at the Facility. However, CCS will seriously consider input from Committee members related to issues of neighborhood livability, safety, and other matters addressed in this Agreement.

3.3.1.2. CCS will explain and discuss the Facility's relevant policies and procedures, with a focus on safety and security, and will keep the Committee informed of changes to those policies and procedures. To help orient the parties to the topics covered, CCS has provided the table of contents for the draft policy and procedure manual, which is attached in Appendix D.

3.3.1.3. The Facility Administrator will present to the Committee a monthly summary that includes both the number and general description of incidents that directly relate to, or impact the safety/security of the facility and/or community.

- 3.3.1.4. The Committee may also choose to review any law enforcement response to the site, which is a matter of public record.
  - 3.3.1.5. Other community members may refer concerns to the Committee for review.
  - 3.3.1.6. Six months after the Facility opens, and annually thereafter, the Committee will review this Agreement and its implementation.
- 3.3.2. Participants: The committee will be staffed by the Facility Administrator. Core stakeholders are CCS, the Neighborhood Association and Police. Other groups may be invited to participate, including other law enforcement agencies, NAMI, the Psychiatric Security Review Board (PSRB), Clackamas County Community Health (CCCH), the City of Milwaukie, and others identified by the core stakeholders.
- 3.3.2.1. All the above groups will be invited to the first meeting. The first meeting will be attended by the core stakeholders and any others listed above who respond to the invitation.
  - 3.3.2.2. After the first meeting, the Committee will continue to meet regularly, with each group sending 1-2 representatives. CCS and the Neighborhood Association will attend every meeting; others may attend according to their interest in a particular topic. Participating groups will be asked to keep their representative(s) consistent over time to provide continuity and efficiency for the Committee, and they will be asked to provide the names and contact information of their representatives to the Facility Administrator.
  - 3.3.2.3. The Committee may at times invite other individuals or groups to participate in its meeting, or may at times offer a larger meeting to involve additional community members.
- 3.3.3. Schedule and process:
- 3.3.3.1. The Facility Administrator will coordinate the meetings, work with other participants to set the agenda, and send out the agenda at least one week before the meeting date. The Facility is willing to host the meetings.
  - 3.3.3.2. Meetings will be monthly at first, then as agreed by the Committee. The current schedule is the first Wednesday of every month at 6:30 pm. The meetings will be scheduled so that they do not conflict with the monthly Neighborhood Association meetings.
  - 3.3.3.3. The meetings will begin as soon as the Facility is open.

### 3.4. Treat everyone with equal respect.

3.4.1. Lead by example to encourage everyone to treat each other with respect, including the Facility's neighbors, visitors, staff members, residents, emergency service providers and other community members.

3.4.2. Continue to use respectful, non-inflammatory language to describe Facility residents. The preferred language to use when referring to anyone living in the Facility is either *resident* or *person*. All parties will model non-inflammatory language in their own speech and will use such language in their organization's written materials.

3.4.2.1. NAMI is available to provide written information, consultation and/or presentations regarding mental illness, signs and symptoms, medications, recovery and other related topics at no charge. Contact information is available in Appendix A.

3.4.3. Encourage neighborliness and effective communication. For example:

3.4.3.1. Encourage other community members in the area to utilize the communication channels described Sections 3.2 and 3.3.

3.4.3.2. Encourage everyone in the area to be considerate of others' right to quiet enjoyment of their homes.

## 4. **Duties of Columbia Care**

### 4.1. Provide a high standard of care, utilizing good clinical judgment and adhering to applicable laws and regulations.

4.1.1. Through this high standard of care, respond appropriately to incidents in a way that safeguards the safety and well-being of all community members, including Facility residents, neighbors, staff, visitors, emergency service providers and others. Incidents discussed in negotiation of this Agreement included a resident of the Facility who is at imminent risk of harm to self or others, who leaves the Facility without permission, or who violates his or her conditional release order with an action that threatens harm to the neighbors.

4.1.2. The parties to this Agreement wish to support CCS's goal of maintaining a standard of care in all areas that meets or exceeds the minimum requirements of the law, including staff training, staffing levels, screening of Facility residents, and the design and implementation of the Facility's policies/procedures. Specifically, the parties support the following intentions of CCS:

4.1.2.1. Provide 80 hours of training for each new staff member.

- 4.1.2.2. Maintain an adequate staffing level at all times, which will usually include at least two staff at the Facility (with exceptions according to good clinical judgment, such as when most of the Facility's residents are on an outing).
- 4.2. Maintain a partnership with Police and other emergency service providers to enhance the safety of all community members (including Facility residents, neighbors, staff, visitors, emergency service providers and others) without violating residents' rights to privacy.
  - 4.2.1. When reporting to law enforcement about an incident regarding a resident, of the Facility, provide the resident's name, date of birth, description, and a recent photograph.
    - 4.2.1.1. Work with Police to establish a procedure for how photographs can be shared in a timely and effective fashion.
  - 4.2.2. Call Police directly when immediate law enforcement intervention is needed or when a crime victim wishes to press charges, according to the protocol developed between CCS and Police.
  - 4.2.3. Ensure that potential weapons on the premises are secure:
    - 4.2.3.1. Keep no firearms on the premises.
    - 4.2.3.2. Share with Police the Facility's procedures for securing sharps and other possible weapons.
  - 4.2.4. Allow emergency service providers to walk through the building to review the layout and learn about the security systems.
  - 4.2.5. Meet with representatives of the other parties to this Agreement upon request to explain any further agreements between law enforcement and CCS and listen to the representatives' input.
- 4.3. Facilitate contact between neighbors and the Facility or its residents as appropriate and as time allows:
  - 4.3.1. Participate in the Neighborhood Association.
  - 4.3.2. Extend an invitation to neighbors when there is an open house at the Facility. (Participation by Facility residents would be optional.)
  - 4.3.3. Arrange a meeting with the Facility Administrator for individual community members who request one.
  - 4.3.4. If requested by Facility residents, invite neighborhood representatives to a house meeting.

4.4. Minimize traffic and noise: Ask Facility vendors, residents and staff to be considerate of the residential neighborhood. This includes:

4.4.1. Using quiet voices outside the building between the hours of 9:00 pm and 8:00 am.

4.4.2. Avoiding using car or truck horns or idling engines.

4.4.3. Not receiving deliveries before 8:00 am.

4.5. It is not CCS's intention to expand the Facility beyond the current 8 beds.

## **5. Duties of Ardenwald-Johnson Creek Neighborhood District Association**

5.1. Inclusion: Include and welcome Facility residents and staff at Neighborhood Association events, according to residents' abilities to participate.

5.2. Information sharing: Continue to share new information about the Facility through the Neighborhood Association's regular channels of communication as the information becomes available.

5.3. Spirit of the Agreement: Promote the spirit of this Agreement among members of the Neighborhood Association.

## **6. Duties of Milwaukie Police Department**

6.1. Provide law enforcement services for everyone in the city.

6.2. Work with the Facility to maintain effective communication, especially as described in Section 4.2 above.

6.3. Utilize "Reverse-911" and other emergency notification procedures as necessary and appropriate.

6.4. Comply with relevant state law regarding the custody and transport of any resident of the Facility who is detained by Police as the result of a PSRB order.

6.5. Attend a house meeting at the Facility if invited.

## **7. Future dispute resolution**

7.1. Use regular channels of communication such as those described in Section 3 first, including speaking to one another directly, listening to one another, and/or discussing issues in the System Management Committee.

7.2. If a concern or issue is not resolved through the processes articulated above, seek mediation by a neutral third party prior to pursuing other remedies. The

parties note that mediation is a voluntary process and that it does not require parties to rescind their legal rights or obligations.

7.3. This Agreement may be amended by a written agreement by representatives of each of the stakeholder groups that are parties to the original Agreement (CCS, the Neighborhood Association and Police).

## **8. Administration**

8.1. The original signed copy of this Agreement and any amendments or updates (including the updated contact sheet) will be kept by the Milwaukie City Recorder.

## **9. Duration**

9.1. This Agreement will remain in effect unless terminated by a written agreement of representatives of each of the stakeholder groups that are parties to the original Agreement (CCS, Neighborhood Association and Police).

9.2. CCS will encourage any future buyer to take on the spirit of this Agreement.

## **10. Legal status of the Agreement**

10.1. All parties are committed to maintaining safety and livability. It is to this end that all parties signing below enter into this Agreement. All parties understand that this Agreement is NOT a legally binding contract and is not intended to be by the parties.

10.2. All parties acknowledge that they have been advised and given time to present this document to independent counsel for review.

[Continued on next page.]

11. SIGNATURES OF PARTICIPATING STAKEHOLDERS

[see Addendum]

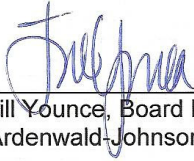
\_\_\_\_\_  
Bob Beckett, Executive Director  
Columbia Care Services, Inc.

\_\_\_\_\_  
Date



\_\_\_\_\_  
Matt Rinker, Board Chair  
Ardenwald-Johnson Creek Neighborhood District Association

\_\_\_\_\_  
9/14/09  
Date



\_\_\_\_\_  
Jill Younce, Board Member  
Ardenwald-Johnson Creek Neighborhood District Association

\_\_\_\_\_  
9/14/09  
Date



\_\_\_\_\_  
Betty Fulmore, Member  
Ardenwald-Johnson Creek Neighborhood District Association

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9/14/09  
Date



\_\_\_\_\_  
Bob Jordan, Chief of Police  
Milwaukie Police Department

\_\_\_\_\_  
9/14/2009  
Date

Johnson Creek Good Neighbor Agreement  
September 14, 2009  
Page 8 of 15

Johnson Creek Good Neighbor Agreement  
September 14, 2009  
Page 8 of 16



**Addendum to Good Neighbor Agreement**

**11. SIGNATURES OF PARTICIPATING STAKEHOLDERS**



Bob Beckett, Executive Director  
Columbia Care Services, Inc.

9-24-09

Date


[For other signatures, please see original document.]

Johnson Creek Good Neighbor Agreement  
September 14, 2009  
Addendum to Page 8

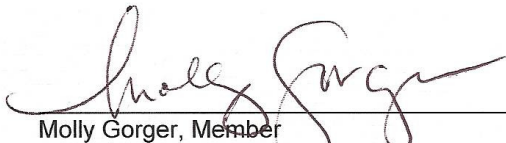
Johnson Creek Good Neighbor Agreement  
September 14, 2009  
Page 9 of 16

**12. SIGNATURES OF OTHER COMMUNITY MEMBERS WHO SUPPORT THIS AGREEMENT**

Signatures in this section show support for the Agreement by these individuals but do not imply either support or opposition to the Agreement by their organization. These individuals sign as members of the community.

  
\_\_\_\_\_  
Ashleigh Brenton, Member  
National Alliance on Mental Illness, Oregon chapter

9/14/2009  
Date

  
\_\_\_\_\_  
Molly Gorger, Member  
National Alliance on Mental Illness, Oregon chapter

9-14-09  
Date

**Appendices:**

- A. Contact list
- B. Psychiatric Security Review Board (PSRB) Placement and Screening Criteria
- C. PSRB Fact Sheet, also available online at [http://www.leg.state.or.us/tomei/special\\_topics/psrb\\_factsheet\\_070208.pdf](http://www.leg.state.or.us/tomei/special_topics/psrb_factsheet_070208.pdf)
- D. Facility Policy/Procedure Manual Table of Contents, draft dated 8/18/09

Note: Future updates of these Appendices, when available, can be found as follows.

- A. Milwaukie City Recorder.
- B and C. PSRB, see Appendix A for contact information.
- D. CCS, see Appendix A for contact information.

## Appendix A Contact List

### **Columbia Care Services, Inc.**

Andrew Axer, Ph.D., Johnson Creek Administrator ..... 503-830-7286  
[aaxer@columbiacare.org](mailto:aaxer@columbiacare.org)  
Facility main line ..... 503-659-2575  
Fax ..... 503-659-5182  
On-call Administrator ..... 503-830-7286

### **Milwaukie Police Department**

Emergency (incident in progress) ..... 911  
Clackamas County Crisis Line (contact in addition to police when reporting an  
incident involving mental health issues, or for a mental health crisis) 503-655-8401  
Non-emergency (reporting of all other incidents) ..... 503-786-7500  
Captain Steve Bartol ..... 503-786-7416  
[bartols@ci.milwaukie.or.us](mailto:bartols@ci.milwaukie.or.us)

### **Ardenwald-Johnson Creek Neighborhood District Association**

Matt Rinker ..... 503-659-7807  
[rinker@hevanet.com](mailto:rinker@hevanet.com)  
Jill Younce ..... 503-358-6266  
[seymour1969@hotmail.com](mailto:seymour1969@hotmail.com)  
Betty Fulmore ..... 503-654-6748  
[bfulmore34@comcast.net](mailto:bfulmore34@comcast.net)  
Contact information for current board members ..... [www.ardenwald.org/board.html](http://www.ardenwald.org/board.html)

### **National Alliance on Mental Illness (NAMI), Oregon chapter**

Mark Anderson, President, NAMI Clackamas ..... 503-723-4989  
[namicc@co.clackamas.or.us](mailto:namicc@co.clackamas.or.us)  
Chris Bouneff, Executive Director, NAMI Oregon ..... 503-230-8009  
[chris.namior@qwestoffice.net](mailto:chris.namior@qwestoffice.net)  
Ashleigh Brenton ..... 503-810-1582  
[ashleighpb@aol.com](mailto:ashleighpb@aol.com)  
Molly Gorger ..... 503-452-8282  
[ollymayz@yahoo.com](mailto:ollymayz@yahoo.com)

### **Additional contact information: Relevant county and state agencies**

#### **Psychiatric Security Review Board (PSRB) for the State of Oregon**

Mary Claire Buckley, Executive Director ..... 503-229-5596  
[MaryClaire.Buckley@psrb.org](mailto:MaryClaire.Buckley@psrb.org) or [psrb@psrb.org](mailto:psrb@psrb.org)

#### **Clackamas County Community Health (CCCH)**

Brian Dwigins, MA, QMHP, PSRB Program Specialist ..... 503-722-6625  
[BrianDwi@co.clackamas.or.us](mailto:BrianDwi@co.clackamas.or.us)

## **Appendix B**

# **Psychiatric Security Review Board (PSRB) Placement and Screening Criteria**

According to the state Psychiatric Security Review Board (PSRB), the following processes apply to people who have been found guilty of a crime except for insanity. Quotations are from the Oregon PSRB Fact Sheet, which is attached as Appendix C. For updates on changes that may occur in the future, contact the PSRB (see Appendix A for contact information).

### **Statewide placement process**

1. The court places persons under the jurisdiction of PSRB for the maximum time which they could have received if they were found guilty and sentenced.
2. Most people under PSRB jurisdiction are first placed at the Oregon State Hospital. With approval of the PSRB, they may be conditionally released to another type of facility according to their “treatment, care and supervision needs.”
3. “The PSRB determines what kind of facility is appropriate based on the level of treatment, care and supervision required. Oregon state law is explicit that PSRB must put public safety first. ORS 161.336(10) states: ‘In determining whether a person should be committed to a state hospital or to a secure intensive community inpatient facility, conditionally released or discharged, the board shall have as its primary concern the protection of society.’ State law prohibits conditional release of a client into a community facility if the person poses a danger to others.”
4. A secure residential treatment facility offers the highest level of care outside the hospital. It is locked at all times, with Facility staff controlling entry and egress; it provides 24-hour awake supervision; it offers off-site privileges on the basis of public safety and the person’s need for care after review and approval by PSRB; and it serves 6-16 people.

### **Placement at the Johnson Creek Secure Residential Treatment Facility**

Once a person has been approved by the PSRB for evaluation for community placement, a standard protocol will be followed which will determine whether the person will become a resident of the Facility.

1. PSRB will send a request and exhibit file to Clackamas County Community Health (CCCH).
2. CCCH will review the file and meet with the proposed person face-to-face.
3. CCCH must determine if it believes the person is appropriate for conditional release; if they are willing to accept responsibility for the supervision and

treatment of the person; and if CCCH has the resources necessary to safely treat the person in the community. If so, CCCH refers the person to the Facility for residential screening.

4. CCCH must approve the placement of the person in the Facility. This decision is based on the county's assessment of the person's treatment needs and whether the person would be a danger to self or others under the supervision of the Facility.
5. The Facility must also approve the placement. This decision is based on the Facility's assessment of whether they could provide appropriate treatment, care and supervision for the person's unique needs. The Facility will share its decision with CCCH to be included in the evaluation, which is then forwarded to the PSRB and, in turn, shared with the Oregon State Hospital (OSH).
  - If the Facility agrees to accept the person, they will collaborate with staff at OSH to complete a summary of Conditional Release Form which all parties sign and forward to PSRB.
  - The matter will be set for a hearing before the PSRB. They will then review the evaluation and proposed plan and determine whether to grant conditional release.

### **Conditional release supervision by Clackamas County Community Health (CCCH)**

As designated by the PSRB, CCCH will provide conditional release supervision for all Facility residents under PSRB jurisdiction. A Mental Health Specialist from Clackamas County is assigned to conduct oversight of the Facility's treatment, care and supervision of residents, provide the PSRB with monthly progress reports for each resident, and make recommendations regarding any modification of a resident's conditional release order.

### **Services provided by Columbia Care Services (CCS)**

The exact services CCS will offer will be based on the requirements of the individual conditional release plan for each resident, as agreed upon by the resident, CCS, OSH, the County Conditional Release Supervisor, and as ordered by PSRB. The conditional release plan is formulated based on the needs of each resident, the level of resources provided by the state for each resident's care, the expertise of and clinical judgment of the CCS staff, and the County Conditional Release Supervisor, with final determination made by PSRB. The purpose of the conditional release plan is to provide each resident the necessary treatment, structure and support so that he or she may live safely in the community.

## Appendix C

### Psychiatric Security Review Board Conditional Release and Community Treatment Facilities

#### Background:

**When someone commits a crime and is found by the Courts to be "guilty except for insanity,"** he or she is placed under the jurisdiction of the Oregon Psychiatric Security Review Board (PSRB).

**Individuals found guilty except for insanity are placed under the jurisdiction of the PSRB for the maximum sentence length** provided by statute for the crime. Depending on the offense, that can be for decades, or even life.

**Historically, PSRB authority over an individual has lasted longer than** Department of Corrections' system authority.

**While under PSRB jurisdiction, an individual can be housed** in the Oregon State Hospital or in a variety of residential treatment settings, ranging from Secure Residential Treatment Facilities to independent living. The PSRB determines what kind of facility is appropriate based on the level of treatment, care and supervision required.

#### Mission of the Psychiatric Review Board – Public Safety

**Oregon state law is explicit that PSRB must put public safety first.** ORS 161.336(10) states: "In determining whether a person should be committed to a state hospital or to a secure intensive community inpatient facility, conditionally released or discharged, the board shall have as its primary concern the protection of society."

**State law prohibits** conditional release of a client into a community facility if the person poses a danger to others.

#### Conditional release under PSRB authority – Proven Public Safety Record

**The PSRB has been successful in carrying out its mission.** In the last 10 years, only 12 people out of the more than 1,200 who were first placed on conditional releases have been charged with new felonies.

**The cumulative recidivism rate for the last 10 years for the PSRB is 2.2 percent.** In comparison, the recidivism rate for individuals in the Department of Corrections system is 31.4 percent.

**Most PSRB clients begin their treatment at the Oregon State Hospital.** Clients who are able to move to conditional release are carefully monitored by the PSRB and could be immediately returned to the state hospital if they were to violate the terms of their release order.

**Who is on conditional release:** About half of the conditional releases cases since 1977 involved Class A felonies, about one quarter involved Class B Felonies, and about one quarter involved Class C felonies.

#### PSRB SNAPSHOT (MAY 2008)

745	Number of people currently under PSRB jurisdiction.
368	Number of people under PSRB jurisdiction in Oregon State Hospital.
377	Number of people under PSRB jurisdiction who are on conditional release from the state hospital.

#### SAFETY RECORD

1,239	Number of people who obtained their first conditional release in the last 10 years.
12	Number of people in last 10 years who were revoked as a result of being charged with a felony while on conditional release.
2.2%	Recidivism rate for PSRB clients since 1997.
31.4%	Recidivism rate for Department of Corrections.

#### GOVERNOR'S PSRB SITING WORK GROUP

**Purpose:** Make recommendations to the Governor and the 2009 legislature to strengthen PSRB siting process.

- Review and clarify roles and functions of state government, local government, and contractors.
- Identify opportunities to make the process consistent and transparent.
- Develop principles and guidelines for involving affected communities, neighborhoods, counties, cities, other public entities, and any other involved parties in the siting process.

**Members:** Representatives from the legislature, district attorneys, law enforcement, local governments, providers, consumers and crime victims.

## FAQ

### **How is the length of time at the Oregon State Hospital established?**

The period of time individual PSRB clients stay at OSH is based on a clinical assessment of the individual's mental status and progress in treatment at the hospital and a risk assessment as to their dangerousness as well as the availability of the appropriate resources in the community. If it is determined that a person can be safely placed and treated in a community setting, the PSRB attempts to find an appropriate opening in a local facility.

### **Is the state trying to move PSRB clients out of the state hospital and into the community and what kind of impact will that have on public safety?**

Because of additional funding from the Oregon Legislature since 2005, an increased number of PSRB clients have been moved into a variety of new community placements, including Secure Residential Treatment Facilities (SRTFs). Since more of these facilities have opened, there has not been any increase in the recidivism rate.

### **Is it safe to move people who have committed violent crimes into the community? Why are you implementing this new policy?**

State law prohibits the Board from putting anyone on Conditional Release who is determined to be presently dangerous to others. Additionally, before individuals are released, they go through a comprehensive screening process that includes four levels of review. In all cases, including person-on-person crimes, victims who want notification are contacted in advance, as is the District Attorney's office that first prosecuted the case.

Conditional Release is not a new policy. The PSRB has supervised clients in the community on conditional release since its inception in 1977. Over the past 10 years, 1,239 new conditional releases have been granted to individuals who have transitioned into community treatment in nearly every corner of Oregon. Some of these clients remain under supervision for decades or even life.

### **Who is notified when someone is up for conditional release?**

By law, the district attorney from the committing county is notified along with the judge who signed the judgment order, and the victim(s), if they had requested such notification. Also the Attorney General's office, the client's attorney and the client's case manager are notified.

Additionally, the Governor's work group on PSRB siting is working on improvements to the notification system to develop principles and guidelines for involving affected communities, neighborhoods, counties, cities, other public entities, and any other involved parties in the siting process.

### **What are "Secure Residential Treatment Facilities?" Are they for people who have committed the most violent crimes?**

No. Secure Treatment Facilities are a type of Residential Treatment Facility designed to have the highest level of care outside of the state hospital. A number of residents of these facilities have not committed violent crimes, but do require more intensive staffing ratios and mental health treatment.

**For more information: Mary Claire Buckley, Executive Director of the Psychiatric Security Review Board at (503) 229-5596.**

## **WHERE PSRB CLIENTS LIVE (May 2008)**

### **Oregon State Hospital**

- 370 individuals
- Locked 24/7
- 24-hour supervision
- Off-site privileges based on public safety and level of care needed.

### **COMMUNITY FACILITIES:**

#### **Secured Residential Treatment Facility (10.5% of Conditional Release Clients)**

- Locked 24/7
- Egress controlled by staff
- 24-hour awake supervision
- Off-site privileges based on public safety and level of care needed
- 6-16 individuals per facility

#### **Residential Treatment Facility (15%)**

- Unlocked
- 24-hour awake supervision
- 6-16 individuals per facility

#### **Residential Treatment Home (15%)**

- Unlocked
- 24-hour awake supervision
- Up to 5 individuals per facility

#### **Adult Foster Home (16.5%)**

- Unlocked
- 24-hour staff
- Up to 5 individuals
- Some clients with state variance allow for four hours home alone

#### **Semi-independent/ supported Housing (13.5%)**

- Varies from individual apartments to shared housing
- Staff part time at the site

#### **Intensive case management (3%)**

- Independent living situation
- Staff contacts at least 2X per day with at least one at residence
- Case management team approach

#### **Independent living (self, with family) (25.5%)**

- In regular apartments or houses
- Frequent home visits by case manager

#### **Other (1%)**

## Appendix D

# Facility Policy/Procedure Manual Table of Contents Draft dated 8/19/09

- 001) Johnson Creek SRTF – Program Description
  - 01) Licensing (309-035-0110)
  - 02) Contracts and Rates (309-035-0113)
  - 03) Administrative Management (309-035-0115)
  - 04) Records (309-035-0117)
  - 05) Staffing (309-035-0120)
    - 05.1) Clinical Boundaries/Dual Relationships
  - 06) Facility Requirements (309-035-0125)
  - 07) Safety (309-035-0130)
  - 08) Sanitation (309-035-0135)
  - 09) Resident Furnishings (309-035-0140)
  - 10) Admission to Facility (309-035-0145)
  - 11) Termination of Residency (309-035-0150)
  - 12) Resident Rights (309-035-0155)
  - 13) Grievances and Appeals (309-035-0157)
  - 14) Resident Assessment & Residential Service Plan (309-035-0159)
  - 15) Resident Services and Activities (309-035-0165)
  - 16) Use of Seclusion and Restraints (309-035-0167)
  - 17) Food Services (309-035-0170)
  - 18) Health Services (309-035-0175)
    - 18a) Assignment and Delegation
    - 18b) Medication Administration
    - 18c) RN Assignment Medication Administration
  - 19) Civil Penalties (309-035-0185)
  - 20) Criminal Penalties (309-035-0190)
  - 21) Abuse Reporting (309-035-0100 to 0190)
  - 22) Room Inspections (309-035-0130)