

|                   | <b>FY 2022-23 Budget Questions</b>  | <b>Enhanced Sheriff's Patrol District Budget</b>  |
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| <b>Question #</b> | <b>Question</b>   | <b>Answer</b>   |
| 1                 | What will the new levy, if passed, generate in additional income over the existing levy?  | In looking at the spreadsheet that was used to develop the new levy request, there would be an increase of \$4.3 million in the first year (2023-24) and a 4% increase each year over the term of the 5 years (ending FY 2027-28). This totals about \$21 million over the 5 years.   |
| 2                 | You have said that we are not at 1 officer per 1,000 residents. If not, what additional officers and funds would it take to get there?  | To get to the 1 officer per thousand residents, we would need to have the additional 3 General Fund positions that were requested be approved (\$445,146). (NOTE: this is not considering the frozen 3.00 FTE deputy positions (\$450,756) that have been identified for General Fund savings; those would need to be funded as well for complete funding of officers per thousand based on population). The total \$895,902 on pages 48 and 49 of the budget summary book.   |
| 3                 | Considering staffing now at the Jail and in the field, what are the vacancies to get us to the correct numbers?   | 11 vacant positions in the Jail; 6 vacant positions in patrol (Deputy positions).   |
| 4                 | The population is down 23,000. Is this because of annexation to Beaverton/Hillsboro?  | The 2020 Census produced a District population total that was lower than the previous year's estimate. This is not related to annexations.  |
| 5                 | My understanding is there needs to be additional funding for the 3.00 Patrol Deputies from the General Fund for us to be at our standard rate which is one Patrol Deputy per 1,000 residents. What is the ratio with this budget for our deputies?  | In freezing 3.00 General Fund Deputies and not authorizing 3.00 additional General Fund Deputies (total of 6 Deputy positions), the ratio of Officer's per thousand population is 1.05 Officer's per thousand. Our target goal is: ESPD (.54), Public Safety Local Option Levy (.18), and General Fund (.36) for a total of 1.08 Officer's Per Thousand population. Note – it takes 24 deputy positions to equal a full 1% change in our Officer's per thousand metric (based on the current population).   |
| 6                 | Could you highlight for us how many positions you tend to have open at one time on average for patrol?  | We have averaged about a 92% fill rate (14 deputy vacancies) for deputies over the past four years. Over this past year, the number of patrol vacancies has grown to 29 and allows us to make position reductions to align with the 2020 Census data without furloughing current employees. In realigning our Officer's Per Thousand metric with the Census we are reducing 13 positions in ESPD; 6 positions in PS Local Option Levy; and requesting an increase of 3 in General Fund. This puts us back at to about 13 vacancies; freezing the 3 General Fund positions we are back to 10 vacancies. Our July recruit class we have five starting in patrol, that brings us to 5 vacancies. |
| 7                 | What is the level of time that it takes for training a Deputy?  | After checking with the Field Training Evaluation Program (FTEP) it takes about 10 months to fully train a patrol recruit deputy. Training starts with a 10-week in house academy followed by 12-weeks of working with a Field Training Officer (FTO) for further training and evaluation. At completion of FTO phases, the deputy attends a 16-week Department Public Safety Standards & Training (DPSST) course. Once all training is complete and the deputy is assigned solo status and continues to work with an FTEP supervisor for the duration of the probationary period (18-months).  |
| 8                 | Regarding the Polis report research and recommendations, does the overall budget provide enough resources to implement some of the recommendations? Is there anything you have been doing in the past that will be impacted by the budget that you will not be able to continue moving forward?   | We do not see any budget restrictions preventing us from moving forward with our process to evaluate, prioritize and implement many Polis recommendations. Those recommendations with budget impacts will likely be put on hold due to budget constraints. Incorporating feedback from our community and staff, our leadership team is currently at work, making implementation decisions.  |
| 9                 | It was reported that one of your sergeants made over \$200,000 by working over time (OT) which is more than the Sheriff's salary. The sergeant's base salary is \$90,000 and they made \$110,000 in OT. So, some perspective for this committee and for the general public watching, can you give us some response to that newspaper article so that you can say why that occurred? | The specific deputy has a unique capacity for work and is something we monitor carefully. From a general perspective, high overtime hours puts pressure on the jail staff. When we have staff in the jail that are fatigued and their job includes care and custody for at-risk individuals, critical decision-making in dynamic situations that can involve force, risk increases to the County. Being able to fill all vacancies helps manage overtime pressure on staff. We fully reopened our jail in early April. The Sheriff and Jail Commander recently discussed our ability to maintain that going forward.  |

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| 10 | How are you (WCSO) working with the Washington County Behavioral Health department to provide for those in jail with mental illness? | <p>Our healthcare provider has multiple full-time Qualified Mental Health Practitioners (QMHP) that meet with Adults in Custody (AICs) identified as having a mental illness or identified as emergent. QHMP staff review charts, assess physical and mental conditions, provide help with addiction, and assess suicide precautions. They also assist AICs on the Medication Assisted Treatment (MAT) program and who need or want to attend inpatient/outpatient treatment by providing an American Society of Addiction Medicine (ASAM) assessment. An ASAM assessment will determine if the AIC needs inpatient/outpatient or Substance Use Disorder (SUD) treatment. The provider also meets with Metropolitan Public Defender (MDP) to assist in treatment recommendations. The healthcare provider determines if the AIC qualifies for the harm reduction program and places Narcan kits in the AIC property at release. To be thorough in providing care for the AIC, the WC Jail regularly meets with the healthcare contractor, Washington County Health and Human Services, Community Corrections, Lifeworks NW, Bridges to Change, Jail Command, and Jail Programs staff to identify needs and resources in the community for our AIC population. AICs identified with Severe Persistent Mental Illness (SPMI) are assisted by a mental health liaison from Washington County Mental Health, and the liaison's contacts for mental health services. The Jail Programs team helps AICs that are being released from jail to find transitional housing and often provides a 1-month housing subsidy (SB 3194) for them. They also assist with helping AICs get released (or sent on detainers) to treatment when allowed by the courts.</p> <p>WCSO Coordinates daily with the county mental health jail liaison (Washington County Behavioral Health (WCBH) staff located at the jail) to address concerns for adults in custody struggling with severe mental health issues. On a weekly basis, the Jail Classification Team discusses individuals with the highest behavioral health needs in custody with the mental health jail liaison. The mental health jail liaison has Monday check-ins with the on-duty sergeant to identify significant mental health needs for adults who were taken into custody over the previous weekend. WCBH participates in the monthly Jail Services Meeting to identify and address systemic challenges for those in custody struggling with mental illness. Staff from WCSO, jail medical team, Community Corrections and WCBH meet quarterly to problem solve barriers to mental health and substance use disorder services. WCBH leads a workgroup that discusses opportunities to divert mentally ill individuals from custody and increase the access to and quality of services. WCSO is an active member of this workgroup. Both WCSO and WCBH participate in monthly meetings that include the specialty court judge, District Attorney's Office, defense bar and forensic evaluator teams. The goal is to fast-track evaluations for those likely in need of the State Hospital or who are candidates for release from jail.</p>                           |
| 11 | What are the community support programs for those with mental illness?   | <p>The WC Jail also partners with Bridges to Change and SE Works. SE Works provides our AICs (average 40 per year) an opportunity to connect to an employment specialist. This program offers a wide variety of services, including resume creation, helping AICs find work in the community, signing them up for training programs or college, and often can provide bus passes, work clothes, and needed work supplies. Bridges to Change connects Certified Recovery Mentors and Peer Support Specialists with AICs transitioning from incarceration into the community. These mentors help with housing and other transitional needs as the AICs transition back to the community. They assist the Discharge Planner with organizing Oregon Health Plan enrollment, signing up for Supplemental Nutrition Assistance Program (SNAP), picking up food boxes, and getting clothes when needed. Former AICs are also supported with attending AA/NA meetings, making appointments, and coordinating transportation. Jail Programs consist of eight educators and counselors, and provides individual counseling, and the following group classes: Thinking for a Change – Cognitive/behavioral group focused on connecting patterns of thought and attitude with behavior and consequence. Teaches skills for more effectively dealing with situations that are problematic or triggering. PACE (Plan, Accept, Cope and Engage) – A group based on planning for success upon release into the community, including identifying values, relapse prevention, and coping skills. Alternatives to Violence – Designed to help AICs find alternatives to violence through the use of empathy, emotion identification, and non-violent communication techniques. Thrive – a dual diagnosis group (for mental health diagnoses co-occurring with substance use disorders) combining concepts of Thinking for a Change with coping skills for specific mental illnesses including Generalized Anxiety Disorder, Social Anxiety Disorder, PTSD, Panic Disorder, Obsessive-compulsive disorder, Major Depressive Disorder, Persistent Depressive Disorder, Bipolar disorder, and Schizophrenia (if the AIC is properly medicated and his symptoms are under control). Art – Rotating art projects offered to all interested AICs monthly.</p> <p>There are three primary community behavioral health providers in the county: Lifeworks NW, New Narrative and Sequoia, as a well as a variety of other agencies available depending on an individual's insurance provider or status. The Hawthorn Walk-in Center (operated by Lifeworks NW) provides crisis services, brief treatment, referrals to behavioral health treatment, and general support needs (e.g., clothing, referrals for housing and SNAP benefits, IDs, and eligibility for Social Security and Oregon Health Plan). Lifeworks NW also operates a Mobile Crisis Team and Mental Health Response Team (MHRT) in partnership with the WCSO and other law enforcement agencies. Additionally, there are peer support centers for both substance use disorders and mental health located in our county and a range of care coordination provided by WCBH.</p> |

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| 12 | What steps are you taking to make sure your deputies are not arresting these people for nonviolent offenses? | <p>Any decision by a deputy to arrest an individual based on probable cause for a crime requires significant consideration of the unique facts, circumstances, and any victim. Over 10 years ago, we envisioned reimagining public safety and community response to members living with mental illness. This response includes immediate problem-solving during crisis with an emphasis on de-escalation and providing behavioral health assistance on scene. One major goal of these engagements is to reduce incarceration and recidivism. WCSO remains committed to this vision and continues to strive for these goals today.</p> <p>MHRT's (Mental Health Response Team) co responder model pairs a specially trained Deputy with a Master's level mental health Clinician to respond to individuals in crisis with a trauma informed approach. The teams work to connect individuals with community services and to support those individuals with mental illness to receive appropriate care in the community. MHRT's approach fosters independence of community members experiencing mental illness, while providing supports to assist members from engaging in conduct that could lead to arrest. Within this past year, several law enforcement agencies in Washington county have joined this program and have expanded the availability of MHRT services and expertise across Washington County. The teams enjoy strong partnerships with area hospitals and are partnered with the County's Crisis team where people can access assistance from professional crisis counselors, peers and crisis case managers. The teams' knowledge and abilities are shared among our entire law enforcement community making everyone more effective when helping someone in crisis; subsequently reducing the possibility of the crisis incidents becoming criminal. These results reflect the clear public safety and health services value of this program which is why it is so strongly supported in the community. MHRT responds to incidents with increased risk due to the crisis nature of the calls. Results bear out the clear public safety and health value of this program and why it's strongly supported in our community. Even though these teams respond to incidents with increased risk, involving people in crisis, some armed, of the 2,472 calls last year, only 16 involved use of force (and was minor); that's only .6% of all MHRT calls for service. MHRT brings additional information and expertise to crisis calls. Clinicians can assess if the presenting issue of a call is likely related to mental health. When there are non-violent crimes, MHRT can assist with diversion to appropriate resources to provide needed mental health supports. When an arrest is made, MHRT coordinates with jail mental health for individuals who would benefit from mental health assessment while in jail. MHRT also coordinates with Mental Health Court. Mental Health Court helps those who are impacted by mental illness engage in ongoing mental health services with the goal of having their criminal charges dismissed. This innovative, successful program exists through collaboration with the Washington County Circuit Court, the District Attorney's office, Community Corrections, the local office of the <u>National Alliance of Mental Illness and the Sheriff's Office.</u></p> |