

OREGON CURE

Citizens United for the Rehabilitation of Errants



A Newsletter for Families and Friends of Incarcerated Individuals

1631 NE Broadway, #460-Portland, OR 97232 (503) 977-9979

Summer 2016

Volume 50

A Note From Our Board Chair Gretchen Vala

Dear Readers,

Oregon CURE has 4 active support groups: One in Salem, two in Eugene and one in Beaverton which covers the Portland Metropolitan area. We encourage people to attend meetings, where they can meet other family members who are facing the challenges of having a loved one in prison. Information is available not only through the group facilitator but also through people who have researched a number of issues on their own and report back their findings to the people who attend. Following is a recap of recent meetings:

Update for the Salem Support Group:

We heard updates from families regarding how special the picnics and/or meals with loved ones can be. They do so much to encourage us as well as our loved ones. Special times. The facilitator is visiting TRCI for the picnic the August with my son, friends, and family. It's such a wonderful time and I know one that I look forward to each year.

We all got opportunities to share and give updates of what's going on with our loved ones. We learned how important it is to find out what the special rules are for when our loved one is released. Things like what they wear when being released. For additional information, family members can attend release orientations held in Marion County by Community Corrections to learn more about the terms and conditions of post prison supervision.

I also found this on the Oregon CURE webpage that others might be interested in: Re-entry WIKI Website for offenders and their families about services and programs provided by the state: local employment, housing and treatment options available upon release. Visit: <http://oregonreentry.wikidot.com/> A word of caution, the information may not be totally up to date, but there will be phone numbers for counties of release where one could contact Community Corrections where your loved one will be released.

One of the attendees mentioned a program called LEAD (Law Enforcement Assisted Diversion).... that Portland was trying to develop, mirrored after a program that started in Seattle a few years ago. Law enforcement works with a number of social service organizations to try to keep people out of the system. There's a very high success rate and it looks like Marion County could get this system and possibly keep a lot of people from entering Department of Corrections. See the video of an officer, a social worker and a LEAD participant at leadbureau.org, it's encouraging.

You can also find the prison newsletters of the various prisons. Not all of them are up-to-date, but Oregon CURE does try to get as many as possible so those of us on the outside can see what is in the news at each facility. Visit: <https://oregoncure.org/prison-newsletters/>

That's it for now. Our August meeting has a speaker scheduled but not yet verified. Will let you know at the reminder email. In the meantime, have a wonderful time with your loved ones and remember to go to the DOC and Oregon CURE websites for lots of general information as well as specific information regarding each facility.

Update for the Eugene Support Group:

We had a good turnout at the last Eugene support group meeting. The DOC speaker from the Health Division was very informative!! If you have questions about health services (medical, optical or dental), come to an upcoming meeting and ask your question. It's likely someone in the group will remember information from the presentation. The speaker, Amanda Parker, is the Health Services Professional Development Manager for the Oregon DOC. She brought several handouts to the meeting. These will be available in the future and subsequent meetings. In the meanwhile, though, here are a few links to important information.

A. This is the link to the medical information release authorization required by the DOC to provide information to someone on the outside, whether during or following incarceration: https://www.oregon.gov/doc/OPS/HESVC/docs/Authorization_to_use_and_disclose_health_information.pdf

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B. This is the link to the list of Medical Services Managers at each DOC institution. This is the person to whom you would send the signed Release Authorization and to whom you could address questions regarding your loved ones medical care.

<http://www.oregon.gov/doc/OPS/HESVC/Pages/institutions.aspx>

C. This is the link to the address where you would send the signed Release Authorization and request health records after the person is released from DOC custody.

<http://www.oregon.gov/doc/OPS/HESVC/Pages/institutions.aspx>

One thing we learned is that, if the adult in custody refuses to list an emergency contact with the DOC, marking that they do not want any health information released to **anyone** (this form is shown to them at intake), then the DOC will not release health information on that person to anyone, even with the signed Release Authorization form.

Following are specific questions that were prepared in advance of Ms. Parker's presentation and the responses she provided:

1. How do family members obtain medical information about their loved one's medical treatment? What forms are needed to comply with HIPAA requirements? Who would they contact and where would they send a signed medical release authorization? There are two options for this.

First option, is use of the "Emergency Notification" process that the prisoner can update yearly to allow medical staff to verbally talk with family members for health care concerns. The prisoner would need to make contact by submitting a request to medical to update this information and is only valid for a year after.

Second option, is the 'Release of Information' form, this allows for the prisoners health information to be shared as well as copies be purchased or transferred to an outside provider for continuity of care needs. This form has to be signed by the prisoner and is limited for 180 days I believe afterwards. This form can be accessed through the Oregon Department of Corrections website for Health Services: <http://www.oregon.gov/DOC/OPS/HESVC> Under "Additional Links", you will find "Medical Records Release form", click on this and it will give you a printable document.

2. How do people on the outside provide to the DOC medical information and other information about their loved one's medical condition and/or treatment needs? A recommendation is for family to make contact with the Medical Services Manager and/or Nurse Manager over sighting the medical services for where the loved one is currently placed. Contact information for the different facilities is also listed under the "Additional Links" and can be found accessed under the link listed "Institutional HS Contacts."

3. Do the various institutions have different levels of medical care and infirmaries? How does the DOC decide where to place an adult in custody who has a chronic medical condition or needs a higher level of treatment? What can a family member do when he/she thinks their loved one is not getting the right level of medical care? Yes, each facility provides different levels of care. Placement of an adult in custody is based mostly the corrections plan, not health services. The best thing a family member could do is encourage their loved one to talk with their primary care provider about the medical care that is being received. I would also ensure if it was a "loved one" from my family that the medical history/records or community providers have been given to the Oregon Department of Corrections Health Services.

4. What medical infirmaries does DOC operate? Which institutions provide specialized treatment or medical units? EOCL, OSP, CCCF (women only), TRCI, SRCI have medical infirmaries. There are no other medical units outside of the infirmaries. As for specialized treatment, this is broad and can vary based on the patient need. If a need can be done from a home health perspective and not at an infirmary then, at times the prisoner can continue to receive care needs within the hours of operation at a specific facility.

5. How is it decided to send an adult in custody outside the prison system for medical treatment? Urgent/Emergent needs are evaluated by healthcare personnel/healthcare liaisons to be sent off at the time the concern presents. For non-urgent/emergent care, the adult in custody can access care by submitting a request to be seen through routine scheduled services.

6. How is medical information/prescription information provided to the DOC when a person is first booked in at Intake? -At intake the person is seen by a nurse and often this is where further information is obtained from the newly incarcerated person. During the intake process, the sending facilities may provide further information as it was made available to them to the ODOC.

7. Is there any method by which an adult in custody can get a second opinion from an outside medical professional at DOC expense? At their own expense? At DOC expense, the adult in custody can request this of their primary care provider, who would likely then ask the Chief Medical Officer for consideration of a second opinion in which it may/may not be done by another DOC provider. The adult in custody can also request "self-purchase of care" which would then go through a review by the Chief Medical Officer, and/or the Therapeutic Level of Care Committee.

8. How does a prisoner obtain specialized medically necessary equipment? By requesting and getting it approved through their primary care provider

9. What dental care is available? Routine care is provided. Emergent needs are triaged as they occur and outside community partners are accessed as needed.

10. Does the DOC offer any preventative medical and/or dental care? There is Chronic Disease Management Program, the Hepatitis, HIV & AIDs Awareness Programs. I believe there is new one called "Aspire," starting up, unfortunately what I know about this one is limited. Further information about these programs can be obtained by contacting Dr. Ann Shindo I believe.

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Beaverton Support Group

At a recent meeting, we welcomed Jeremiah Stromberg, the Oregon Department of Corrections Assistant Director of Community Corrections. Oregon CURE first met with Jeremiah Stromberg when he was the Executive Director of the Oregon Board of Parole and Post Prison Supervision and we have maintained contact with him over the past 6-7 years. After serving as ED, he was a voting member of the board, and also assisted in setting terms and conditions for people being released from an Oregon prison.

Jeremiah's current position entails overseeing the budget and policies developed between Oregon DOC and Community Corrections. Counties receive funds based on the number of people released to each county and while the larger counties: Multnomah, Clackamas, Washington and Marion have workable budgets, some of the less populated counties face budgetary challenges and will not have programs and services available due to lack of funds and a smaller population of formerly incarcerated people. He will also evaluate treatment programs, and focus on evidence based techniques in Oregon's prisons, jails and juvenile facilities, including people who have received interstate compacts and move out of state upon release. Some of the key elements in having an interstate compact accepted include family support and job opportunities – and of course, acceptance from the receiving state.

At this time, people are released to the county where they resided at the time of the arrest, not, where the criminal act was committed, however, the parole board can make the determination and move people from one county to another, again, based on family support and job opportunities. It would not be sufficient for an adult in custody to express an interest in being released to Multnomah County because of the increased job options, but if the adult in custody has a job in place, along with family support and housing, than that would definitely be in their favor for the county waiver. Usually a transition or release plan will be sent to the county approximately 120 days before someone is released from custody.

With the passing of Justice Reinvestment, where funds are reallocated from placing people in diversion programs and keeping them out of prison with the intention that the savings will be placed at the community level to provide additional services, it is at each county's discretion, or for the most part determined by the county commissioners, where the funds are spent. Some counties put more money in jails, some in treatment and some in local control. County funds can also be enhanced by counties applying for grants, which is common practice with Marion, Multnomah and Washington counties. In the 2013 – 2015 biennium, over \$38,000,000 was saved and was allocated to counties.

The Department of Corrections is severely underfunded for treatment beds, with over 14,500 people in prison, there are less than 500 treatment beds available. DOC consistently asks the legislature for additional funds, and are consistently denied. The legislature needs to look at Measure 11 sentencing. Over 50% of prison beds are allocated to people who have fallen under mandatory minimum sentencing guidelines. Which does mean that almost 50% of prisoners are eligible for early release, which at this time is set at 90 days transitional leave for qualifying people. In 2012-2013, 3,137 people were released early which means that 156,000 prison bed days were not used. Statistics have shown that out of this number of people who were released early, 5% returned to prison, but only 1% were convicted of a new crime. On average, 400 people are released each month, of whom, 25% are out on transitional leave. The newly incarcerated are informed at intake whether or not they will be eligible for trans leave.

People on post prison supervision can not be discharged early, however, they can go to inactive halfway through their PPS. If the person starts to slide, it is possible their case will reactivate. Even if a person goes to inactive though, they will need to continue to pay their monthly fee to the county for PPS.

Further discussions were held about counselors / case managers at the facility level and the lack of funding for additional counselors, Alternatives to Incarceration programs, the success of the Family Sentencing Alternative which has pilot programs in effect in Washington, Multnomah, Marion, Deschutes and Jackson counties, with 30 participants and almost 60 children, The DOC work group on restitution and savings accounts, phones, PRAS (performance recognition award system), trust accounts and the fact that child support payments can be put on hold if the parent who needs to pay support is incarcerated.

As with all DOC presenters, we appreciate their time and the information that they share with us. We encourage anyone in Salem, Eugene or the Portland area to attend a support group meeting. Dates and Times are listed on our website: www.oregoncure.org

Mock Parole Hearings: OSP Lifers Club and Oregon CURE

Part of the Parole Project, proposed by the Lifers Club and partnered by Oregon CURE, is conducting mock parole hearings, one every other month. A person volunteers, and agrees to share his record and information ahead of time with those who will be involved. The purpose of these is to give those seeking parole an opportunity to experience what a hearing is like: to practice presenting their case, so to speak, in front of a number of people they don't know; to experience being closely questioned about the crime, and to get an awareness of how they will be affected emotionally. Those present include several CURE Board members, former Parole Board member Candace Wheeler, and former Parole Board member Steven Power when he's available, Lifers Club members and other men who are participating in the project. The space is set up similarly to the hearing room, with Parole Board members on one side of a long table, and the AIC facing them directly across the table. Some of those present act as a 3rd Parole Board member, the AIC's legal representative, the DA from the county of conviction, and the victim's representative. Information presented at the Mock Hearings is considered confidential: it stays in the room and in the minds of those present. Only the AIC presenting has the authority to share information outside of the mock hearing.

At the first one, after getting into the circumstances, Ms. Wheeler commented that we didn't have the 3 or 4 hours a 'real' hearing would take, so she suggested that the mock hearings become a teaching opportunity, which everyone agreed was a good idea and is what we have proceeded to do. What that means is that the person seeking parole presents his information, is asked questions by the Parole Board 'members', and gets feedback from the 'Board members' on his presentation: what did he leave out, what did he say too much about, is he really being fully honest about his crime, does he appear defensive or resentful, does he appear to accept full responsibility, etc. Others present also offer feedback: it becomes a general discussion at that point, and the volunteer seeking parole has the opportunity to talk about what it felt like for him as well as ask any questions he may have.

The two men who have chosen to participate to date said that they have found it helpful in terms of having a better idea of what to expect in the actual hearing, and what kind of an impression they made on people who don't know them.

Although the Parole Board members maintain that they focus on rehabilitation, the fact is that the bulk of most hearings will be an intense focus on every aspect of the crime of conviction, and relatively little time will be spent on what a person has accomplished in terms of rehabilitation.

Obviously, going through this process is no guarantee that parole will be granted. The intention is to make it less stressful for those undergoing a hearing: to give them an awareness of what they will encounter, what they'll need to talk about, what emotions they will likely experience, and how best to present themselves. This is a new concept, and at this time it is limited to OSP due to geographical and time constraints.



Some of the people who see the parole board sit in a cage, some sit in front of the Parole Board and some don't even get a face-to-face hearing- they are brought in through a video process.

(this is a message from Patty Katz- this does not reflect Oregon Cure- I find it ironic that the parole board does not have to report to anyone, nor is accountable to anyone and does not have to keep statistics as to their findings. As a taxpayer, I am really surprised that in these days of evidence and science we have a state agency with no accountability and doesn't have to keep stats!

Interview with Jeff Premo

(Jeff will be our Guest Speaker in November)

Superintendent Jeff Premo will retire in September.

If we were sitting here a year from now celebrating your retirement and what a great year it has been, what would you hope to say? I would hopefully be talking about our new house we are intending to buy or build. My life has definitely slowed down a bit, but not stopped. I would also be talking about my Lovely wife Melissa, who is preparing to retire as well. Still active in the Department doing consulting work and possibly lecturing at Risk Youth at our local High Schools.

When have you been most satisfied in your professional career? I have had several high points in my 35.5 years. I think one of them was working with New Prison Construction. It was then where I met 100's of folks in the community and educated them on the Department. The other was my position as Chief of Security. It was a wonderful position and provided me the ability to work with all the institutions and staff throughout the State of Oregon. But most of all being the Superintendent of OSP for 7.5 years. I enjoyed the challenge and working with those that I have known for so many years. This included the Staff, volunteers and inmates as well. It was truly the most rewarding position I have held. It allowed me to make a difference in so many ways. I always tell folks, that if I was independently wealthy, I would do this job for nothing. I am not, so the State has to pay me.

Have you ever thoughtif I didn't work for the Department, this is what I would rather do? Yes, I would have stayed in the United State Marine Corps. It was something that I enjoyed and gave me personal satisfaction. Serving this great country of ours is something I took very seriously. It was an continues to be an honor to be a Marine.

Who is your role model and why? I have had many over the years. I was a big fan of Ronald Regan. He was the Commander and Chief (President), when I was serving in the Military. I would also have to say my wife Melissa. She is a very strong and supporting person and has been there for me through thick or thin. We will be married 24 years this December. Then my family, three young men that I am very proud of.

What were the least favorite things in your job? I think seeing those folks that could not help themselves. This was generally centered around their addictions. Good people, but they just lost their way. I think the other most concerning for me, was preparing for an Execution. That was 18 long months working to carry out something that many felt strongly against. It was my job and I knew it was a possibility when I accepted this position. Allot of work, but these details, I keep to myself.

Tell me about a project or an accomplishment that is the most significant thing in your career- the thing you are most proud of. Well, there are a few, First, is assisting with and finishing the Veterans Memorial here at OSP. Only one like it in existence. Being part of the first and only children's visiting Playground Structure and then it would have to be putting on the largest Car and Bike Show in the Nation behind the Walls of a Maximum Security Prison. It is a day where folks get to interact with the general public and feel normal for a day. There are many more, but these seem to stand out.

So Jeff, what is your story- what is next for Jeff Premo? I still want to be involved in my community. I will be applying to possibly consult on Corrections or Security Practices. I would like to also teach leadership to our new managers and educate them on the do's and don'ts of the business. The other would be to just relax and enjoy my family and friends.

After a short time - we hope that you will consider joining the Board of Directors for Oregon CURE. We shall see. (insert smiley face)

Be sure and attend Oregon CURE's Annual meeting and hear even more of what Mr Premo has to say! Jeff is one of the good guys- I for one will be sorry to see him go. When I was in prison in the 80s, Mr Premo was a corrections officer at the Oregon Woman's Correctional Center. With Jeff, you knew what the rules were and if we followed the rules everything was great- if we broke the rules, we knew he would enforce them- no surprises with Mr. Premo! (Interview w/Patty Katz)

CURE Annual Meeting

Date: 10/5/2016

Time: 6:00—8:00pm

**Beaverton
Community
Center**

**12350 SW Fifth Street
Beaverton, OR 97005**

Doing Life

**Jeff Premo
(8 hours per day)**

**Trevor Walraven
(facing life at 14)**

**Video from
Oregon State Prison
Lifer's Club**

I DO WANT TO HELP *OREGON CURE* CONTINUE ITS WORK IN 2016

Suggested tax-deductible Contributions:

\$3 Prisoner

\$15/yr Individual

\$25/yr Family

\$50/yr Organizations

\$ Other

Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

(Optional)

Name of Incarcerated Loved One: _____

SID # and Facility: _____

We are currently looking for volunteers! If you have a couple of hours a month that you would be willing to invest in helping people in prison and their families on the outside, we may have an opening for you in communications! One position would be to respond to phone calls, another position is answering mail from people in prison.

I would like to volunteer my services!!! My skills are: _____

If you or your family member would be willing to keep our literature in the prison they visit- please contact us at
1631 NE Broadway, #460- Portland, OR 97232
(503) 977-9979

The board of directors of Oregon CURE understands that financially contributing to our cause is not always an easy thing and that most members would like to give more than their budgets allow. It is with this thought in mind that we have enrolled in:

Fred Meyer's Community Rewards program:

This way, you can give to Oregon CURE while you are doing what you have to do - buying your everyday items like Milk, Bread, Socks etc.

To become a contributor, simply link your Fred Meyer rewards card to Oregon CURE and, quarterly, Fred Meyer donates back to CURE a portion of the contributed dollars based upon our enrolled members spending. You will still accumulate your own Fred Meyer rewards and benefits already afforded to you by Fred Meyer as an individual. This simply expands your rewards to help us out too! And what could be better than that?

To enroll, go to the Fred Meyer Community Rewards website: www.fredmeyer.com/communityrewards

Under "Are you a Fred Meyer Customer?" click the big purple button to **Link Your Rewards Card Now.**

Login to your Account. (If you haven't registered your account, you will need **Sign Up** to do this step).

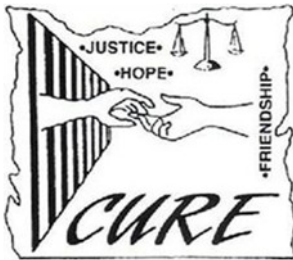
Search for Oregon CURE or enter our non-profit number **91917**. (or number **93-1085488**)

Thanks in advance!

Funds are used to print handouts, print and mail newsletters, maintain a phone line and web site.

We are an all volunteer organization with no member receiving financial compensation.

Oregon CURE
1631 N.E. Broadway #460
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Contributions of articles, letters to the editor, notices, etc., are welcome, but may be edited or rejected for space considerations. Articles may be copied in its entirety with credit going to the author or to the publication.

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Website: www.oregoncure.org

Be sure to include: Your Name, Address, City, State and Zip, Phone/Email, Name of Adult in Custody with SID# and Facility

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