

EVALUATING OREGON'S COMMUNITY CORRECTIONS ACT

2007-2009

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OREGON'S COMMUNITY CORRECTIONS ACT

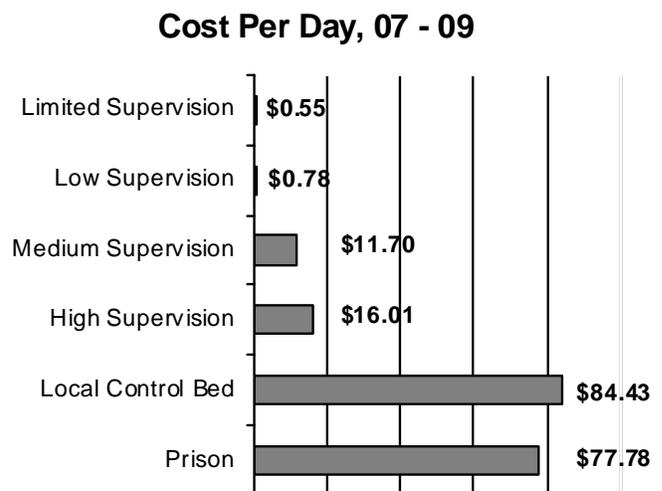
The intended purposes of the Community Corrections Partnership Act, as listed in ORS 423.505, are to:

- (1) Provide appropriate sentencing and sanctioning options including incarceration, community supervision, and services;
- (2) Provide improved local services for persons charged with criminal offenses with the goal of reducing the occurrence of repeat criminal offenses;
- (3) Promote local control and management of community corrections programs;
- (4) Promote the use of the most effective criminal sanctions necessary to protect public safety, administer punishment to the offender, and rehabilitate the offender;
- (5) Enhance, increase and support the state and county partnership in the management of offenders; and
- (6) Enhance, increase, and encourage a greater role for local government and the local criminal justice system in the planning and implementation of local public safety policies.

COMMUNITY CORRECTIONS: A BALANCE OF SUPERVISION, SERVICES, AND SANCTIONS

Community Corrections is a partnership between the Oregon Department of Corrections and local community corrections departments that serves to provide a cost-effective means to hold offenders accountable and change their criminal behavior while protecting the community.

Each aspect of community corrections--supervision, sanctions, and services--is important to hold the offender accountable for his or her criminal behavior while protecting the community from future crimes. Local community corrections departments develop and often operate sanctions such as electronic surveillance, community work crews, day reporting centers, residential work centers, and intensive supervision programs that help the probation/parole officer hold the offender accountable for his or her behavior. Development of other services such as alcohol/drug treatment, sex offender treatment, employment, education, and mental health services to meet the requirements of the court or Board of Parole and Post-Prison Supervision is also the responsibility of Community Corrections.



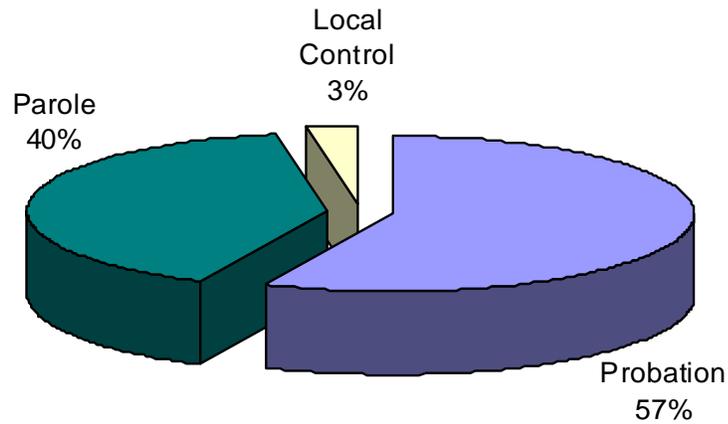
Probation/parole officers control felony offenders who are in the community by concentrating the greatest efforts on the 41 percent of offenders who are the highest risk to commit new crimes. Offenders considered the highest risk are given the greatest amount of attention, especially if their behavior and compliance with the orders of the court or Board of Parole and Post-Prison Supervision is less than desired. The contacts include home visits, office visits, employment checks, and frequent contact with other agencies including law enforcement and social service programs. Contact is progressively less frequent as risk decreases. Each offender is subject to a full array of sanctions and services to help hold him or her accountable and in reducing the likelihood that he or she will commit more crimes. Additionally, offenders are often subject to unannounced home visits, searches, random urine testing for drug use, or polygraph testing to monitor compliance with conditions of supervision.

Probation/parole officers use a variety of sanctions and treatment interventions in order to reduce the chance that an offender will commit a new crime. Research shows this approach is more effective and cost-effective than relying on jails or prisons alone as the only response to criminal behavior.

Community Corrections Sanctions and Services

SANCTIONS	TREATMENT AND SERVICES	OTHER SERVICES
<ul style="list-style-type: none"> ◆ WORK/RESTITUTION CENTER – Structured housing in which offenders are allowed to leave for work or other approved activities. ◆ JAIL – Secure custody (includes sanction and SB 1145 beds). ◆ ELECTRONIC HOUSE ARREST - Offender spends most of time at home with small transmitter attached to wrist or ankle. ◆ DAY REPORTING – Requires offender to report daily to a central location, may include curfew, community work, drug testing, alcohol/drug groups, cognitive restructuring, employment readiness and education. ◆ COMMUNITY SERVICE & WORK CREW - Offenders are assigned to work for government or private non-profit agencies. ◆ PRE-TRIAL SERVICES – Selection and supervision release of pre-trial detainees to free up secure custody beds for higher risk offenders. 	<ul style="list-style-type: none"> ◆ SUBSTANCE ABUSE TREATMENT (OUT-PATIENT & RESIDENTIAL) Group and/or individual treatment to address alcohol and drug issues. Ranges generally from 28 to 180 days. ◆ DRUG COURT - A court supervised diversion program for offenders charged with drug offenses. ◆ MENTAL HEALTH TREATMENT - Includes general counseling, evaluations, and services for mentally ill offenders. ◆ ANGER MANAGEMENT – A program delivered in a group setting that teaches methods to control anger in a productive manner. ◆ DOMESTIC VIOLENCE – Supervision, education and treatment to prevent domestic violence and address battering behaviors. ◆ COGNITIVE RESTRUCTURING - A program that addresses flaws in how an offender thinks to assist in interrupting criminal thinking patterns. ◆ SEX OFFENDER TREATMENT - Group and individual treatment to assist in providing behavior control to sex offenders. Treatment is generally long in duration. ◆ CRISIS AND TRANSITION HOUSING – Individual and group housing primarily for parolees released from prison or temporarily experiencing instability in living arrangements. 	<ul style="list-style-type: none"> ◆ EMPLOYMENT - Assist offenders in getting and keeping jobs arrangements. ◆ EDUCATION - Assist offenders in obtaining Basic Education or GED. ◆ TRANSITION SERVICES - Services to assist the offender in transitioning from incarceration or residential treatment to the community, featuring housing, treatment, and employment. ◆ URINALYSIS - Testing for drugs and alcohol. ◆ POLYGRAPH - Disclosure and on-going testing for sex offenders to assure compliance with conditions of supervision. ◆ ANTABUSE SUPPORT - Subsidized assistance with the purchase of Antabuse - a drug to inhibit alcohol usage. ◆ SUBSIDY – Financial assistance for offenders that may purchase housing, food, transportation, work clothing etc.

COMMUNITY CORRECTIONS POPULATIONS



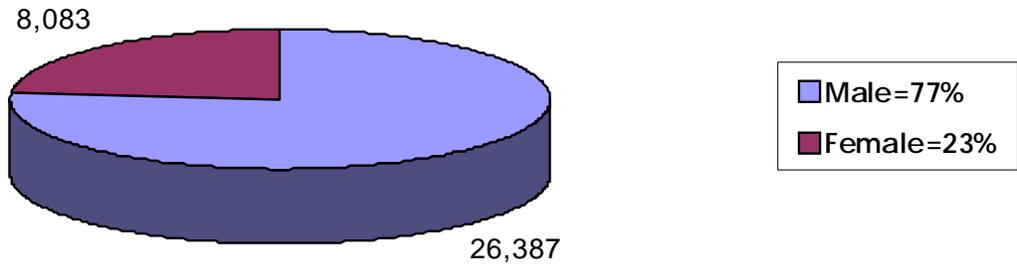
During the 2007-2009 Biennium, there were approximately 33,000 felons under supervision in the community compared with 14,000 felons in prison. The majority of felons managed in the community were not convicted of a new felony after supervision. Commission of a new crime is called recidivism, and in Oregon over 70 percent of those on supervision do **not** recidivate.

January 2009

	July 2007	January 2008	July 2008	January 2009
Felony Probation	20,583	20,010	19,688	18,921
Parole/Post-Prison Supervision	13,876	13,897	13,883	13,511
Local Control	1,143	1,069	971	881
Total Community Corrections Population	35,602	34,976	34,542	33,313

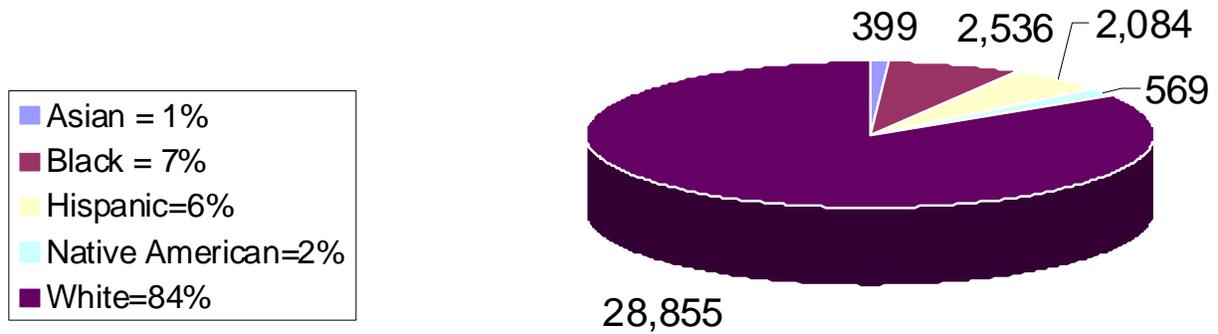
WHO'S IN THE COMMUNITY? A PROFILE OF OFFENDERS UNDER SUPERVISION

Gender



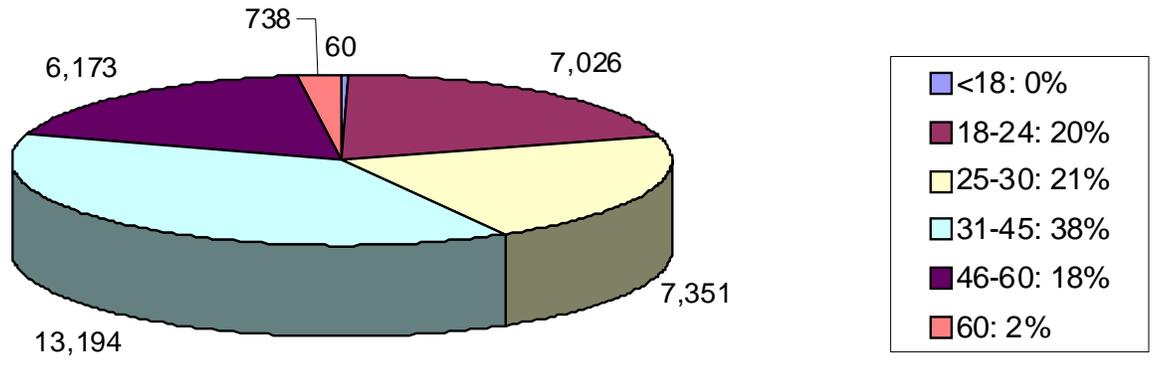
July 2008

Race



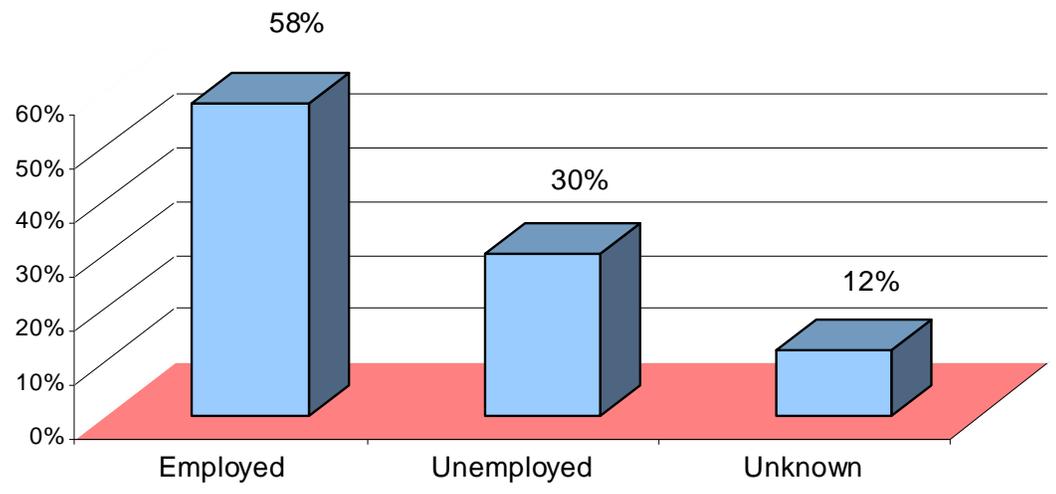
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Age



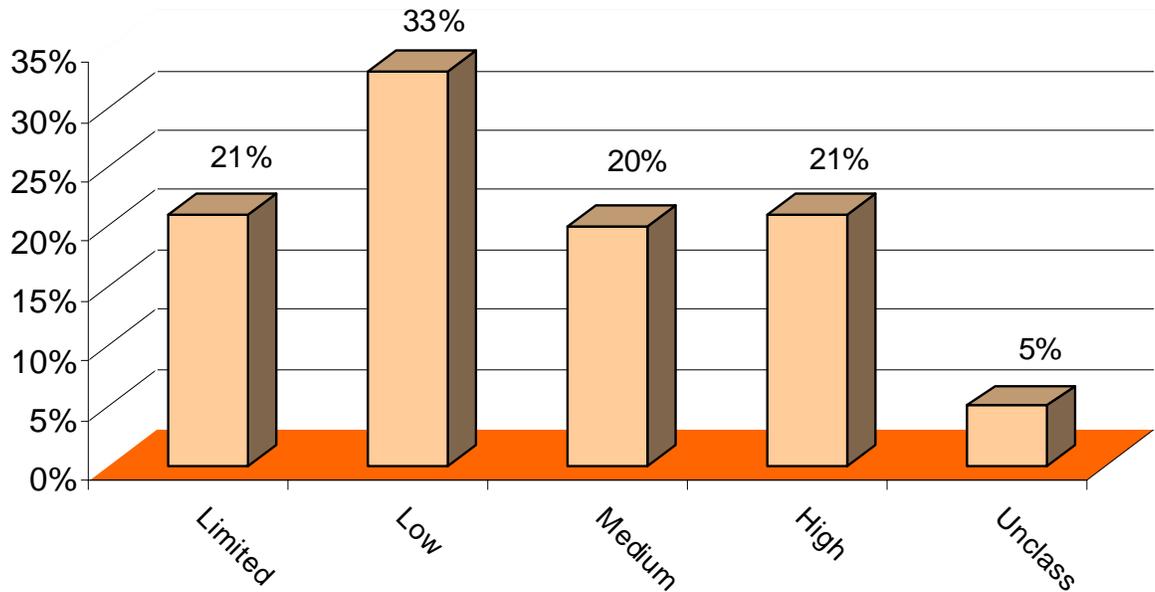
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Employment



July 2008

Risk to Re-Offend



July 2008

Risk Levels

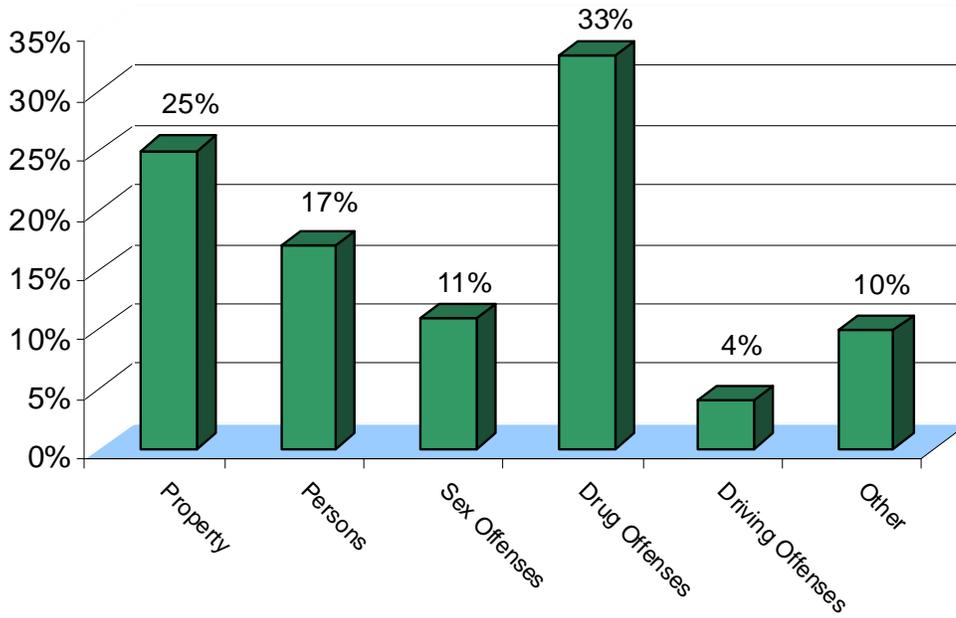
Limited: General compliance with supervision conditions

Low: Limited prior convictions
Some violations of conditions

Medium: Some prior criminal history
Substance abuse problems
Two or fewer prior convictions
Violating conditions of supervision
Often person-to-person or sex offense
Prior treatment failure

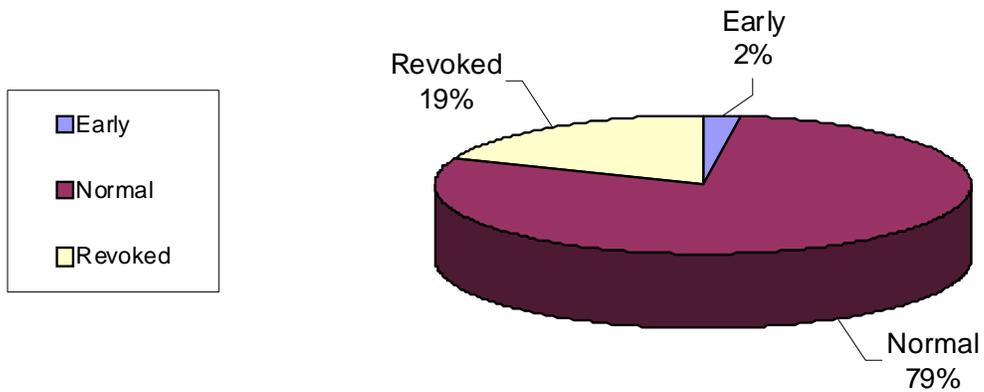
High: Four or more prior convictions
Several prior prison incarcerations
Substance abuse problems
Serious crime
Violating conditions of supervision

Types of Cases Supervised



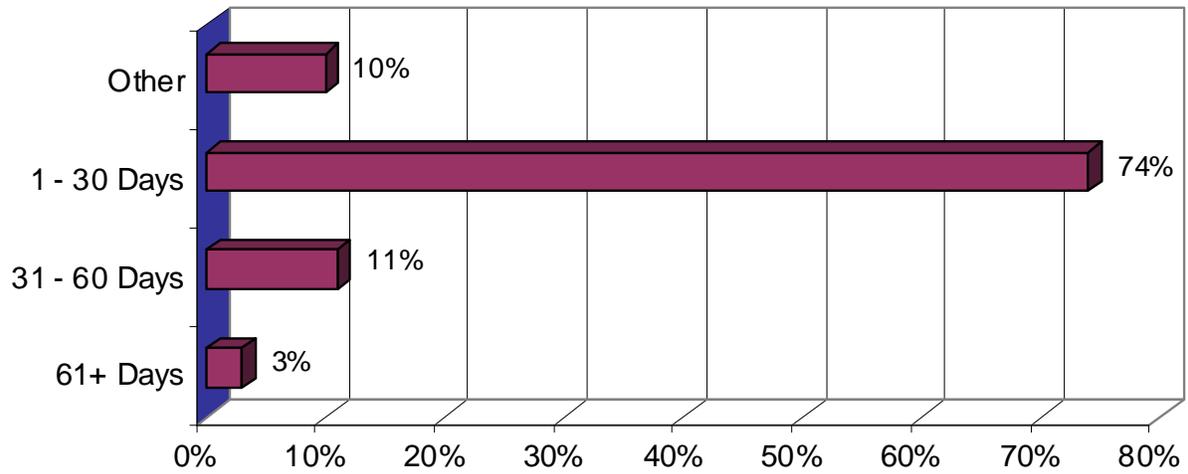
July 2008

Termination Types



July 2008

Number of Sanctions Given



July 2008

In a six-month period, 28.2% of the supervised population receives a sanction of some kind.

LOCAL SANCTIONS AND REVOCATIONS

How Local Control Sentences Are Served (New Crimes and Revocations):

How Served	7/1/07	1/1/08	7/1/08	1/1/09
Jail	82.8%	82.3%	79.4%	82.6%
Restricted Community	15.1%	14.8%	16.3%	13.5%
Community	1.3%	1.9%	4.0%	2.7%
Other Criminal Justice Responses	0.8%	0.9%	0.3%	1.2%

Restricted Community: Electronic Home Detention; Forest Camp; Restitution/Work Center; or In-patient Substance Abuse Treatment

Community: Community Service Work; Non-Electronic House Arrest; Intensive Supervision; or, Day Reporting

Average Length of Stay for Local Control Sentences and Sanctions:

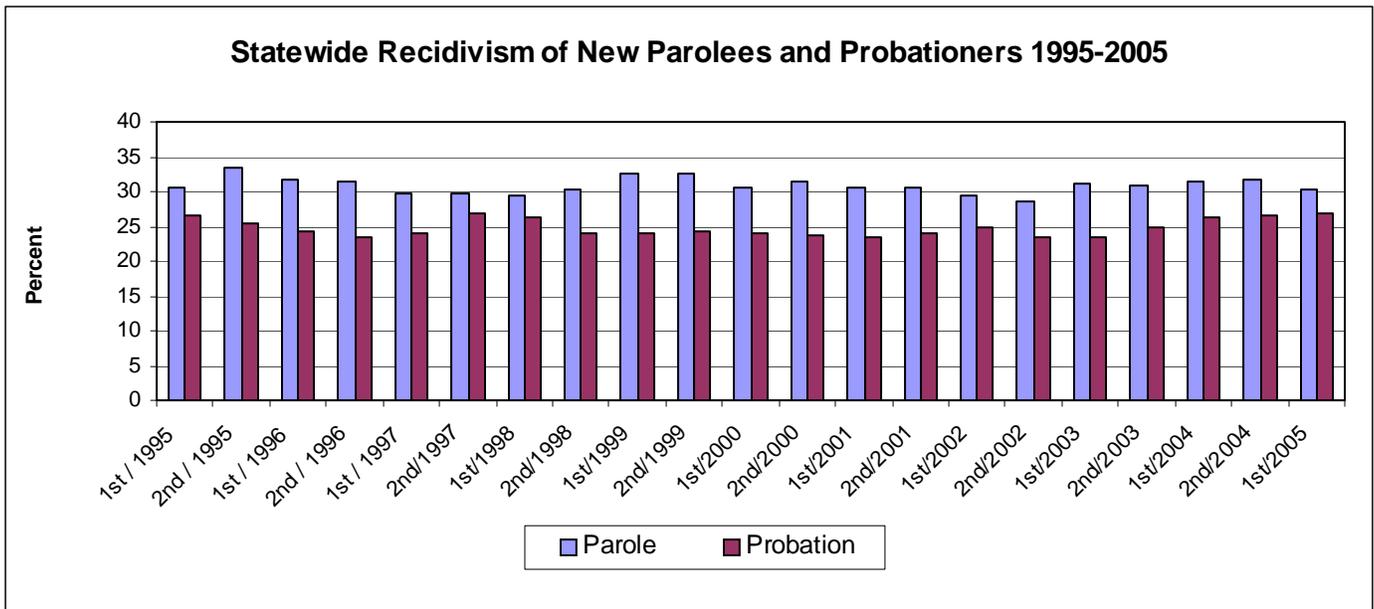
	2 nd Half 2007	1 st Half 2008	2 nd Half 2008
New Crimes and/or Revocations	96 days	90 days	96 days
Level III Sanction	60 days	63 days	61days

Revocation Rates:

For every 100 offenders under supervision, there were 2.2 revocations for new convictions and 5.2 revocations for technical violations in July – December 2007; 2.2 revocations for new convictions and 5.0 revocations for technical violations in January – June 2008; and, 2.1 revocations for new convictions and 4.6 revocations or technical violations in July – December 2008.

COMMUNITY CORRECTIONS PERFORMANCE MEASURES

- Reduce recidivism, as measured by felony convictions from initial admission to probation, tracking for three years from admission: The most recently available data is for those offenders entering probation in the first half of the year 2005 is 27.0. This is above the baseline of 22.3%;
- Reduce recidivism, as measured by felony convictions from first release to parole/post-prison supervision, tracking for three years from release: The most recently available data is for those offenders leaving prison in the first half of the year 2005 and is 30.4%. This is below the baseline of 30.5%;
- Increase the percentage of positive case closures for offenders on probation: The positive case closure rate through May 2009 is 68.0%, which is above the baseline of 65%;
- Increase the percentage of positive case closures for offenders on parole/post-prison supervision: The positive case closure rate through May 2009 is 70%, which is significantly better than the baseline of 65%;
- Increase the percentage of restitution and compensatory fines collected that is owed to victims: For May 2009, the statewide rate is 37%, above the 35% baseline, at the time of supervision closure;
- Increase the percentage of employment and participation in treatment programs for offenders on supervision: For May 2009, the statewide rate is 42% and 25%, respectively. The treatment rate is below the 50% baseline, while the employment rate is above the 22% baseline



COMMUNITY CORRECTIONS COMMISSION

(See Appendix 1 and 2)

The purpose of the Community Corrections Commission is to improve the effectiveness and efficiency of state and local community corrections activities by providing a forum for statewide policy development and planning. During this biennium, the Commission focused on the issues of a multi-disciplinary approach to managing offenders with severe mental illness and local control population recidivism.

In 2005, the Department of Corrections commissioned a group of mental health and corrections professionals working both in the prisons and in the community to make some specific recommendations about how the Department could improve re-entry for inmates with mental illness. One of those recommendations was that multi-disciplinary teams be used to manage the transition process for those inmates with severe mental illness and that a guide be created for communities interested in implementing such teams. In 2007, the Community Corrections Commission was asked to develop this guide. The Commission invited a representative from Marion County Mental Health and Multnomah County Community Justice for review of county protocols, population and system challenges, identification of needs, and overall recommendations.

In 2008, the Commission prioritized the transition and re-entry of local control offenders. The population released from a local control sentence has the highest rates of recidivism compared to those released from prison and to those on probation. The Commission analyzed the profile of this group, how it differs from the other groups, and what approaches are being used to better manage them. As a result, specific counties were identified that had lower recidivism rates and they were invited to attend a panel discussion outlining their approach to local control transition.

The results of both projects were reviewed with the Oregon Association of Community Corrections Directors with recommendation that these approaches be incorporated into their local practices and protocols.

STRUCTURED SANCTIONS

(See Appendix 3)

In 2008 the Department of Corrections initiated a review of the current structured sanctions. A work group consisting of Directors, Sheriff's, Parole Board, Jail Managers, and Parole/Probation Officers was formed to review the current structure and make adjustments to realign sanctioning with the tenets of evidence based practices. Modifications to the sanctioning grid were recommended, guiding principles were adopted, and changes to the structured sanctioning rule were made to reflect these modifications.

The Department delivered statewide training of this updated sanction using a train-the-trainer format. This allowed the Department of Corrections, Parole Board, and Community Corrections representatives to provide training to representatives throughout the state; those representatives then returned to their counties and providing on site training and expertise.

SEX OFFENDER STABLE/ACUTE ASSESSMENT TOOL

In November 2007 the Oregon Department of Corrections sponsored a statewide training on the sex offender Stable/Acute risk assessment tool for all parole/probation officers that supervise sex offenders. The training was a result of extensive review conducted to find a replacement sex offender tool, bringing Oregon back in line with an evidence based and statistically valid approach to the supervision of sexual offenders. In January 2008 all counties transferred to this assessment tool, and it remains the primary assessment tool for the supervision of sex offenders.

In April 2009, DOC, Oregon Association of Community Corrections Directors and Oregon Association of the Treatment of Sexual Abusers sponsored a second Stable/Acute training. This training was open to both parole/probation officers and treatment providers, providing cross disciplinary understanding of the assessment tool. In addition, a Multnomah County Community Justice employee received additional training so that she can now oversee and provide training to Oregon on an on-going basis.

Both trainings and ongoing on-site access to a trainer support change to an improved risk assessment and management approach for the supervision of this specialized population. Reports from the Sex Offender Supervision Network confirm their continued support for the Stable/Acute assessment tool.

TRANSITION NETWORK

(See Appendix 4)

In 2008, the Oregon Association of Community Corrections Directors (OACCD) sponsored the creation of the Oregon Transition Network. This network was formed to improve transition planning and the supervision and success of offenders leaving prison and returning to the community. The Transition Network will review barriers and best practices and make recommendations to OACCD and DOC for changes to practice and policy that will improve the transition process.

Each Community Corrections' region will have representation on the network, which will serve as the point of contact between the network and their corresponding region.

LEVEL OF SERVICE/CASE MANAGEMENT INVENTORY (LS/CMI)

In 2005, Community Corrections Directors agreed that a criminogenic needs assessment tool was needed to achieve their goal of reaching evidence-based practices through their supervision of offenders. It was determined the Level of Service Case Management Inventory (LS/CMI) was the best tool to meet that need, so the Department of Corrections sponsored the automation and training of the tool.

The LS/CMI is currently in use in 32 counties. Each county uses the tool as best determined by their need, but typically the tool is used for those offenders that are determined to be high or medium risk to re-offend through the Oregon Case Management System. By using the LS/CMI on these higher risk offenders, time and

resources are better concentrated on the exact criminal risk factors of the offenders, with the overall goal of reducing recidivism.

As part of major changes to institution counselor case management, the Department of Corrections will replace the current institutional criminogenic assessment process with the LS/CMI, furthermore because 32 of Oregon's 36 county community corrections offices already use the LS/CMI, DOC counselors and probation/parole officers will have better insight to offender's supervision history prior to and after incarceration allowing for a more seamless transition from prison to community. This move will also target institution programs and counselor time to those inmates most likely to recidivate.

DOC will pilot the LS/CMI assessment and case plan process in five institutions with department-wide implementation slated for early fall, 2009.

APPENDIX 1: MULTIDISCIPLINARY APPROACH

A Multi-Disciplinary Approach to Managing Offenders with Severe Mental Illness

Introduction:

In 2005, the Department of Corrections commissioned a group of mental health and corrections professionals working both in the prisons and in the community to make some specific recommendations about how the Department could improve re-entry for inmates with mental illness. One of those recommendations was that multi-disciplinary teams be used to manage the transition process for those inmates with severe mental illness and that a guide be created for communities interested in implementing such teams.

The Community Corrections Commission was asked to develop this guide. The purpose of the Community Corrections Commission is to improve the effectiveness and efficiency of state and local community corrections activities by providing a forum for statewide policy development and planning. In addition, the Commission has developed guidelines for improving community corrections practices on a number of other topics.

A Multi-Disciplinary Management Approach

Due to the complex and multiple needs of inmates with severe mental illness, the use of a multi-disciplinary approach for supporting successful community living is strongly encouraged.

1. Goals of the Multi-Disciplinary Team

The purpose of the multi-disciplinary team (MDT) is successful community living for offenders with serious mental illness. It is most useful to characterize this approach as a care approach rather than a treatment approach because the team will focus on an array of supports beyond treatment. For example, success is likely to include engagement with the mental health care provider in the community, but also to include housing, medical care, employment and informal social supports in addition to the treatment and corrections staff.

The multi-disciplinary team supports a coordinated approach to the management of individuals on supervision or who are transitioning from prison to community. Through coordination, we can improve care management across a variety of needs areas while also reducing the incidence of conflicting demands being placed on the offender/client. Corrections and mental health agencies have different objectives and can impose

different and contradictory requirements, making success less likely if care is not coordinated.

Specific goals of the team include:

- Assist the offender/client to adjust to community living;
- Improve offender/client compliance with the expectations from both mental health and corrections agencies;
- Reduce the risks posed by the offender/client, recognizing that risk reduction means different things to mental health professionals than it does to corrections professionals;
- Integrate treatment of individuals with mental illness and substance use disorders;
- Ensure close communication between criminal-justice and mental health/substance abuse treatment staff;
- Coordinate the timing and delivery of services;
- Provide consistent interventions and behavioral controls; and
- Ensure that all service providers and housing providers have the necessary information to assist the offender/client while at the same time attending to the safety of the community and of those who live with him/her.

2. Target Group of Offender/Clients

While it is true that the community corrections agency and the community mental health agency will likely work with all of the offenders on supervision or leaving prison with an ongoing mental health problem, it is recommended that those who are selected to work with the multi-disciplinary team be those with the most serious problems, the most complex needs, and who are assessed to be the greatest risk for re-offending or for hospitalization. Making the effort to work together rather than work independently does require a higher level of organizational and personal investment on the part of the team members and the agency, so it is important to prioritize this level of care to those cases in which we can make the most difference.

The team should agree on criteria for selecting the offender/clients who will be involved with the multi-disciplinary team. Criteria should be as objective as possible, taking into account both risk to the community and severity of mental health needs.

3. Team membership

The multidisciplinary team represents all of the agencies and organizations whose support and assistance are essential to the successful implementation of the care plan. Team membership is based on a continuing care model, in which there is a doctor/prescriber along with other disciplines to meet other needs. Typical membership should include:

- Mental health professional, preferably a specialist in integrated treatment for people with co-occurring disorders
- Substance abuse professional if an integrated treatment specialist is not available
- Parole professional
- Law enforcement professional
- The supervisors from both programs

Other community agencies that should be considered on an as needed or permanent basis:

- Medical professional
- Transition/discharge planners
- Social services providers
- Housing providers
- Employment counselor
- Peer/mentor groups
- District attorney

4. Multi-Disciplinary Case Planning Process

Transition and Re-Entry:

The case planning process will coordinate the transition plan to assure that there are no gaps in care. Available resources should be “front-loaded” to deal with the instability inherent in the first days following release.

The offender/client should, prior to release, know a person from the community treatment agency who will be providing ongoing treatment, preferably via face-to-face contact.

All parties, including the releasee, should participate in a discharge planning meeting prior to release. This provides all parties with the opportunity to understand one another’s roles and responsibilities included in the plan. In addition, the MDT should consider involving family members or other natural support people in the plan for a successful transition to community living.

The transition care plan should be very detailed, including dates, times, and locations for first appointments with community corrections and with treatment providers.

Ongoing Supervision:

The care plan, whether for a newly released offender or for someone who has been on supervision, should first address basic stability needs, such as food, housing, and medical care. The MDT will also monitor the offender/client for compliance with the condition of supervision, work with employment services within the community to insure gainful employment is secured, and assist the offender/client in accessing community

based treatment and support for chemical dependency. Ongoing, informal, social support needs should also be included in the plan.

A mechanism to track offender/clients who do not keep appointments should be in place. The offender/client should be contacted to determine the reason for the failure to appear, and should be rescheduled.

The MDT should consider using a group learning environment for offender/clients managed by the team, such as those used in mental health or drug court programs. In these environments, offender/clients meet with the team as a group. There are structured responses to success or compliance and for non-compliance. In addition, problem-solving can occur with individuals while simultaneously modeling problem-solving to other clients in the group.

Law enforcement participation is recommended as a part of a successful MDT care management approach. Law enforcement professionals may come into contact with offender/clients, so increasing the capacity of the law enforcement community to respond to a mental health crisis would contribute to the overall success of this approach.

The MDT should develop protocols (consistent with confidentiality requirements) for the sharing of information between criminal justice and mental health professionals in the community so that criminal justice officials can make informed decisions about offender/clients in the program and so that treatment professionals can respond appropriately and quickly to changing mental health conditions.

5. Challenges

The biggest challenge to creating a multi-disciplinary care management approach for people with mental illness will be finding the resources to support stability needs. Mental health and substance abuse resources are limited in every community.

The second major challenge will be mixing two entirely different cultures geared to achieving differing outcomes. The team will need to develop a balance between a corrections focus and objectives and a mental health focus and objectives.

Team members are likely to encounter myths that will need to be addressed, such as the belief that offenders are more violent or worse than non-offenders, or that sex offenders should not receive community mental health services. Some mental health agencies do not currently serve people under supervision. As members of the team identify and address their various beliefs about one another's work, they will find that many times they are working on the same things with the same people but were not working cooperatively with one another.

Sustaining the commitment of the stakeholders can be a challenge. The key to assisting the team is support from supervisors of both groups; both supervisors should be team members or the MDT approach will not succeed. It is important that regular meetings of the MDT occur and that the same people remain involved. The team should consider alternating where meetings are held, holding them at the corrections agency and at the mental health agency. It is also recommended that the group members attend some relevant trainings together. Finally, people should be chosen to work on this team who really want to make the MDT approach a success.

Sharing of information will be another big issue. Releases of information must be constructed so that offender/clients and MDT members are clear about the open discussions that will need to occur in the team setting. The types of information and observations that will be important to share should be understood by each team member.

Individuals needing mental health services today are more often unstable, lack structure in their lives, and tend to be less dependent and more non-compliant than in the past. These offender/clients will be difficult to engage in the change process, and this should be anticipated. Most often, the required conditions of supervision are at the “action” stage in the stages of change process whereas the offender/client may not have even considered making a change (i.e. is at the precontemplative stage of change). This can lead to a clash between corrections and mental health objectives. It will be important to recognize this likely scenario and plan for it. The MDT members will need to apply an assessment of the person’s readiness for change and respond accordingly. Motivational interviewing skills will assist team members in moving the client along the continuum.

Recognizing that the team is providing a comprehensive care and support plan and not solely a treatment plan is critical to the success of the MDT. It is the support that makes this approach effective, and treatment is just one support.

6. Resources

Resources in both systems are limited. Implementing a MDT approach will require some rethinking of how existing staff and resources can be used more effectively to manage this high risk, high need group. In most cases, both systems are making attempts to manage the care and behavior of the seriously ill offender leaving prison or on supervision. Coordination of this care should bring efficiencies and better use of existing resources. In addition, managing the limited resources as a group rather than individually helps with prioritizing limited resources where they are most needed and reinforces the team approach.

New resources which can be developed include peer and mentor resources. These tend to be underused now, and provide a critical and essential part of the total care plan. The National Alliance on Mental Illness (NAMI) can be a resource, as can self-

help groups such as Dual Diagnosis Anonymous. In some communities, practicum students can contribute to the MDT effort at no cost to the agencies.

The Oregon Health Plan is not usually a resource for the target population, however, most are likely to be eligible for SSI Disability Insurance. Many who are eligible cannot negotiate the application process without assistance, so the MDT should plan to provide this kind of assistance. Drug company programs are a source of support for some kinds of psychotropic medications.

Some communities may have a federally qualified mental health center. These are community-based health organizations providing comprehensive primary health, oral, and mental health/substance abuse services to underserved, underinsured, and non-insured persons regardless of ability to pay. There are 23 of these sites in Oregon.

References:

Council of State Governments. (2002) Criminal Justice/Mental Health Consensus Project: New York, NY: Justice Center, Council of State Governments

Osher, F., Steadman, H.J., Barr, H. (2002) A Best Practice Approach to Community Re-Entry from Jails for Inmates with Co-occurring Disorders: The APIC Model: Delmar, NY: The National GAINS Center

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APPENDIX 2: LOCAL CONTROL POPULATIONS

LOCAL CONTROL POPULATIONS AND RECIDIVISM

The population released from a local control sentence has the highest rates of recidivism compared to those released from prison and to those on probation. The Community Corrections Commission has begun an analysis to understand more about the profile of this group, how it differs from the other groups, and what approaches are being used now to better manage them. The recidivism rate over three years for the local control group is 39% compared to 25% for those post state prison and 26% for probation.

Who is the Local Control Population?

- ✓ They are more likely to be younger (42% are age 18-24 vs. 31% or 28%).
- ✓ They are more likely to be male (32% vs. 19% or 22%).
- ✓ They are higher risk, based on OCMS risk assessment (40% high risk vs. 34% or 35%).
- ✓ They have higher levels of criminal risk factors across all domains based on needs assessment.
- ✓ The original offense was more likely to have been a drug offense as is the recidivating offense.
- ✓ When they are re-arrested, it is most likely due to absconding from supervision.
- ✓ They fail on supervision more quickly than the other groups.

Comments from Panel Members:

- ✓ The county by county recidivism rates are impacted by local practices in the areas of law enforcement, prosecution, and revocation
- ✓ Different jurisdictions have different tolerance levels for violations; some revoke after one violation whereas others use sanctions to deal with multiple violations
- ✓ Some jurisdiction may impose greater numbers of conditions, increasing the chance for violations
- ✓ These people are known in the community, often visible to law enforcement
- ✓ Jail stays are too short to do real programming

Promising Practices:

- ✓ Random urinalysis combined with drug court or increased reporting and treatment
- ✓ Drug courts can reduce revocations and thus reduce the number of offenders who receive a local control sentence
- ✓ Identify and refer the highest risk offenders to drug court: typically drug courts target lower risk, first-time offenders, but by targeting this higher risk population revocation rates can be reduced thereby reducing those who become local control offenders
- ✓ Clean and sober housing

- ✓ Transition PO to do transition planning
- ✓ Use of rental beds outside the county to disrupt criminal networks
- ✓ Cognitive change programs
- ✓ Use of a 40-hour per week work crew as a preferred alternative to revocation
- ✓ Closer supervision and monitoring for high risk offenders: Use of day reporting and random urinalysis
- ✓ Use of transitional housing with services and a work crew or employment requirement resulting in higher employment rates
- ✓ Combining accountability with building rapport has reduced absconding
- ✓ High rates of short sanctions to keep offenders engaged in treatment

Panel Concepts and Recommendations:

- ✓ All agree that transition planning for local control offenders could be better. Hood River begins immediately when an offender is sentenced to NORCOR, while the PO is transporting the offender. However, most of the other directors agreed this area could be improved.
- ✓ Use of structured housing, a transition center and/or work release unless the offender is really stable
- ✓ Assess A&D treatment needs and refer to treatment before release from custody
- ✓ Implementation of a Transition Network (modeled after SOSN, SOON, etc) may assist with statewide consistencies
- ✓ Partnerships between community corrections, sheriffs, and jail managers to target resources to this population. Collaboration with other agencies in applying for grants (resources, resources, resources)
- ✓ Need for multiple services is very great for this group
- ✓ This is a highest risk, highest need group
- ✓ Enter and track interventions to better understand the time and resources used by this population -- how many interventions have been applied to an offender prior to his/her local control sentence
- ✓ Acknowledge the influences of prosecution and local practices on this population. For example, overriding sanctions and plea bargains to local control status influence the numbers of this population
- ✓ Take advantage of the captive population for programming, especially for treatment readiness programs in jail.

APPENDIX 3: GUIDING PRINCIPLES OF STRUCTURED SANCTIONS

Guiding Principles of Structured Sanctions

1. Response to violations of supervision must be swift and sure
2. Responses shall be fair and just
3. Response to violations shall be commensurate to the seriousness of the behavior while considering risk to public safety
4. Similar response for similar types of offenders that commit similar types of violations
5. Responses shall consider evidence based practices:
 - Custodial sanctions alone are not effective in lowering recidivism
 - Shorter custodial sanctions are no less effective than longer sanctions
 - Custodial sanctions should have a rehabilitative component included
 - Non-custodial sanctions are often times as effective as custodial sanctions
 - Treatment and rehabilitative resources combined with surveillance and enforcement, are most effective in reducing recidivism
6. Sanctions/interventions shall be imposed with consideration given to effective capacity of local correctional facilities and local resource availability
7. Sanctions/interventions shall be imposed at the lowest appropriate level of authority
8. The least restrictive sanction/intervention required to gain compliance shall be imposed
9. Supervising Parole and Probation officers are most appropriate level of authority to determine sanction/intervention response to offender behavior
10. Appropriate use of administrative sanctions/interventions will make supervision more effective and will enhance public safety, resulting in fewer offenders being returned for revocation of supervision
11. A range of sanctions/interventions including, but not limited to jail, should be available and **when appropriate** should be exhausted before recommending offenders for revocation on non criminal violations of supervision
12. Sanctions/interventions should be progressive in nature, taking into account the seriousness of the violation and threat to public safety

APPENDIX 4: TRANSITIONAL NETWORK CHARTER

Transition Network Charter Established June, 2008

Purpose/Overview:

The Purpose of the Transition/Re-entry Network is to improve the release planning process and information sharing between ODOC, Community Corrections, the Board and inmates. The Transition Network will review information related to best practices and make recommendations to OACCD and ODOC related to policy designed to help facilitate transition that is most effective for communities, the offender and their family.

Each Community Corrections' region will have representation on the network, which will serve as the point of contact between the network and their corresponding region.

Scope of Authority:

The Transition Network will make recommendations to the Oregon State Department of Corrections (ODOC), the Oregon Association of Community Corrections Directors (OACCD), The Oregon State Board of Parole and Post Prison Supervision and the Governors' Re-Entry Task force regarding all aspects of offender transition from prison into the community. The Transition Network will convene sub-committees responsible for heading specific issues as determined by the Network. Each sub-committee will be chaired by one active member of the Transition Network and comprised of network members and other needed stakeholders.

Roles and Responsibilities:

- To promote meeting attendance from all Community Corrections Agencies, Oregon State Department of Corrections staff and any other partner agencies, organizations and appropriate individuals.
- Create tools and processes that will enhance the transition of inmates into the community from prison.
- To create consistent practices of information sharing.
- To identify community resources, such as employment, housing and access to treatment, in each region of the State to aid in offender transition.
- To track and promote legislative issues related to transition which will impact the process of aiding offender's transition from prison.
- To develop long term and short term goals.
- To continue to give and receive information, feedback and direction from such groups as the Governors Task Force on Re-Entry, ODOC, BOPPPS and OACCD.
- Develop membership with partner agencies.

Membership/Officers:

- Membership consists of any person responsible for aiding in the facilitation of transitioning inmates from prison into the community. Membership is made through invitation of the executive committee.
- All officers are on two year terms. Elections for the executive committee will be held at the last meeting of the calendar year. These are volunteer positions, which are nominated by another group member; a group vote is taken for majority rule, and seconded for approval by another member.
- Chair. This position is responsible for the planning and distribution of each quarterly agenda, directing the meetings through said agenda, reviewing prior month's minutes for approval and present issues/questions for person(s) unable to attend. The Chair and Co-Chair positions shall be comprised one ODOC staff and one Community Corrections staff persons.
- Co-chair. This member is responsible for assisting the Chair in their responsibilities. In the event of Chair vacancy, the Co-chair will assume the role of Chair.
- Secretary. This member will be responsible for recording, correcting and addendums to the meeting minutes and distributing them to the Transition Network membership and OACCD. In addition, they will track attendance at each meeting, along with updating and distributing the membership contact information to OACCD and ODOC.
- OACCD Liaison: This member (combination of members) shall represent and disseminate information and recommendations to OACCD at regularly scheduled meetings, as well as report back to the network and recommendations from OACCD to the network.
- Sub-Committee Chairs will be nominated by group members and will serve for one year. Sub-committee chairs must be an active member of the network and attend all quarterly meetings.
- All members not able to attend meetings may submit their problems or questions to either the Chair or Co-chair team on their behalf via email. The responses to their concerns/questions will be posted in the minutes under the New Business Section.

Meetings:

- Meetings will occur quarterly at DPSST on the (day and week to be determined).
- Sub-committee meeting dates to meet as needed and to be determined.

Decisions:

- All decisions and/or recommendations to OACCD/ODOC/BOPPPS will be made via members vote or consensus.

APPENDIX 5: SANCTIONS AND SERVICES – MONTHLY CAPACITY 2007 - 2009 BIENNIUM

Sanctions and Services

Custody

<p>Corrections/Work Center: Purpose is to have offender in a community custody placement, without utilizing a jail beds. Designed to house offenders in a structured environment, allowing them to leave the premises for work, treatment, or other approved activities. Intent is to provide control and support for offenders who are required to pay victim restitution and other costs from wages they earn while working in the community.</p>	<p>859 Beds</p>
<p>Electronic Home Detention: Offender spends most of his/her time at home with a small transmitter attached to the wrist or ankle. A very specific schedule is required and a computer prints out whenever the offender is not where he/she is supposed to be.</p>	<p>634 Slots</p>
<p>Jail: Secure custody</p>	<p>2,830 Beds</p>
<p>Substance Abuse In-Patient: Intensive group and/or individual treatment, conducted in a secure environment, to address alcohol and drug abuse issues. Usually ranges from 30 to 180 days in length, depending upon the progress and needs of the offender. Includes aftercare/continuing care services and programs, urinalysis testing, and other services to assist in sobriety.</p>	<p>383 Beds</p>

Non - Custody

Cognitive: Programs specific in addressing the thinking errors and patterns established with criminality. Addresses flaws in how an offender thinks to assist in interrupting criminal thinking. Programs include Breaking Barriers, Framework for Change, ADJUST, etc.

1,492 Slots

Community Service/Work Crew: Offenders assigned to work for government or private non-profit agencies. County corrections personnel supervise sometimes offenders, or they are given supervisors at their work site.

9,594 Slots

Day Reporting Centers: This program requires an offender to report to a central location each day where he/she files a written schedule indicating how each hour of the day will be spent – at work, in treatment, etc. The offender must obey a curfew, perform community work, and submit to random drug testing. It is often program intensive, including programs such as alcohol/drug treatment, employment readiness, education, and cognitive opportunities.

754 Slots

Domestic Violence: Individual and/or group counseling to teach methods of controlling anger in a productive manner. Category also includes family counseling to address these issues when deemed appropriate.

2,254 Slots

Drug Court: A few counties have formed a specialized Court process specific to substance abuse issues. Supervision is usually done by the Court, or appointed to specific agency, and requires various conditions to address addiction issues, such as treatment, urinalysis, community service, 12-step meeting attendance, etc. Incentive for offenders is successful completion and evidence of sobriety usually results in a lesser or even dismissed conviction history.

1,120 Slots

Employment: Programs and services offender to assist offenders in locating, obtaining, and maintaining their jobs.

997 Slots

Intensive Supervision: Increased requirements and expectations of the offender – usually used as an intervention for violating or concerning behavior, but also used as a program by some counties. Offender usually has increased reporting responsibilities, curfew, frequent employment checks and urinalysis testing, and increased home visits.

266 Slots

Mental Health Services: Programs and services vary greatly, but generally include counseling, evaluations, crisis intervention and placement, and other services for mental/emotionally disturbed and other seriously mentally ill offenders. With the shrinking resources of state mental health services, these services have become more of a responsibility to local jurisdictions.

988 Slots

<p>Polygraph: Testing usually conducted with sex offenders, but sometimes used for domestic violence issues. Testing includes disclosure, maintenance, and specific issue(s), all of which are done to assure compliance with the conditions of their supervision and treatment.</p>	421 Slots
<p>Sex Offender Services: Group and individual supervision and treatment to assist in providing behavior control to sexual offenders. This can include specialized county caseloads, extensive treatment mandates, polygraph testing, and other resources and supervision expertise directed specifically for this criminal population.</p>	2,323 Slots
<p>Subsidy: Financial assistance for offenders to purchase food, transportation, work clothing and tools, crisis and transition housing. Also assists with providing housing primarily for offenders just released from county local control or a DOC/state prison, or those whom are temporarily experiencing instability in their living arrangements. Some housing is arranged through local residential treatment setting, to assist in assuring compliance with substance abuse issues and conditions.</p>	1,273 Slots
<p>Substance Abuse, Out-Patient: Group and/or individual treatment to address alcohol and drug abuse issues. Some treatment may be very intensive, meeting on a daily basis or may be conducted in a day treatment model. May be confined to alcohol education groups in some cases.</p>	4,153 Slots
<p>Transition Services: County pre-release services and planning with the Department of Corrections staff, which assist the offender in transitioning from local control or state custody to the community. Includes development of housing, treatment, employment, and other services prior to release to improve an offender's chance of successful reintegration back into the community.</p>	1,114 Slots/Beds
<p>Urinalysis: Testing conducted for drug and/or alcohol use</p>	6,759 Slots
<p>Other: Any program/service that is provided to adult felony offenders that does not fit into any of the above categories. Examples include victim mediation; SMART program (supervision also coordinated with local law enforcement); education programming; Theft Recovery, etc.</p>	5,056 Slots

APPENDIX 6: OFFENDER POPULATION BY COUNTY

	<u>Felony</u>	<u>Misdemeanor</u>	<u>Total</u>
Baker	163	41	204
Benton	373	126	499
Clackamas	2086	1215	3301
Clatsop	442	150	592
Columbia	455	75	530
Coos	604	67	671
Crook	184	8	192
Curry	139	3	142
Deschutes	1570	150	1720
Douglas	1220	28	1248
Gill/Sher/Whee	62	44	106
Grant	44	37	81
Harney	91	35	126
Hood River	122	94	216
Jackson	2078	46	2124
Jefferson	229	41	270
Josephine	951	135	1086
Klamath/Lake	963	446	1451
Lane	3298	288	3586
Lincoln	499	63	562
Linn	1459	301	1760
Malheur	450	102	552
Marion	3654	501	4155
Multnomah	7541	1024	8565
Polk	522	210	732
Tillamook	256	81	337
Umatilla/Morrow	929	6	935
Union/Wallowa	262	17	279
Wasco	267	66	333
Washington	2648	1455	4103
Yamhill	763	751	1514
Total:	34390	7608	41998
Note: This reflects offender populations for the snapshot date of 7/1/2008			
Also, due to inconsistent data entry practices, caution should be used when			
interpreting the misdemeanor population counts. Total includes Out-of-State & Unk.			

APPENDIX 7: COMMUNITY CORRECTIONS FUNDING

