



Multnomah County Oregon

Board of Commissioners & Agenda

connecting citizens with information and services

BOARD OF COMMISSIONERS

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ANY QUESTIONS? CALL BOARD

CLERK DEB BOGSTAD @ (503) 988-3277

Email: deborah.l.bogstad@co.multnomah.or.us

INDIVIDUALS WITH DISABILITIES PLEASE
CALL THE BOARD CLERK AT (503) 988-3277,
OR MULTNOMAH COUNTY TDD PHONE
(503) 988-5040, FOR INFORMATION ON
AVAILABLE SERVICES AND ACCESSIBILITY.

MAY 22, 23 & 24, 2001

BOARD MEETINGS

FASTLOOK AGENDA ITEMS OF INTEREST

Pg. 2	9:30 a.m. Tuesday District Attorney Budget Deliberations
Pg. 2	1:30 p.m. Tuesday Department of Community Justice Budget Deliberations
Pg. 2	9:00 a.m. Wednesday Invited Public Testimony on Sheriff's Office Budget
Pg. 2	9:30 a.m. Wednesday Sheriff's Office Budget Deliberations
Pg. 3	1:30 p.m. Wednesday Department of Support Services Budget Deliberations
Pg. 3	6:00 p.m. Wednesday Public Testimony on County Budget at Gresham Library
Pg. 3	9:30 a.m. Thursday Regular Meeting

Thursday meetings of the Multnomah County Board of Commissioners are cable-cast live and taped and may be seen by Cable subscribers in Multnomah County at the following times:

Thursday, 9:30 AM, (LIVE) Channel 30

Friday, 11:00 PM, Channel 30

Saturday, 10:00 AM, Channel 30

(Saturday Playback for East County Only)

Sunday, 11:00 AM, Channel 30

Produced through Multnomah Community
Television

Tuesday, May 22, 2001 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

AM BUDGET DELIBERATIONS

B-1 **DISTRICT ATTORNEY'S OFFICE** Fiscal Year 2001-2002 Budget Presentation. Presented by Michael Schrunk and Staff. 1 HOUR REQUESTED.

Tuesday, May 22, 2001 - 1:30 PM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

PM BUDGET DELIBERATIONS

B-2 **DEPARTMENT OF COMMUNITY JUSTICE** Fiscal Year 2001-2002 Budget Presentation. Presented by Elyse Clawson, Joanne Fuller, Scott Keir and Charlene Rhyne. 2.5 HOURS REQUESTED.

Wednesday, May 23, 2001 - 9:00 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

AM BUDGET DELIBERATIONS

- B-3 Special Invited Testimony on the Multnomah County Sheriff's Office Budget. 30 MINUTES REQUESTED.
- B-4 **SHERIFF'S OFFICE** Fiscal Year 2001-2002 Budget Presentation. Presented by Sheriff Dan Noelle and Larry Aab. 2.5 HOURS REQUESTED.

Wednesday, May 23, 2001 - 1:30 PM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

PM BUDGET DELIBERATIONS

B-5 **DEPARTMENT OF SUPPORT SERVICES** Fiscal Year 2001-2002
Budget Presentation. Presented by Cecilia Johnson and Staff. 1.5 HOURS
REQUESTED.

Wednesday, May 23, 2001 - 6:00 PM
Gresham Branch Library, First Floor Meeting Room
385 NW Miller, Gresham

PUBLIC HEARING

PH-1 Opportunity for Public Input on the 2001-2002 Multnomah County Budget.
Testimony Limited to Three Minutes Per Person.

Thursday, May 24, 2001 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

REGULAR MEETING

CONSENT CALENDAR - 9:30 AM **NON-DEPARTMENTAL**

- C-1 Appointment of Gordon Sester and Reappointment of James Fujii to the
AGRICULTURAL BOARD OF REVIEW
- C-2 Appointment of Marie Sowers to the CITIZEN INVOLVEMENT
COMMITTEE, District 3 Position
- C-3 Reappointment of Royal Harshman to the MT. HOOD CABLE
REGULATORY COMMISSION

REGULAR AGENDA - 9:30 AM

PUBLIC COMMENT - 9:30 AM

Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

DEPARTMENT OF HEALTH - 9:30 AM

R-1 RECOGNITION OF OUTSTANDING STUDENT PEACEMAKERS One Thousand Cranes Awards. Presented by Anne McLaughlin and Linda Jaramillo.

DEPARTMENT OF SUPPORT SERVICES - 9:45 AM

R-2 Approval of 2000-2002 Collective Bargaining Agreement between Multnomah County, the Multnomah County District Attorney, and Multnomah County Prosecuting Attorney's Association

DEPARTMENT OF SUSTAINABLE COMMUNITY DEVELOPMENT - 9:50 AM

R-3 RESOLUTION Establishing Fees and Charges for Chapter 29, Building Regulations, of the Multnomah County Code and Repealing Resolution No. 00-155

R-4 RESOLUTION Establishing Fees and Charges for MCC 11.05 Land Use General Provisions, 11.15 Zoning, 11.45 Land Divisions, 37 Administration and Procedures, 38 Columbia River Gorge National Scenic Area, and Repealing Resolution No. 00-044

R-5 RESOLUTION Approving the Revised Annexation Description of Territory to Dunthorpe Riverdale County Service District, Superceding Description Contained in Order No. 99-235

2001-2002 Multnomah County Budget Deliberations Schedule

***All sessions to be held in the Multnomah Building,
Commissioners Boardroom 100, 501 SE Hawthorne
Boulevard, except as noted***

Thur, April 26, 2001	9:30 to noon	Executive Budget Overview Presentation to Board and Regular Board Meeting
Tue, May 1, 2001	9:00 to 3:00 p.m.	Board Budget Work Session on Issues
Thur, May 3, 2001	9:30 to noon	Executive Budget Message and Board Approval of Budget for Transmission to Tax Supervising and Conservation Commission, Regular Board Meeting
Tue, May 8, 2001	9:30 to noon	Central Citizen Budget Advisory Committee Report & Department of Library Services Budget Hearing
Tue, May 8, 2001	1:30 to 4:00 p.m.	Department of Sustainable Community Development Budget Hearing
Wed, May 9, 2001	1:30 to 4:00 p.m.	Non-Departmental and Special Service Districts Budget Hearings
*Thur, May 10, 2001	6:00 to 8:00 p.m.	Public Hearing and Testimony on the Multnomah County Budget, Midland Branch Library, 805 SE 122nd Avenue, Portland
Tue, May 15, 2001	9:30 to noon	Public Affairs Office Legislative Update discussion, followed by Department of Aging and Disability Services Budget Hearing

2001-2002 Multnomah County Budget Deliberations Schedule
***All sessions to be in held in the Multnomah Building,**
Commissioners Boardroom 100, 501 SE Hawthorne
Boulevard, except as noted*

Tue, May 15, 2001	2:30 to 4:00 p.m.	Mental Health System Briefing
Wed, May 16, 2001	9:30 to noon	Health Department Budget Hearing
Wed, May 16, 2001	1:30 to 4:00 p.m.	Department of Community and Family Services Budget Hearing
*Thur, May 17, 2001	6:00 to 8:00 p.m.	Public Hearing and Testimony on the Multnomah County Budget, North Portland Branch Library, 512 N Killingsworth, Portland
Tue, May 22, 2001	9:30 to noon	District Attorney's Office Budget Hearing
Tue, May 22, 2001	1:30 to 4:00 p.m.	Department of Juvenile and Adult Community Justice Budget Hearing
Wed, May 23, 2001	9:30 to noon	Sheriff's Office Budget Hearing
Wed, May 23, 2001	1:30 to 3:00 p.m.	Department of Support Services Budget Hearing
*Wed, May 23, 2001	6:00 to 8:00 p.m.	Public Hearing and Testimony on the Multnomah County Budget, Gresham Branch Library, 385 NW Miller, Gresham
Tue, May 29, 2001	9:30 to noon	Capital Program Budget Hearing

2001-2002 Multnomah County Budget Deliberations Schedule
***All sessions to be in held in the Multnomah Building,**
Commissioners Boardroom 100, 501 SE Hawthorne
Boulevard, except as noted*

Tue, May 29, 2001	1:30 to 4:00 p.m.	Mental Health Council Briefing and Discussion, Follow-up Info, Review Budget Amendments Work Session
Wed, May 30, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session
Wed, May 30, 2001	1:30 to 4:00 p.m.	Discussion, Follow-up Info, Review Budget Amendments Work Session
Tue, June 5, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session
Tue, June 5, 2001	1:30 to 4:00 p.m.	Discussion, Follow-up Info, Review Budget Amendments Work Session
Wed, June 6, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session
Thur, June 7, 2001	1:30 to 3:00 p.m.	Tax Supervising and Conservation Commission Public Hearing and Testimony on Multnomah County Budget (quorum of BCC to attend)
Thur, June 7, 2001	6:00 to 8:00 p.m.	Public Hearing and Testimony on the Multnomah County Budget
Tue, June 12, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session
Wed, June 13, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session

2001-2002 Multnomah County Budget Deliberations Schedule
***All sessions to be in held in the Multnomah Building,**
Commissioners Boardroom 100, 501 SE Hawthorne
Boulevard, except as noted*

Thur, June 14, 2001	9:30 to noon	Public Hearing and Testimony and Adoption of Budget and Amendments and Regular Board Meeting
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MEETING DATE: May 22, 2001
AGENDA NO: B-2
ESTIMATED START TIME: 1:30 PM
LOCATION: Boardroom 100

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Department of Community Justice Budget Presentation

BOARD BRIEFING: DATE REQUESTED: Tuesday, May 22, 2001
REQUESTED BY: _____
AMOUNT OF TIME NEEDED: 2.5 Hours

REGULAR MEETING: DATE REQUESTED: _____
AMOUNT OF TIME NEEDED: _____

DEPARTMENT: DCJ DIVISION: DCJ

CONTACT: Lore Joplin TELEPHONE #: (503) 988-3438
BLDG/ROOM #: 503/250

PERSON(S) MAKING PRESENTATION: Elyse Clawson, Joanne Fuller, Scott Keir, Charlene Rhyne

ACTION REQUESTED:

INFORMATIONAL ONLY POLICY DIRECTION APPROVAL OTHER

SUGGESTED AGENDA TITLE:

Department of Community Justice FY 2002 Budget Presentation

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____
(OR)

DEPARTMENT MANAGER:  _____

01 MAY 17 PM 3:02
MULTNOMAH COUNTY
CLERK
COMMISSIONERS

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email
deborah.l.bogstad@co.multnomah.or.us



May 22, 2001

Department of Community Justice

Fiscal Year 2001-2002
Budget Presentation



Multnomah County
Department of Community Justice
Director, Elyse Clawson
501 SE Hawthorne Blvd. Suite 250
Portland, OR 97214
Phone 503.988.3701

Department of Community Justice FY 2002 Budget Presentation

Agenda

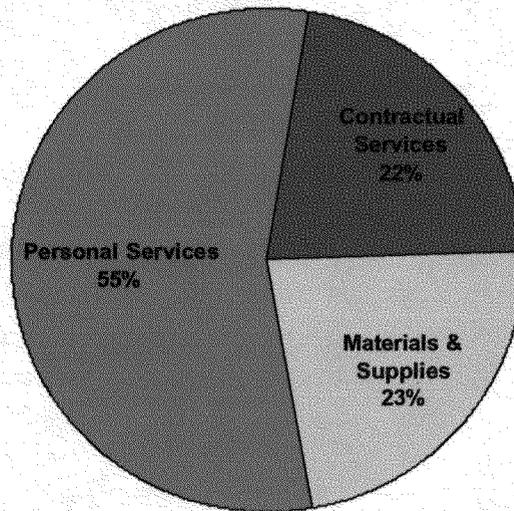
- ❖ **Introduction**
- ❖ **Citizen Budget Advisory Committee Report**
- ❖ **Department Services** 2
- ❖ **Budget Details** 2
- ❖ **Service Highlights**
 - Restructure of Low & Limited Supervision 8
 - Alcohol and Drug Treatment Services 10
 - Mental Health Services 10
 - Housing Services 11
 - Family-based Services 12
 - Blueprints for Violence Prevention 13
- ❖ **Research and Evaluation**
 - School Attendance Initiative 14
 - Juvenile Crime Trends 17
 - Adult Redesign Evaluation 19
 - Adult Community Justice Statewide Performance Measures 20
 - Recidivism of Adult Offenders in Alcohol and Drug Treatment 22
- ❖ **Collaborative Efforts** 23
- ❖ **Long Term Planning** 24
- ❖ **Appendix**
 - Mission, Values & Principles 26
 - Organizational Chart 27
 - FY 2002 Budget Cuts and Restorations 28
 - Blueprints for Violence Prevention Program Descriptions 33

Department Services

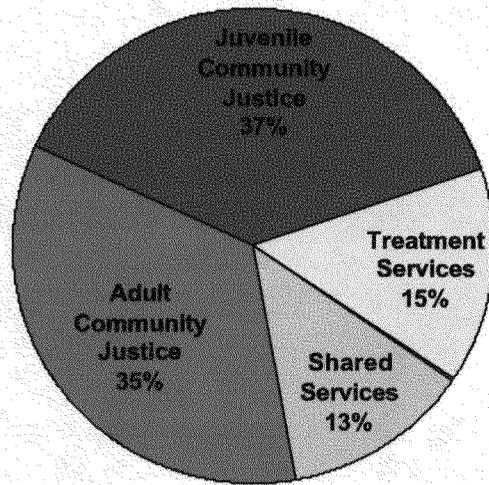
- ❖ Services to Adult Offenders
 - 6,826 adult offenders on Probation at any one time
 - 3,554 adult offenders on Post Prison Supervision
 - 281 adult offenders on diversion, local control, leave, etc.
 - 5,391 sanctions imposed on adult offenders were imposed during calendar year 2000 (includes duplicated offenders)
 - 1,967 adult offenders received services from contracted providers. These offenders utilized services 2,337 times.
- ❖ Services to Juveniles
 - 1,162 juveniles were on diversion during calendar year 2000.
 - 713 juveniles were on probation during calendar year 2000.
 - 478 juveniles were held in detention during calendar year 2000.
 - Over 4,500 youth were referred to the School Attendance Initiative Program

Budget Details

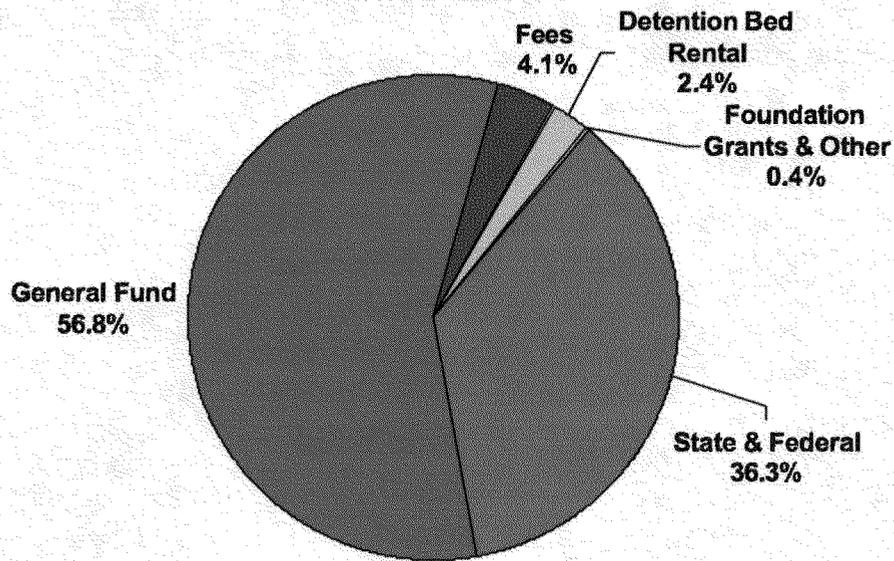
**DCJ FY 2002 Approved Budget \$71.2m
Expenditures by Category**



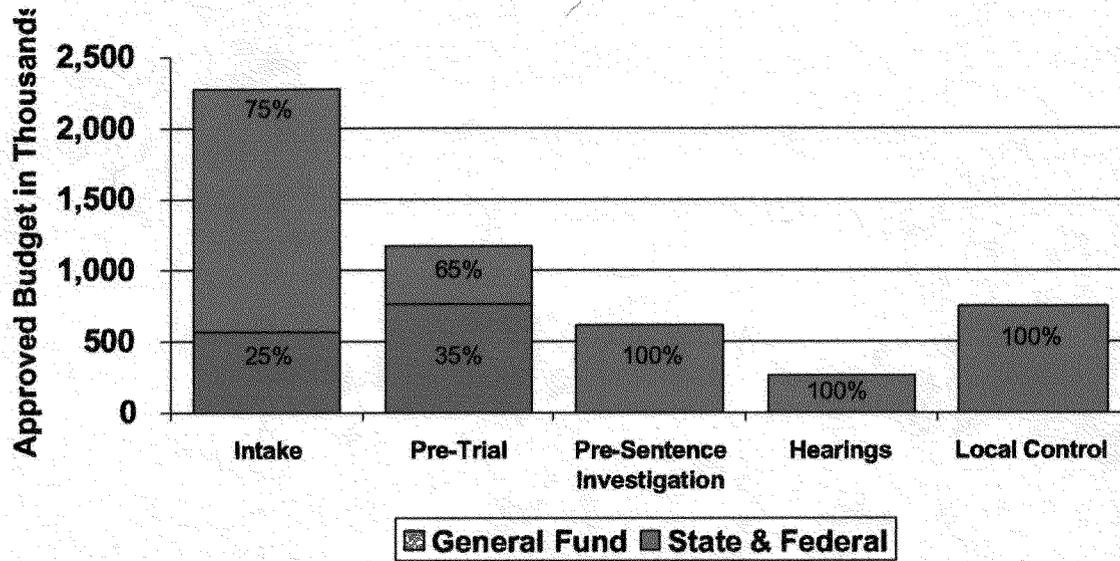
**DCJ FY 2002 Approved Budget \$71.2m
Expenditures by Division**



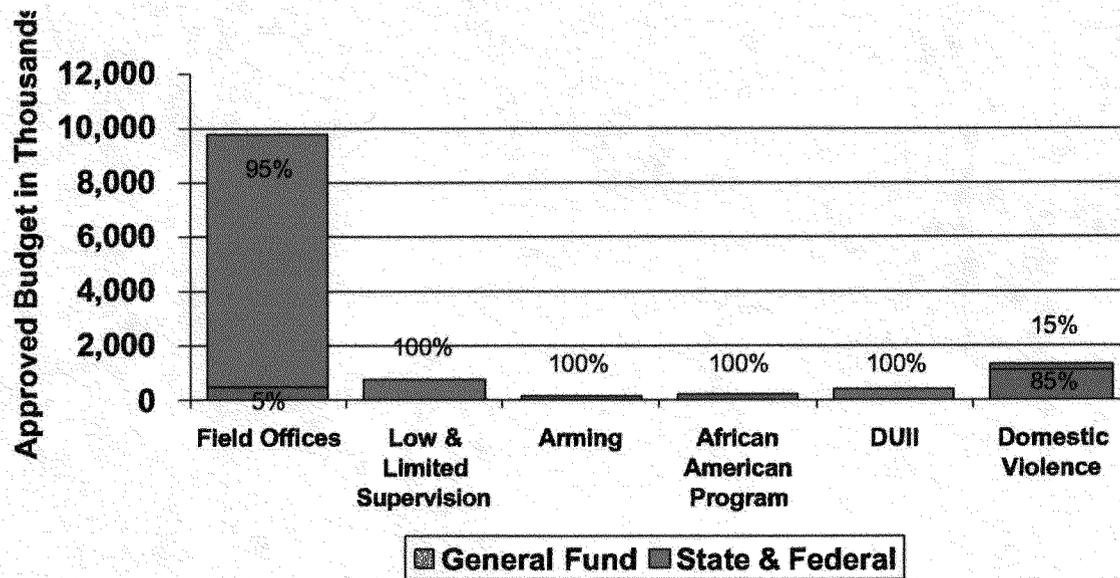
**FY 2002 DCJ Approved Budget \$71.2m
Revenue Sources**



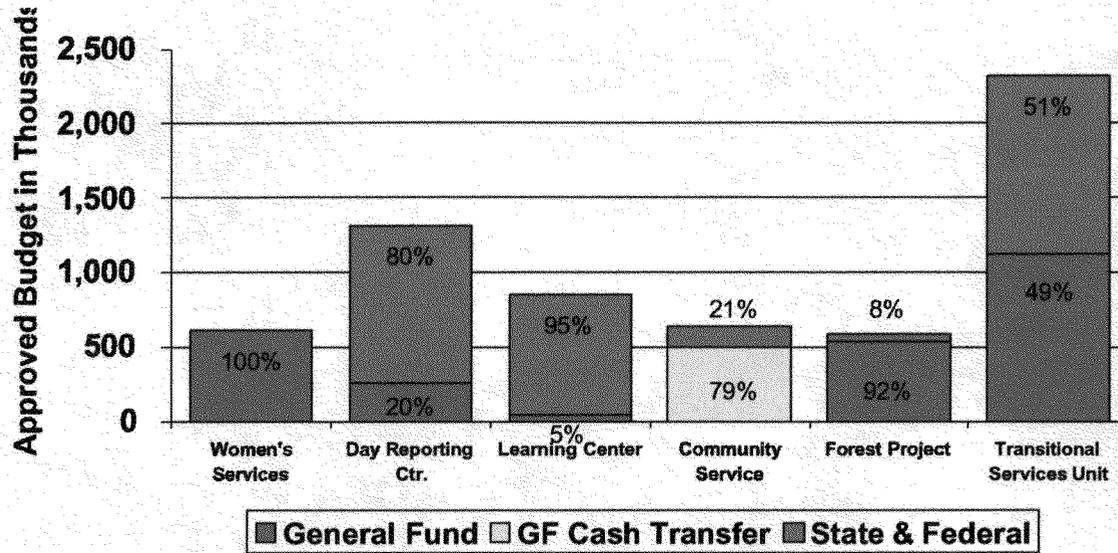
Funding Source Comparison Adult Community Justice Adult Centralized Processing Services



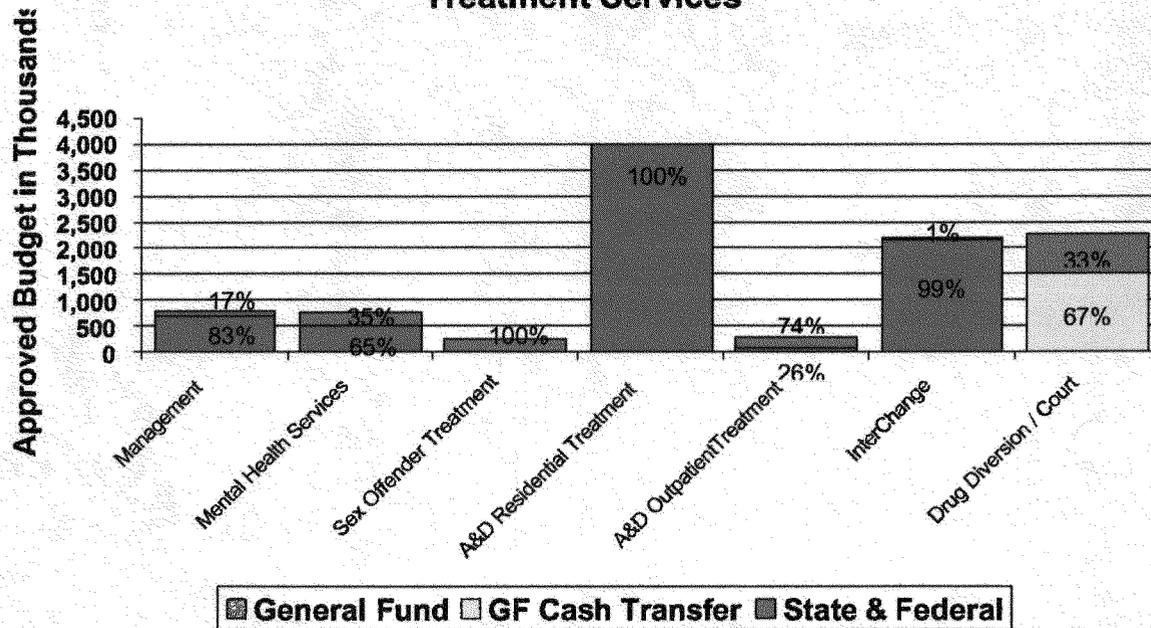
Funding Source Comparison Adult Community Justice Adult Supervision



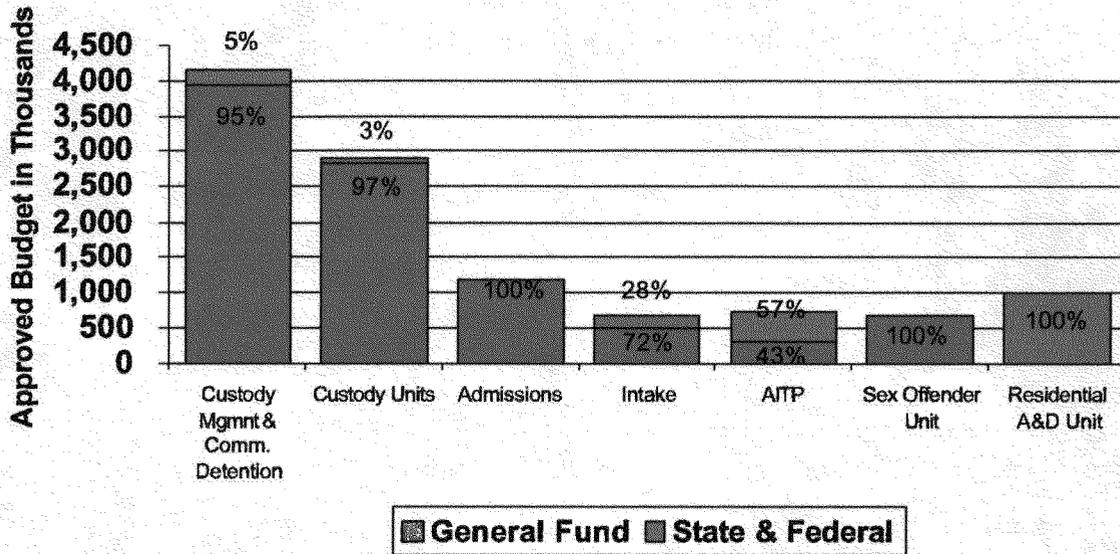
Funding Source Comparison Adult Community Justice Adult Sanctions & Services



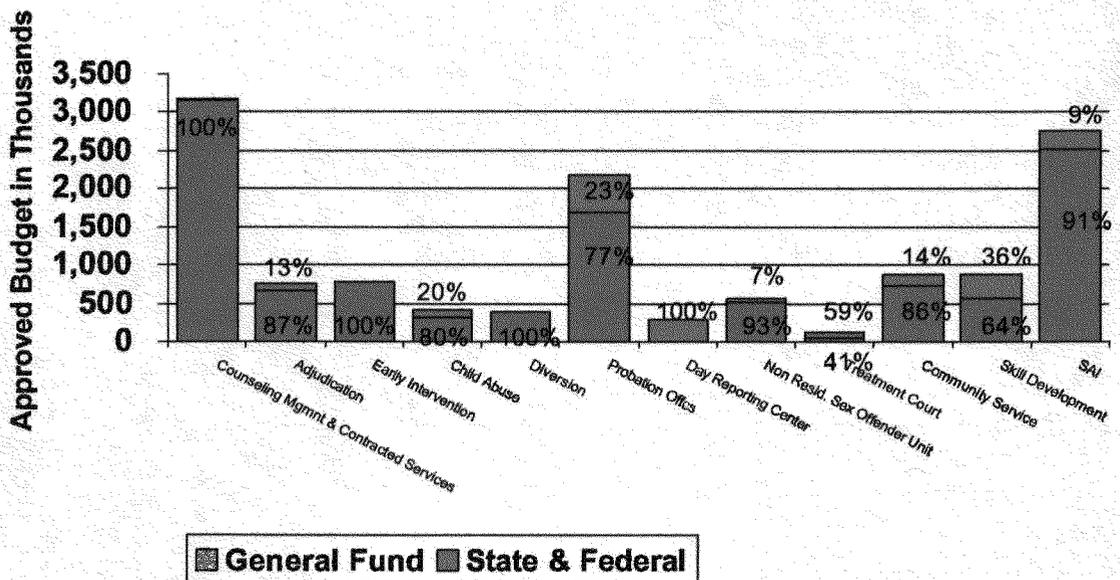
Funding Source Comparison Adult Community Justice Treatment Services



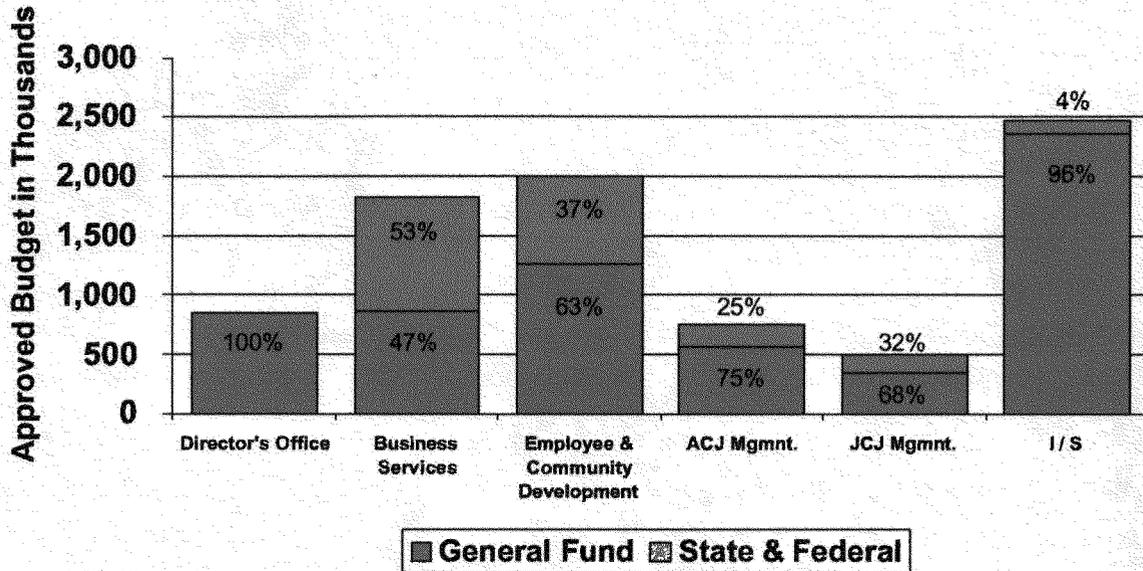
Funding Source Comparison Juvenile Community Justice Custody Services



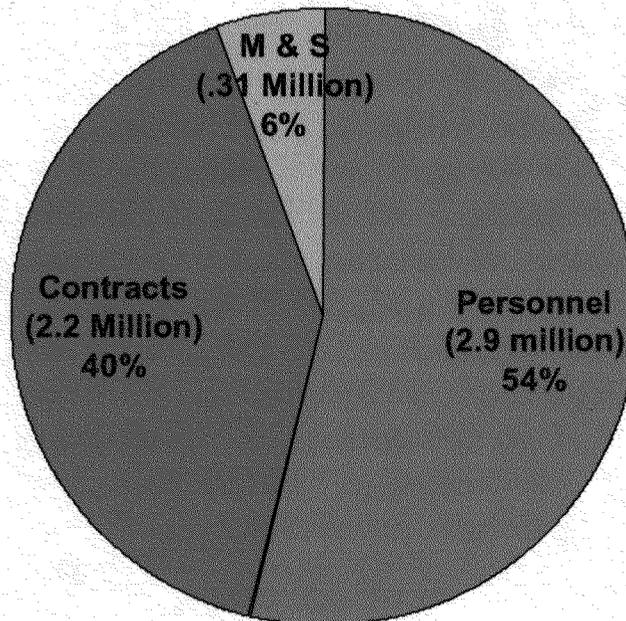
Funding Source Comparison Juvenile Community Justice Counseling & Court Services



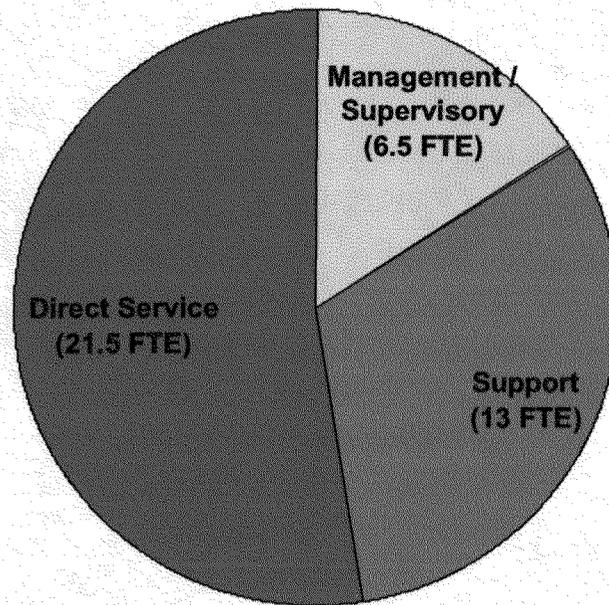
Funding Source Comparison Department of Community Justice Administrative Centralized Services



FY 2002 Approved Budget Cuts By Expenditure Area



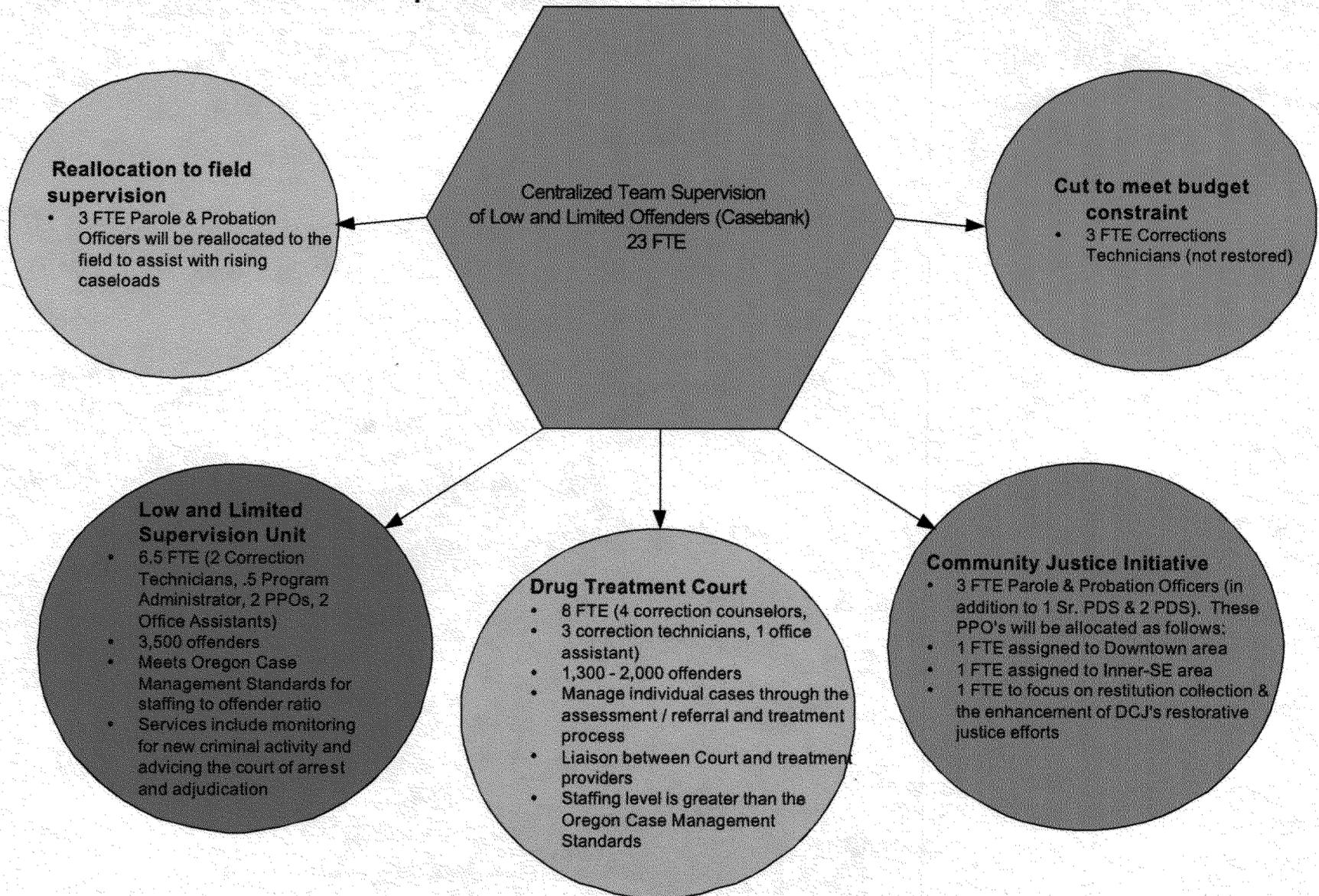
FY 2002 FTE Reductions by Classification Type



Service Highlights / New Initiatives

- ❖ Restructure of Low and Limited Supervision Services
 - The vast majority of low level offenders typically do not re-offend and the offenses that they may commit do not usually present immediate risk to the physical safety of other citizens.
 - This change is consistent with national research in community corrections which indicates that public safety is increased by a focus on high risk offenders
 - Development of the Drug Treatment Court bolsters treatment options for low-risk drug offenders who have significant negative impacts on our communities.

Restructure of Low and Limited Supervision Services



Alcohol and Drug Treatment Services

❖ Completed

- Implemented InterChange: 50 bed Secure Adult Drug and Alcohol Treatment Facility.
- Implemented Juvenile Drug Court.
- Implemented a 15 bed Secure Juvenile Residential Alcohol and Drug Treatment Unit.
- Created the Multnomah Community Justice Alcohol & Drug Advisory Council.
- Collaborated with Department of Community and Family Services for Center for Substance Abuse Treatment Grant to provide assessment staff at Juvenile.

❖ Pending

- Expansion and move of InterChange to Wapato facility.
- Centralized substance abuse assessments for adults at Centralized Intake (Mead Building).
- Expansion of Adult Drug Treatment Court.

❖ Planned

- Robert Wood Johnson Juvenile Alcohol and Drug Treatment System Improvement Grant Proposal.

Mental Health Services

❖ Completed

- Participated on Mental Health Redesign Plan
- In collaboration with Unity, developed Project Oasis, an outpatient integrated program serving men and women who have been diagnosed with a co-occurring disorder. Project Oasis provides 6 beds of transitional housing to assist clients in stabilizing within the community.
- In collaboration with Unity, developed the Jail Transition Program, an assertive case management program serving men and women who have been diagnosed with a chronic and persistent mental illness and/or a co-occurring disorder who have been homeless for an extended period of time. Program staff meet with clients while in jail and develop a case plan. The Mental Health PPO meets weekly to staff cases.

- In collaboration with Network Behavioral Services, developed enhanced Mental Health Care Coordination and Nurse Practitioner Services to serve 120 clients annually. Two full time case managers and .4FTE nurse practitioner assist Mental Health P/PO's in the stabilization of offenders within the community, linking clients to services, obtaining benefits, and housing.
 - Developed the mental health emergency fund to provide for individuals who have been diagnosed with a mental illness and are in need of emergency housing, food, medication, clothes, showers, etc.
 - In collaboration with Network Behavioral Healthcare, established a fully integrated Mental Health/A&D office above Adult Supervision's North Field office.
- ❖ **Pending**
- Development of Mental Health Treatment Court
 - Implement a Recovery Mentorship Program for clients leaving institutions and InterChange.
- ❖ **Planned**
- Implementation of co-occurring disorder unit at the new InterChange facility

Housing Services

- ❖ **Completed**
- Completed the Department of Community Justice Housing Plan, which identified a plan for the development and enhancement of the continuum of housing options for offenders leaving institution and treatment.
 - Advocated for offender housing needs in multiple government comprehensive planning efforts
 - Purchased and renovated the Couch Street Houses (with funds from the Bureau of Housing and Community Development)
 - In collaboration with Unity, opened the Delauney Quads providing 16 units of housing and case management for mentally ill adult offenders
 - Completed site reviews for all housing contracts (ensuring compliance with physical and programming requirements)
- ❖ **Pending**
- Collaboration with community providers and the Department of Sustainable Community Development to secure additional offender housing (using levy dollars)
- ❖ **Planned**
- Development of suitable housing for sex offenders returning to the community from prison

Family-based Services

❖ Completed

- Implemented Family Strengths Program (curriculum delivered to parents of juveniles involved in the Juvenile Early Intervention Unit and Skill Development Unit)
- Implemented Save Our Families (curriculum delivered to families of juvenile delinquents involved in intra-family violence)
- Implemented juvenile gender specific caseloads for girls on probation

❖ Pending

- Family Unit
- Enhancement of the Family Support Project which provides holistic case planning for juveniles and their families (in collaboration with Adult and Family Services, Services for Children & Families, and Housing and Urban Development)
- Centralization of juvenile and adult family based staffing

❖ Planned

- Development of family risk assessments for clients of the Family Unit
- Pursuit of grant funding for services to children who witness violence



Ten Model Programs

The Center for the Study and Prevention of Violence has identified ten violence prevention programs that meet a very high scientific standard of program effectiveness—*programs that could provide an initial nucleus for a national violence prevention initiative.*¹

Treatment Foster Care

- ◆ The approved DCJ FY 2002 budget includes \$380,000 for implementation of the Treatment Foster Care model.
- ◆ This program will provide 5-6 beds of Treatment Foster Care contracted through community-based providers.

Multisystemic Therapy

- ◆ DCJ provides services to 30 families per year through two MST programs (one in-house and one provided through a contract with Self Enhancement, Inc.).
- ◆ The approved budget includes \$502,799 for this program.

Functional Family Therapy

- ◆ Tualatin Valley Centers, in collaboration with DCJ & DCFS, serves 120-150 youth & families annually (40 at a given time) using the Functional Family Therapy model.
- ◆ Priority is given to youth involved in the juvenile justice system, undergoing intensive outpatient treatment, and who have family members who are willing to participate.

Nurse Home Visitation

- ◆ DCJ has worked collaboratively with the Health Department to utilize Juvenile High Risk Crime Prevention dollars for start-up of the Health Department's Nurse Home Visitation / OLDS program.
- ◆ This program serves 75 young women who have become first time mothers between the ages of 10-17.

Big Brothers Big Sisters

Midwestern Prevention Program

Life Skills Training

Quantum Opportunities

PATHS

Bullying Prevention Program

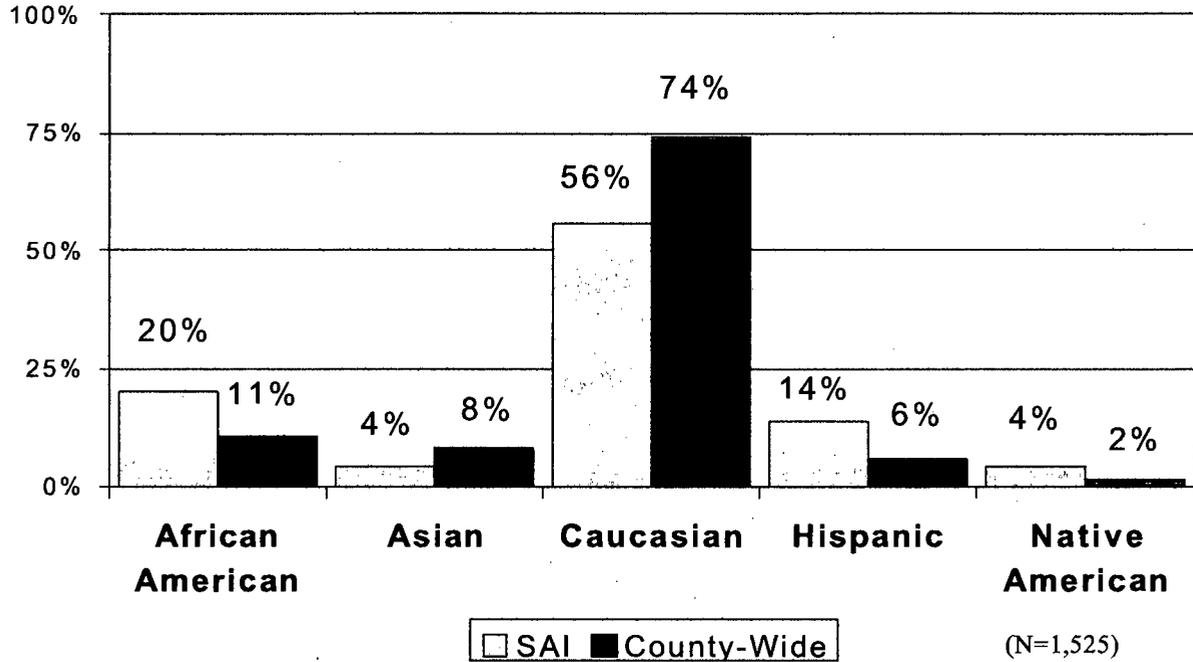
*Detailed program descriptions on the highlighted models are included in the appendix.

¹ <http://www.colorado.edu/cspv/blueprints/model>

Research and Evaluation

School Attendance Initiative

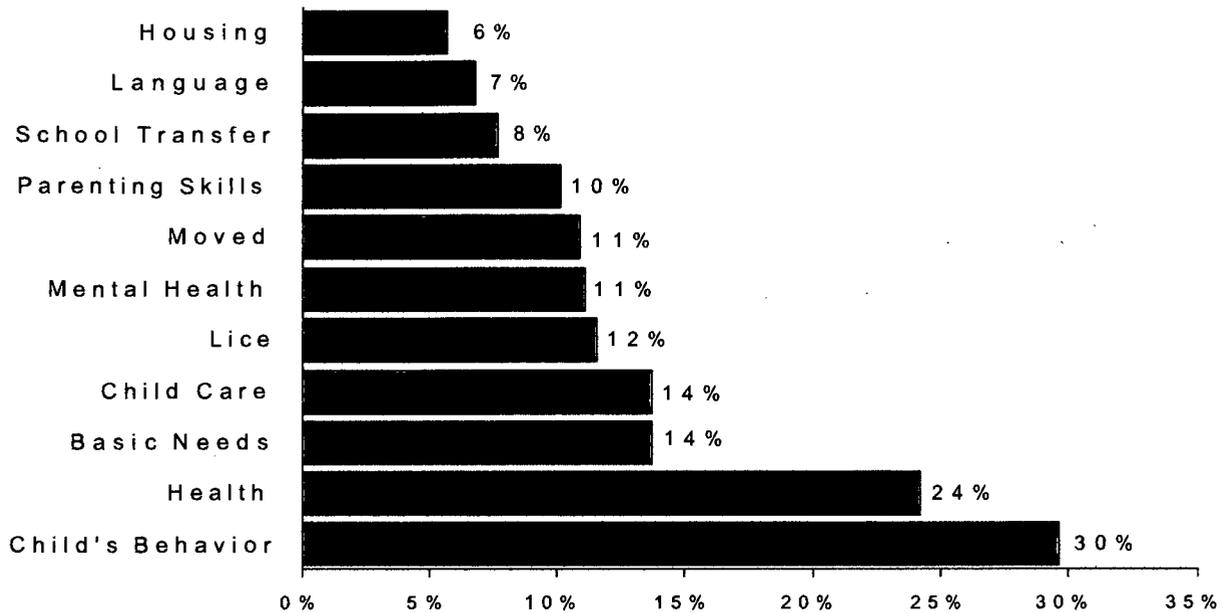
Race/Ethnic Distribution in SAI Compared to Multnomah County Overall*



* - Data taken from "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: July, 1 1999" (all 10-19 year old youth residing in Multnomah County).

- ❖ Despite being approximately 11% of the population of youth in Multnomah Co., African-American youth comprised 20% of the referrals made to SAI.
- ❖ Hispanic youth, representing 6% of the Multnomah County youth population represented 14% of the referrals made to SAI.

Factors Affecting Student Non-Attendance*



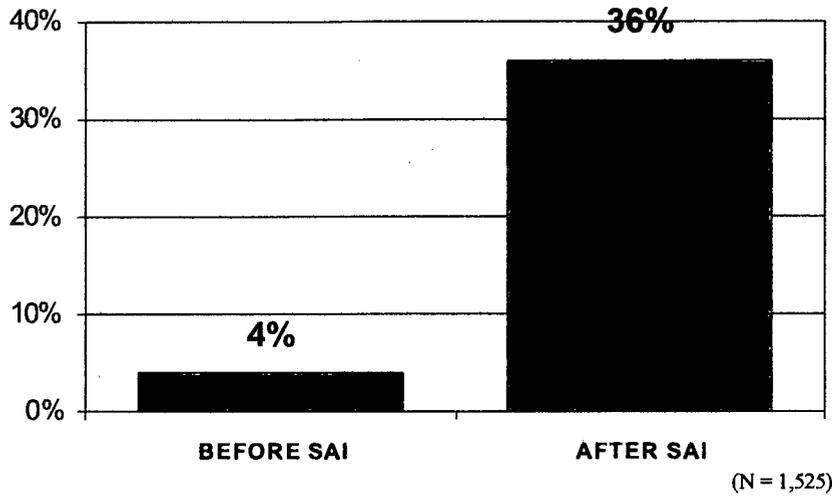
* - As determined by the outreach staff through interaction with the referred youth's family. There are often multiple factors for each youth so these bars do not total to 100%

- ❖ The two most common reasons for non-attendance were “chronic health problems of the child” and “disruptive classroom behavior by the child.”

Most Common SAI Referrals Made by Staff

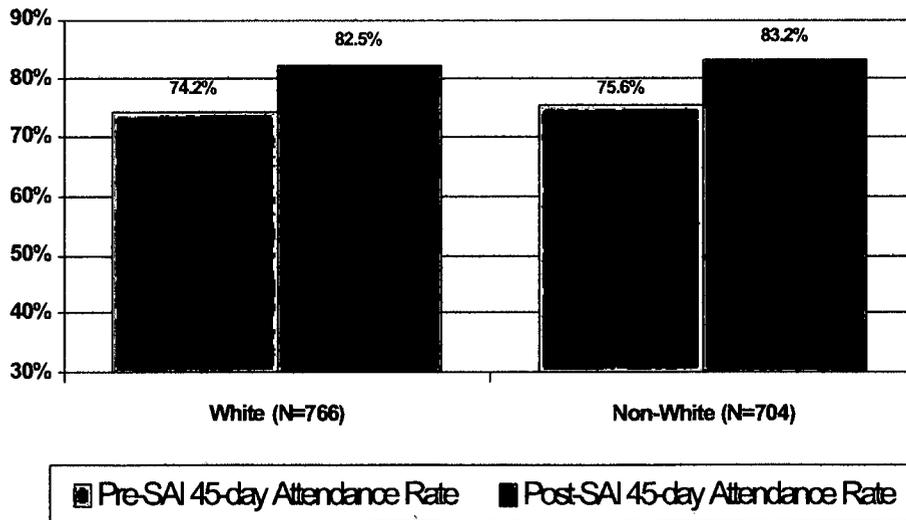
- ❖ Basic services: food, housing, employment
- ❖ Counseling, drug & alcohol assistance
- ❖ Parenting & anger management classes
- ❖ Culturally specific services
- ❖ School-Based Health Centers & Family Resource Centers
- ❖ Lice Resource Center
- ❖ Education: mentorship, tutoring
- ❖ SCF
- ❖ AFS

Students Meeting 90% Attendance Standard



- ❖ The percent of youth referred to SAI and who met the 90% attendance standard increased from only 4% before SAI to 36% after SAI (45 days pre and post contact)

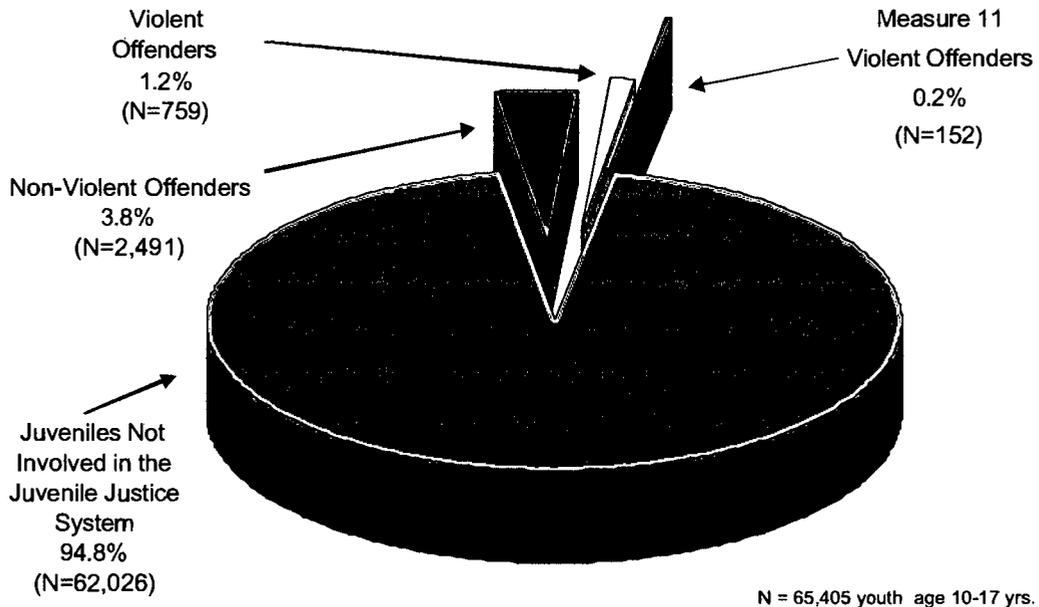
Attendance Rates by White/Non-White: Pre- and Post-SAI



- ❖ Both White youth and non-White youth demonstrated increases in rates of attendance after participation in SAI (45days pre & post).

Juvenile Crime Trends

Population of Youth in Multnomah County Compared to Juvenile Offenders: 2000

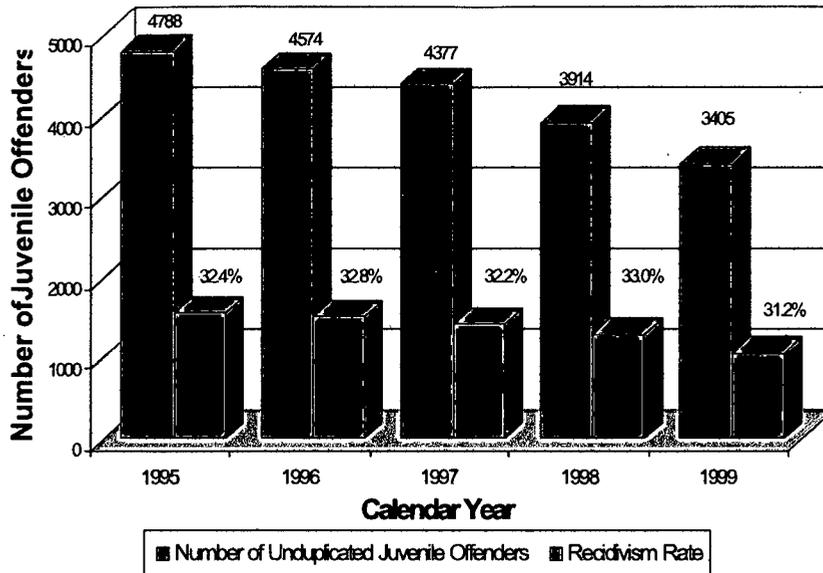


N = 65,405 youth age 10-17 yrs.

Juvenile Crime Trends Report: 2000
Keir & Nguyen, 2001

- ❖ Almost 95% of the youth in Multnomah County were *not involved* with the Multnomah County juvenile justice system in 2000.
- ❖ The total of violent offenders combined with Ballot Measure 11 violent offenders make up less than 1.5 percent of all youth in Multnomah County.

FIGURE 2 - Juvenile Offenders and Recidivism Rate: 1995-1999*



Recidivism Report: 1999 Offenders
Keir and Nguyen, 2001

- ❖ Since 1995, the number of unduplicated juvenile offenders referred to DCJ has decreased by almost 29%.
- ❖ Since 1995, the recidivism rate has remained quite consistent (with about one out of every three offenders committing another criminal offense within one year of the original referral). The largest change occurred between 1998 and 1999 with a decrease of 1.8%.
- ❖ The decreasing number of juvenile criminal referrals combined with a stable recidivism rate resulted in a decrease in the absolute number of recidivating youth over time (1,519 juveniles in 1995 to a projected 1,122 in 1999 for a decrease of over 26%).

Adult Community Justice

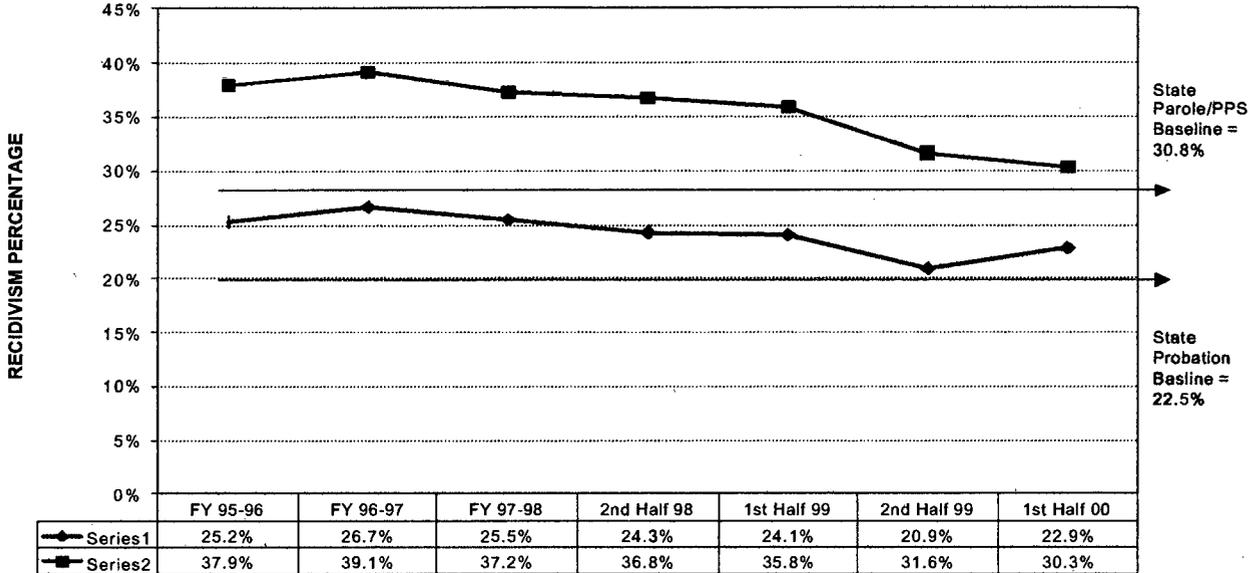
Adult Redesign Evaluation

The evaluation being conducted by researchers from George Washington University and funded by the National Institute of Justice will examine the following for three cohorts of offenders who entered the system in 1995, 1998, and 2000:

1. Describe three offender cohorts in terms of demographics, initial risk/supervision level, current offense, legal status, and prior history to include arrest and convictions.
2. Using offender first caseload assignment, are caseload types homogeneous in terms of risk/supervision level?
3. What is the type (e.g., face-to-face, telephone, collateral, etc.) and intensity (e.g., frequency) of supervision for offenders of different risk levels? Are resources being devoted to higher-risk offenders, with only minimal services to low- and limited-risk?
4. How does the system respond to non-compliant behavior through the use of sanctions? What are the characteristics of offenders who receive sanctions; what conditions are violated and what sanction is imposed in response?
5. How do offender outcomes vary across caseloads/risk levels? Are there differences among offenders of similar risk levels (e.g., medium) who are on different caseloads (e.g., generic vs specialized)?

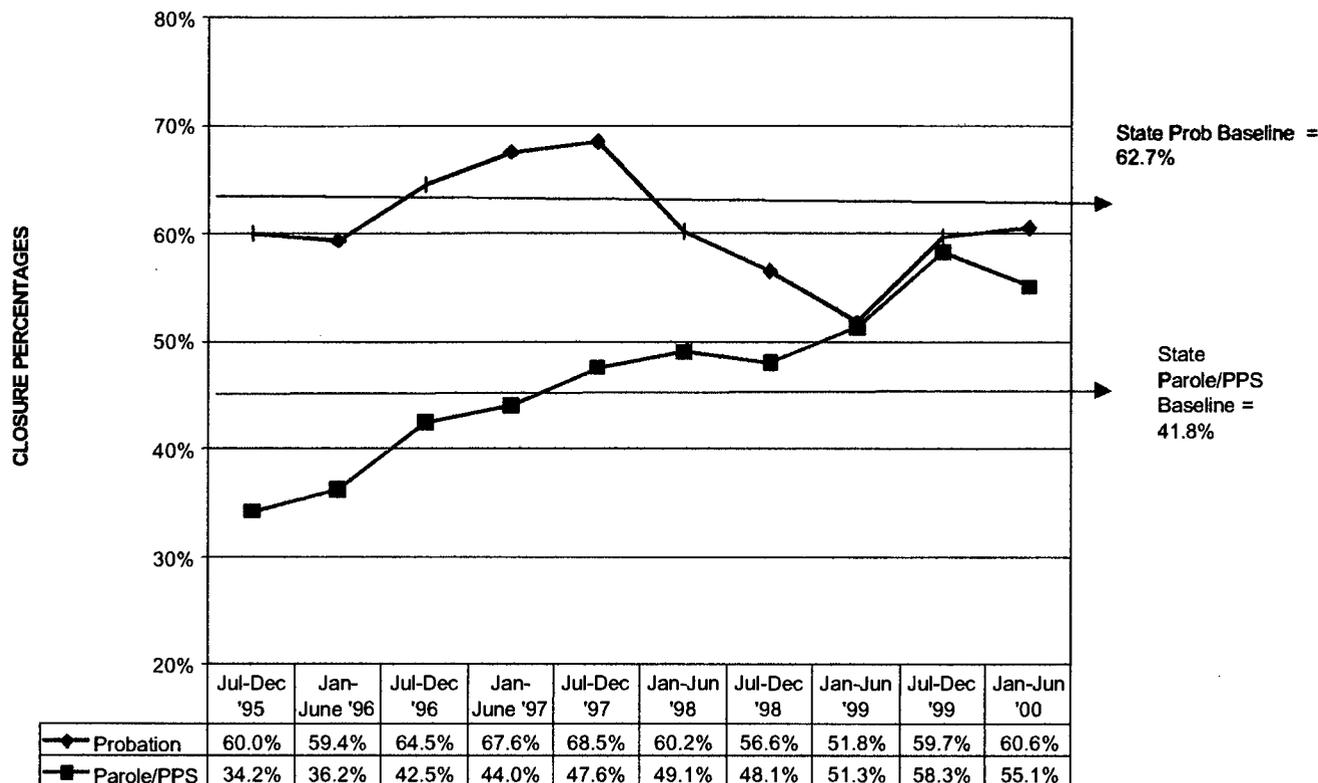
Adult Community Justice Statewide Performance Measures

FIGURE 1: THREE YEAR RECIDIVISM** BY PROBATION AND PAROLE/PPS



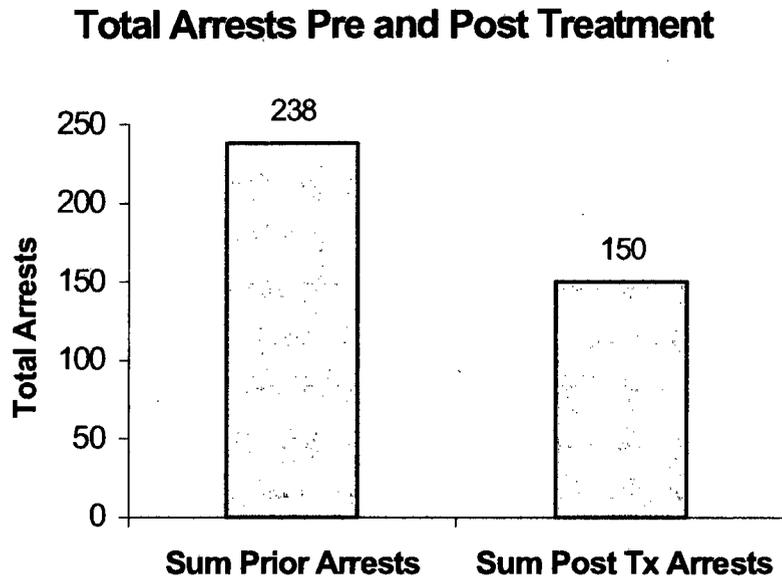
- ❖ The statewide baseline uses data for offender population during FY 95-96.
- ❖ Recidivism data looks at offender cohorts who entered system three years prior to date of measurement. Therefore, FY 97-98 recidivism data are based on FY 94-95 offender population data, etc.
- ❖ Multnomah County’s overall recidivism rate for probationers has shown a downward trend over time from a high of 26.7% in FY 96-97 to a low of 20.9% in the second half of 1999. Most recent recidivism rates for probationers are less than 1% above state baseline.
- ❖ Multnomah County’s overall recidivism rate for parolees/post-prisoners has shown a downward trend over time from a high of 39.1% in FY 96-97 to a low of 30.3% in the first half of 2000. Most recent recidivism rates for parolees/post-prisoners are lower than state baseline.

FIGURE 2: POSITIVE CASE CLOSURE** PERCENTAGES FOR MULTNOMAH COUNTY



- ❖ The overall trend for parolee/post-prisoners' positive case closures has been upward from a low of 34.2% in second half of 1995 to a high of 58.3% in the second half of 1999. Most recent closure rates for parolee/post-prisoners are well above state baseline.
- ❖ The overall trend for probationers' positive case closures has been mixed with the period of time from July 1996 through December 1997 evidencing closure rates exceeding state baseline expectations. Most recent closure rates for probationers are within 3% of baseline.

Recidivism of Adult Offenders in Alcohol and Drug Treatment



- ❖ This illustration above compares arrests in the year prior to treatment entry to arrests during the year following treatment discharge for a sample of 100 offenders.
- ❖ Participants who completed treatment had a 37% reduction in arrest rate.

Offenders Receiving Treatment from Interchange

- ❖ Interchange graduates who kept in contact with InterChange counseling staff were rearrested at lower rates than graduates who did not keep in contact with InterChange counseling staff.
 - 10 % of graduates who maintained contact were rearrested in the three months after graduation.
 - Graduates who did not maintain contact had an arrest rate of 50%.
- ❖ Most Interchange graduates interviewed are in compliance with the conditions of their supervision:
 - 76% report maintaining sobriety,
 - 83% are attending continuing care, and
 - 78% are meeting regularly with their parole / probation officers.

Collaborative Efforts within the County	
Department of Community and Family Services	<ul style="list-style-type: none"> ❖ Mental Health Assessment Development ❖ Alcohol and Drug Assessment Development ❖ Drug Treatment Court ❖ Mental Health Treatment Court ❖ Treatment coordination and development ❖ School Attendance Initiative ❖ Juvenile diversion program services ❖ Mental Health redesign ❖ Contracting services coordination
Health Department	<ul style="list-style-type: none"> ❖ Juvenile Detention - Corrections Health ❖ InterChange – Corrections Health ❖ ADAPT ❖ Family Support Project ❖ Federal Financial Participation
Sheriff's Office	<ul style="list-style-type: none"> ❖ Training coordination ❖ Planning and development of Wapato facility ❖ Reduction in jail bed use ❖ Strategic planning efforts for offender transitions to the community
Local Public Safety Coordinating Council	<ul style="list-style-type: none"> ❖ Racial Over-representation Committee ❖ DSS – Justice (Data warehouse project)
District Attorney	<ul style="list-style-type: none"> ❖ Community Court ❖ Restitution Collection ❖ Drug Treatment Court ❖ Mental Health Treatment Court
Library	<ul style="list-style-type: none"> ❖ Library services in juvenile detention
Sustainable Development	<ul style="list-style-type: none"> ❖ Housing development (in coordination with community partners)
Other Partners	<ul style="list-style-type: none"> ❖ Schools ❖ Courts ❖ Police ❖ Department of Corrections ❖ Oregon Youth Authority ❖ Community-based Providers ❖ Department of Human Resources – Alcohol & Drug ❖ Services to Children and Families

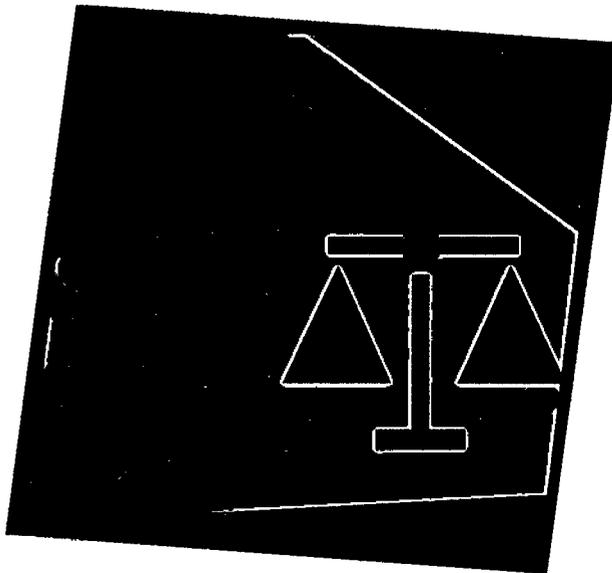
Long Term Planning

- ❖ State Funding
 - Community Corrections
 - Oregon Youth Authority
 - Responding to bed cuts
 - Community Accountability Programs
 - Reduced community-based services
 - Juvenile Crime Prevention Plan
- ❖ Federal Financial Participation
- ❖ Wapato operational funding
- ❖ Workload expansion
- ❖ Meeting the needs of non-English speaking offenders
- ❖ Meeting the needs of east-county offenders and their communities



May 22, 2001

Department of Community Justice



Appendix



Multnomah County Department of Community Justice

Mission

Our mission is to enhance community safety and reduce criminal activity by holding youth and adults accountable in a fair and just manner, assisting them to develop skills necessary for success, and effectively using public resources.

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Change and Rehabilitation

We believe in people's ability to change and strive to provide opportunities for rehabilitation through the effective use of best practices.

Restitution to Victims and Communities

We value restitution to neighborhoods and individual crime victims. Restitution restores those impacted by crime and encourages offenders to take responsibility for the harm they caused.

Strong Families

We value families for their role in strengthening our communities and preventing criminal behavior.

Diversity

We value and respect diversity within our staff, our clients and our community.

Professionalism

We value the highest standards of professional behavior, including treating people with respect, promoting effective communication, resolving conflicts peacefully, acting with integrity, taking initiative, and accepting personal responsibility for our organizational culture.

Financial Accountability

We recognize that it is our responsibility to manage our limited time and resources carefully to maximize services provided to the public.

Investing in Employees

We invest in employees through education and training and by providing opportunities for personal and professional growth. We value a balance between professional responsibilities and personal life.

Information Based Decisions

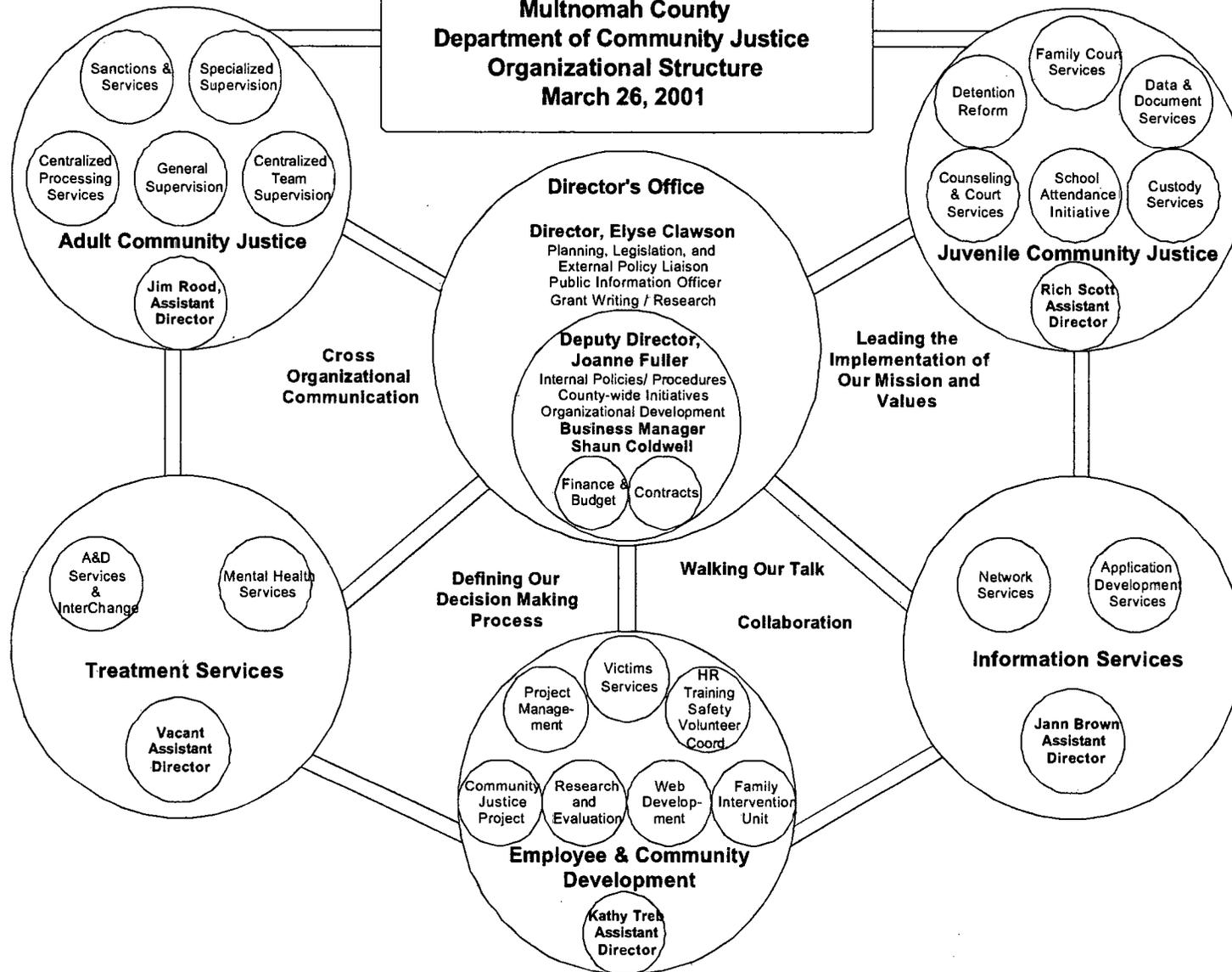
We value information. We are dedicated to continuous improvement and use data and best practices to help guide our decision making.

Collaborative Relationships

We believe that in order to enhance public safety we must work collaboratively with our partners, including the judiciary, law enforcement, schools, treatment agencies, and the community.

October 2000

**Multnomah County
Department of Community Justice
Organizational Structure
March 26, 2001**



DEPARTMENT OF COMMUNITY JUSTICE
Approved Budget Changes to Current Service Level Budget

JUVENILE COMMUNITY JUSTICE

	FTE Cuts	Amount Cut	FTE Restored	Amount Restored
Turnaround School: Juvenile Court Counselors, Contracts with PPS and MESD	(2.00)	(\$826,474)		Program restructured \$200,000
Treatment Foster Care Contracted Services				\$380,000
Juvenile Day Reporting Center: Cut Juvenile Counselor Assistant Cut ½ contract with JANUS Youth Programs	(1.00)	(\$51,113) (\$86,434) (\$137,547)	1.00	\$51,113 \$86,434 \$137,547
MultiSystemic Therapy Program: Cut MH Consultant Positions Cut one-half Program Administrator Position Cut Multisystemic Therapy Inc. contracts Contract with Self-Enhancement Inc.	(3.00) (0.50)	(\$200,321) (\$43,610) (\$47,337) (\$211,531) (\$502,799)	3.00 0.50	\$200,321 \$43,610 \$47,337 \$211,531 \$502,799
Cut Gang Transition Services contracts:				Restores IRCO Asian Family Center \$50,000
		(\$419,835)		
Reduce School Attendance Initiative Program (SAI): Juvenile Counselor Assistant Contracts with MESD Contracts with Portland Public Schools Other Contracted Services	(2.00)	(\$96,132) (\$224,615) (\$97,430) (\$530,882) (\$949,059)		\$200,000

JUVENILE COMMUNITY JUSTICE continued

	FTE Cuts	Amount Cut	FTE Restored	Amount Restored
Juvenile Court Counselors from field offices. One each from Gresham, NE, North, Central and Sex Offender Programs.	(5.00)	(\$307,633)		
Juvenile Counselor Assistants from field offices. One each from SE, Gang Unit, Payback and Sex Offender units.	(4.00)	(\$210,234)		
Skill Development Eliminate Whitaker facilities contract with Portland Public Schools. Cuts one Juvenile Counselor Assistant from Intake and one-half Program Administrator from Skill Development	(1.50)	(\$15,000) (\$101,852) (\$116,852)		
Other Contracted Services: Contract with Resolution Northwest Contract with Public Service Labs		(\$50,000) (\$3,000) (\$53,000)		
Contract with Portland Public Schools for Family Resource Center		(\$155,854)		
Alcohol and drug contracts with Morrison Center in Juvenile Custody Services and Juvenile Counseling Services.		(\$102,422)		
Eliminate one general detention unit at Juvenile Justice Center. Juvenile Custody Services Specialists Program Administrator	(8.00) (1.00)	(\$416,000) (\$79,564) (\$495,564)		
Contract with Albina Youth Opportunity/Genesis for alternative education. Revenue came from Portland Public Schools. Both revenue and contract were cut.		(\$250,000)		
SubTotal	(28.00)	(\$4,527,723)	4.50	\$1,470,346

ADULT COMMUNITY JUSTICE

	FTE Cuts	Amount Cut	FTE Restored	Amount Restored
Day Reporting Center / Londer Learning Center, Transitional Services Unit	(4.00)	(\$259,589)	4.00	\$259,589
Transitional Services Housing Contract Client bus Tickets		(\$146,066) (\$13,400) (\$159,466)		\$136,000
Corrections Technician Positions in Local Control, Pre-Trial Release, Sanctions Tracking, North and Central Field Offices.	(7.00)	(\$318,019)	4.00	\$180,000
Contracted Services for Women with histories of prostitution.		(\$200,000)		\$200,000
Job Services Contract		(\$72,422)		
Low and Limited Supervision Reorganization	(3.00)	(\$267,390)		
Cut one District Manager	(1.00)	(\$105,030)		
Cut one Operations Administrator	(1.00)	(\$64,181)		
Salary Savings		(\$350,000) (\$519,211)		
Mead Building reduced hours		(\$37,000)		
Total	(16.00)	(\$1,833,097)	8.00	\$775,589

TREATMENT SERVICES

	FTE Cuts	Amount Cut	FTE Restored	Amount Restored
Mentorships for offenders who are leaving prison/jail in treatment.				\$150,000
Drug Court outpatient and residential treatment, UA's				\$750,000
Treatment Court (budgeted in DCFS)			2.5	\$148,000
Housing contract		(\$125,000)		\$125,000
Anger management contract		(\$60,000)		
Mental Health outpatient field services contract		(\$181,000)		
Reduce beds at Interchange from 70 to 50	(3.50)	(\$284,641)		
SubTotal	(3.50)	(\$650,641)	2.50	\$1,173,000

COMBINED JUVENILE AND ADULT COMMUNITY JUSTICE

	FTE Cuts	Amount Cut	FTE Restored	Amount Restored
Forest Projects Program: Cut one Crew Leader Cut temporary and overtime Cut supplies	(1.00)	(\$47,200) (\$14,000) (\$15,000) (\$76,200)		
Alternative Community Services Program		(\$46,813)		
SubTotal	(1.00)	(\$123,013)	0.00	\$0

ADMINISTRATION AND CENTRAL SERVICES

	FTE Cuts	Amount Cut	FTE Restored	Amount Restored
Information Services	(2.00)	(\$316,125)		
Director's Office Juvenile Program Administrator Consulting Services (30k) Training (15k)	(1.00)	(\$144,604)		
Business Services Finance Specialist 1 Professional Services (49,300)	(1.00)	(\$96,248)		
Employee & Community Development Cut Safety Coordinator Position	(1.00)	(\$66,112)		Restored in Risk Mgmt as shared position.
SubTotal	(5.00)	(\$623,089)	0.00	\$0
TOTAL DCJ	(53.5)	(\$7,757,113)	15.00	\$3,418,935



Blueprints

For Violence Prevention

Multidimensional Treatment Foster Care

Multidimensional Treatment Foster Care (MTFC) is a cost effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers.

Program Targets:

Teenagers with histories of chronic and severe criminal behavior at risk of incarceration.

Program Content:

- ❖ *MTFC Training for Community Families.* Emphasized behavior management methods to provide youth with a structured and therapeutic living environment. After completing a pre-service training and placement of the youth, MTFC parents attend a weekly group meeting run by a program case manager where ongoing supervision is provided. Supervision and support is also given to MTFC parents during daily telephone calls to check on youth progress and problems.
- ❖ *Services to the Youth's Family.* Family therapy is provided for the youth's biological (or adoptive) family, with the ultimate goal of returning the youth back to the home. The parents are taught to use the structured system that is being used in the MTFC home. Closely supervised home visits are conducted throughout the youth's placement in MTFC. Parents are encouraged to have frequent contact with the MTFC case manager to get information about their child's progress in the program.
- ❖ *Coordination and Community Liaison.* Frequent contact is maintained between the MTFC case manager and the youth's parole/probation officer, teachers, work supervisors, and other involved adults.

Functional Family Therapy

Functional Family Therapy (FFT) is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes.

Program Targets:

Youth, aged 11-18, at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder.

Program Content:

FFT requires as few as 8-12 hours of direct service time for commonly referred youth and their families, and generally no more than 26 hours of direct service time for the most severe problem situations. Service is delivered by one and two person teams to clients in-home, clinic, juvenile court, and at time of re-entry from institutional placement.

FFT effectiveness derives from emphasizing factors which enhance protective factors and reduce risk, including the risk of treatment termination. In order to accomplish these changes in the most effective manner, FFT is a phasic program with steps which build upon each other. These phases consist of:

- ❖ *Engagement*, designed to emphasize within youth and family factors that protect youth and families from early program dropout;
- ❖ *Motivation*, designed to change maladaptive emotional reactions and beliefs, and increase alliance, trust, hope, and motivation for lasting change;
- ❖ *Assessment*, designed to clarify individual, family system, and larger system relationships, especially the interpersonal functions of behavior and how they related to change techniques;
- ❖ *Behavior Change*, which consists of communication training, specific tasks and technical aids, basic parenting skills, contracting and response-cost techniques; and
- ❖ *Generalization*, during which family case management is guided by individualized family functional needs, their interface with environmental constraints and resources, and the alliance with the FFT therapist/Family Case Manager.

Multisystemic Therapy

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.

Program Targets:

MST targets chronic, violent, or substance abusing male or female juvenile offenders, ages 12 to 17, at high risk of out-of-home placement, and the offenders' families.

Program Content:

MST addresses the multiple factors known to be related to delinquency across the key settings, or systems, within which youth are embedded. MST strives to promote behavior change in the youth's natural environment, using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change.

The major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. Within a context of support and skill building, the therapist places developmentally appropriate demands on the adolescent and family for responsible behavior. Intervention strategies are integrated into a social ecological context and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies.

MST is provided using a home-based model of services delivery. This model helps to overcome barriers to service access, increases family retention in treatment, allows for the provision of intensive services (i.e., therapists have low caseloads), and enhances the maintenance of treatment gains. The usual duration of MST treatment is approximately 60 hours of contact over four months, but frequency and duration of sessions are determined by family need.

Nurse Home Visitation

Prenatal and Infancy Home Visitation by Nurses, guided by a strong theoretical orientation, consists of intensive and comprehensive home visitation by nurses during a woman's pregnancy and the first two years after birth of the woman's first child. While the primary mode of service delivery is home visitation, the program depends upon a variety of other health and human services in order to achieve its positive effects.

Program Targets:

The program is designed to serve low-income, at-risk pregnant women bearing their first child.

Program Content:

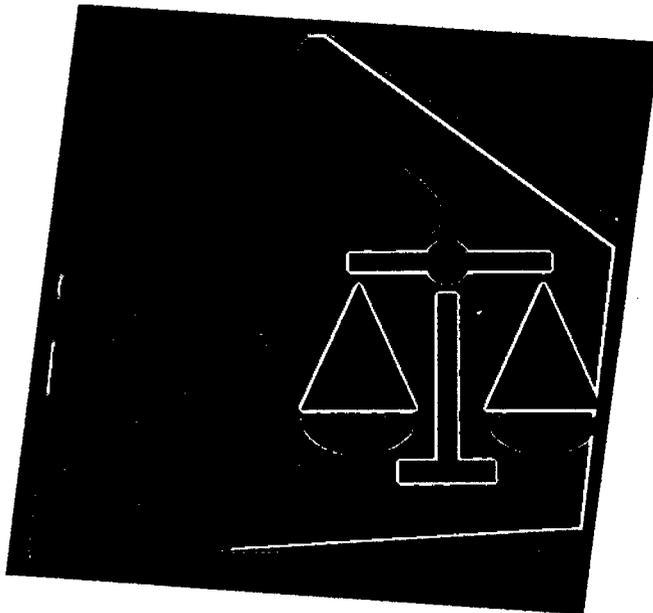
Nurse home visitors work with families in their homes during pregnancy and the first two years of the child's life. The program is designed to help women improve their prenatal health and the outcomes of pregnancy; improve the care provided to infants and toddlers in an effort to improve the children's health and development; and improve women's own personal development, giving particular attention to the planning of future pregnancies, women's educational achievement, and parents' participation in the work force. Typically, a nurse visitor is assigned to a family and works with that family through the duration of the program.



May 22, 2001

Department of Community Justice

Fiscal Year 2001-2002
Budget Presentation



Multnomah County
Department of Community Justice
Director, Elyse Clawson
501 SE Hawthorne Blvd. Suite 250
Portland, OR 97214
Phone 503.988.3701



May 22, 2001

Department of Community Justice

Fiscal Year 2001-2002
Budget Presentation



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Department of Community Justice FY 2002 Budget Presentation

Agenda

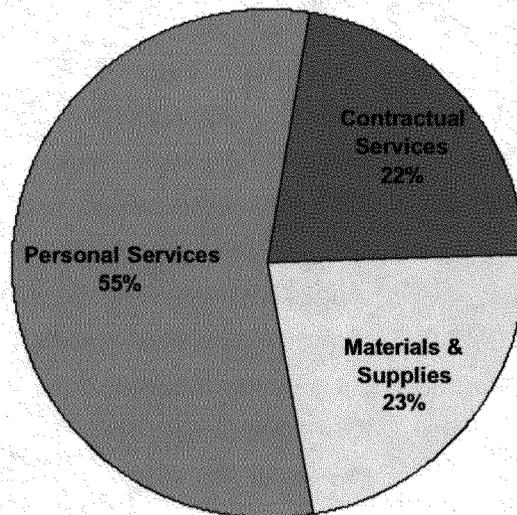
- ❖ **Introduction**
- ❖ **Citizen Budget Advisory Committee Report**
- ❖ **Department Services** 2
- ❖ **Budget Details** 2
- ❖ **Service Highlights**
 - Restructure of Low & Limited Supervision 8
 - Alcohol and Drug Treatment Services 10
 - Mental Health Services 10
 - Housing Services 11
 - Family-based Services 12
 - Blueprints for Violence Prevention 13
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 - Juvenile Crime Trends 17
 - Adult Redesign Evaluation 19
 - Adult Community Justice Statewide Performance Measures 20
 - Recidivism of Adult Offenders in Alcohol and Drug Treatment 21
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- ❖ **Long Term Planning** 23
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 - Mission, Values & Principles 25
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 - FY 2002 Budget Cuts and Restorations 27
 - Blueprints for Violence Prevention Program Descriptions 32

Department Services

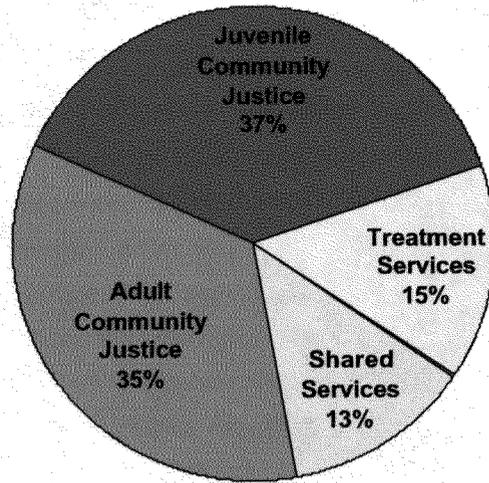
- ❖ Services to Adult Offenders
 - 6,826 adult offenders on Probation at any one time
 - 3,554 adult offenders on Post Prison Supervision
 - 281 adult offenders on diversion, local control, leave, etc.
 - 5,391 sanctions imposed on adult offenders were imposed during calendar year 2000 (includes duplicated offenders)
 - 1,967 adult offenders received services from contracted providers. These offenders utilized services 2,337 times.
- ❖ Services to Juveniles
 - 1,162 juveniles were on diversion during calendar year 2000.
 - 713 juveniles were on probation during calendar year 2000.
 - 478 juveniles were held in detention during calendar year 2000.
 - Over 4,500 youth were referred to the School Attendance Initiative Program

Budget Details

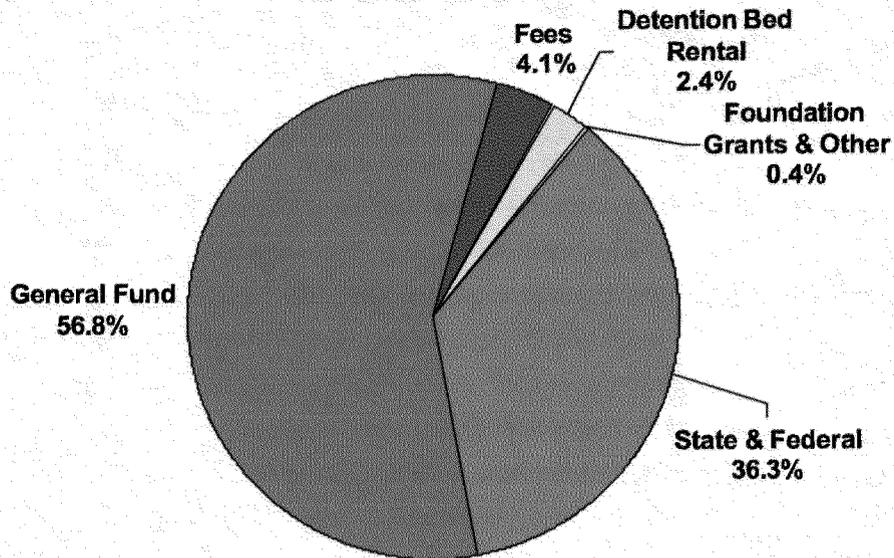
**DCJ FY 2002 Approved Budget \$71.2m
Expenditures by Category**



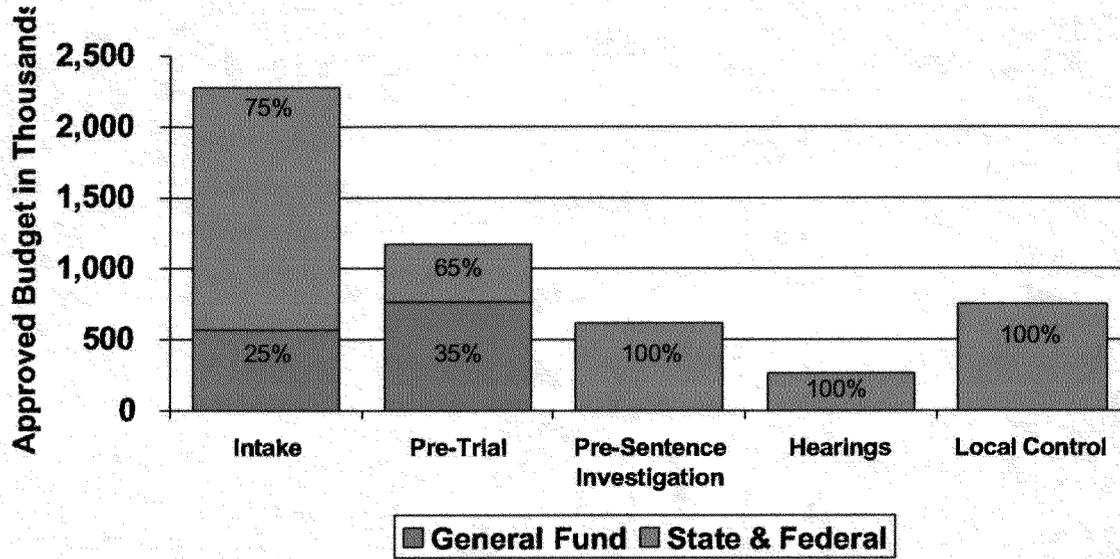
**DCJ FY 2002 Approved Budget \$71.2m
Expenditures by Division**



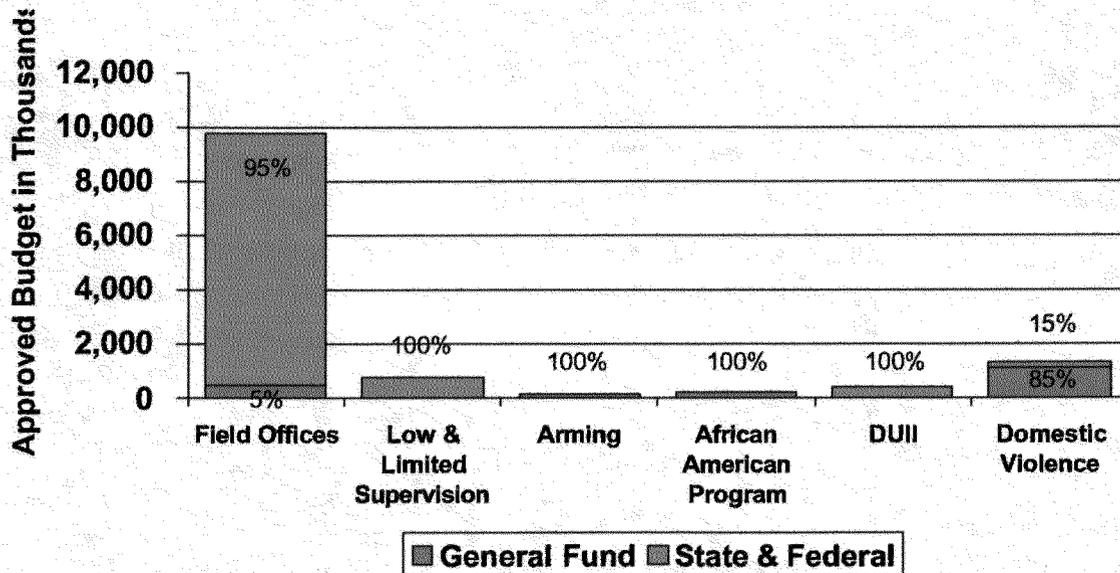
**FY 2002 DCJ Approved Budget \$71.2m
Revenue Sources**



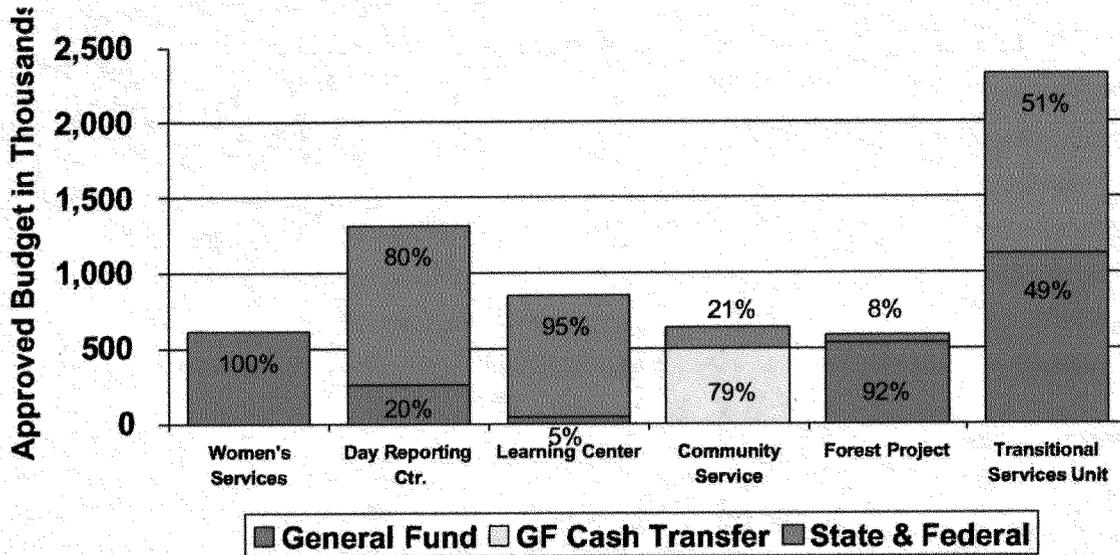
Funding Source Comparison Adult Community Justice Adult Centralized Processing Services



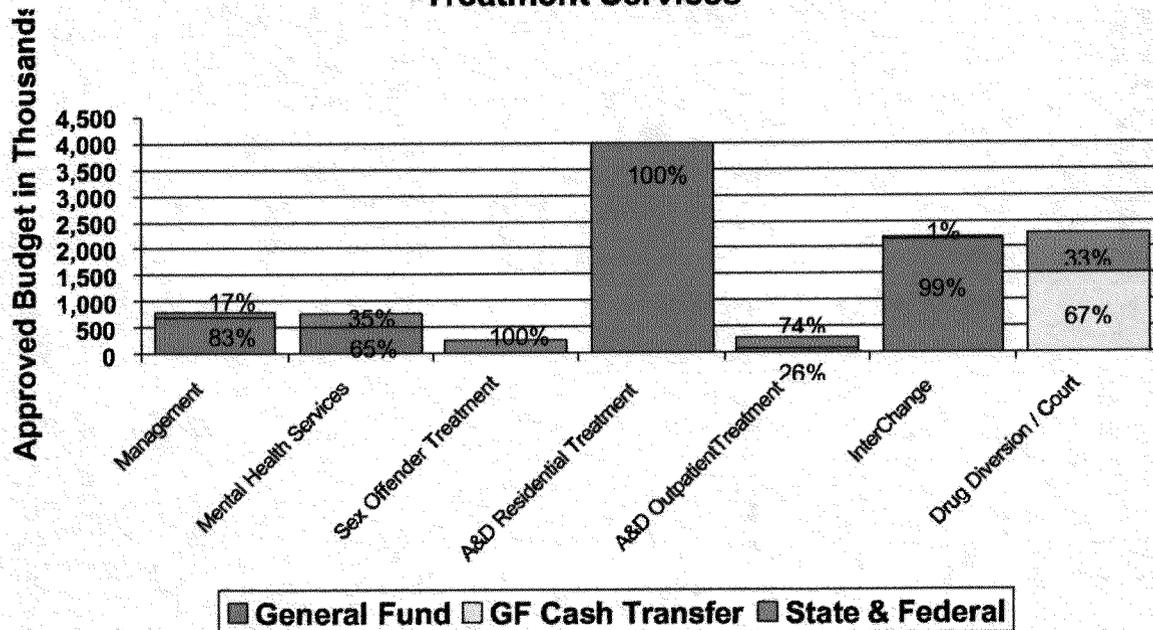
Funding Source Comparison Adult Community Justice Adult Supervision



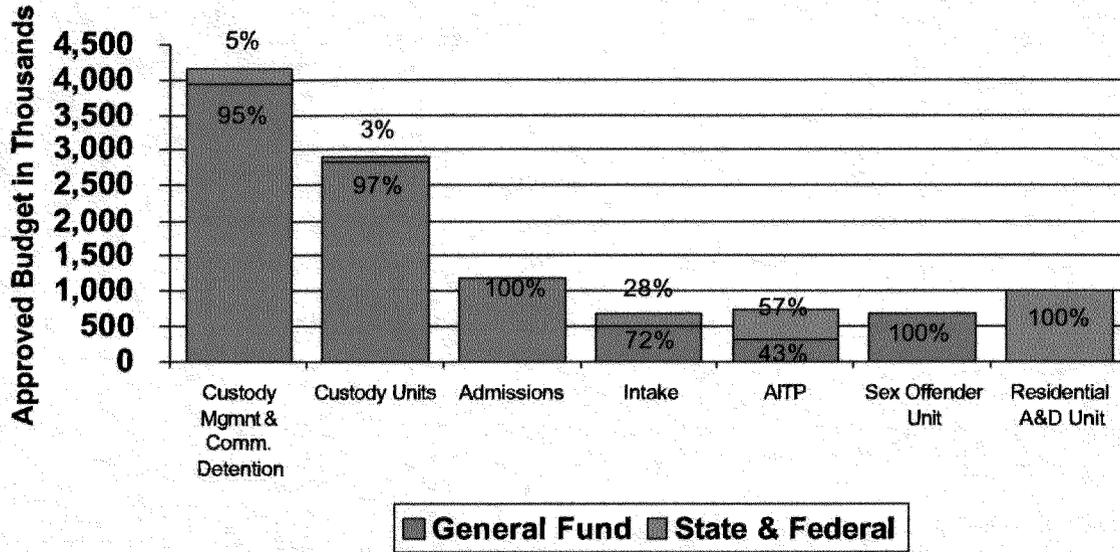
Funding Source Comparison Adult Community Justice Adult Sanctions & Services



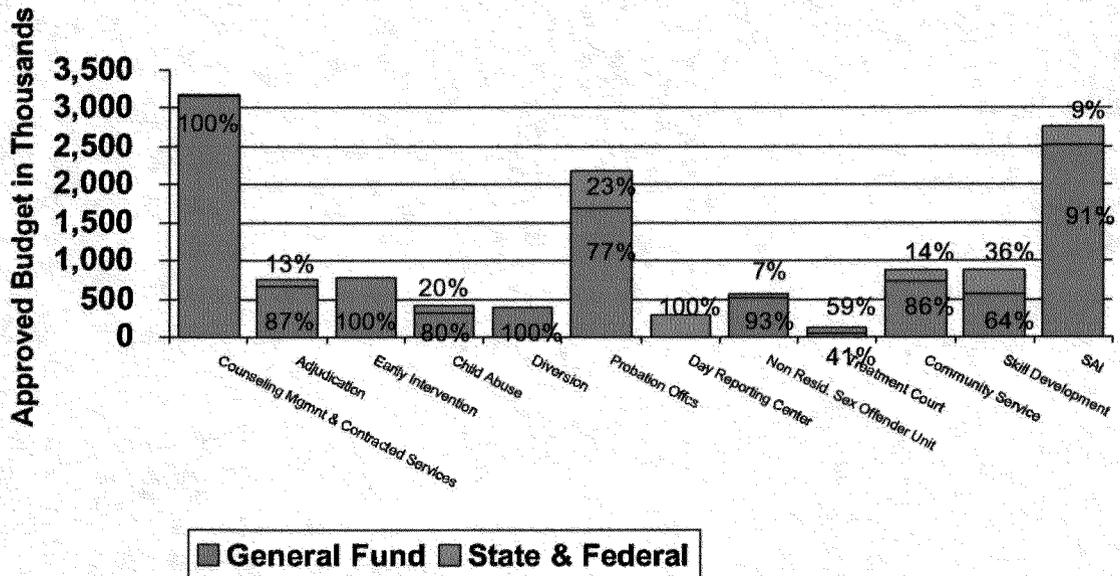
Funding Source Comparison Adult Community Justice Treatment Services



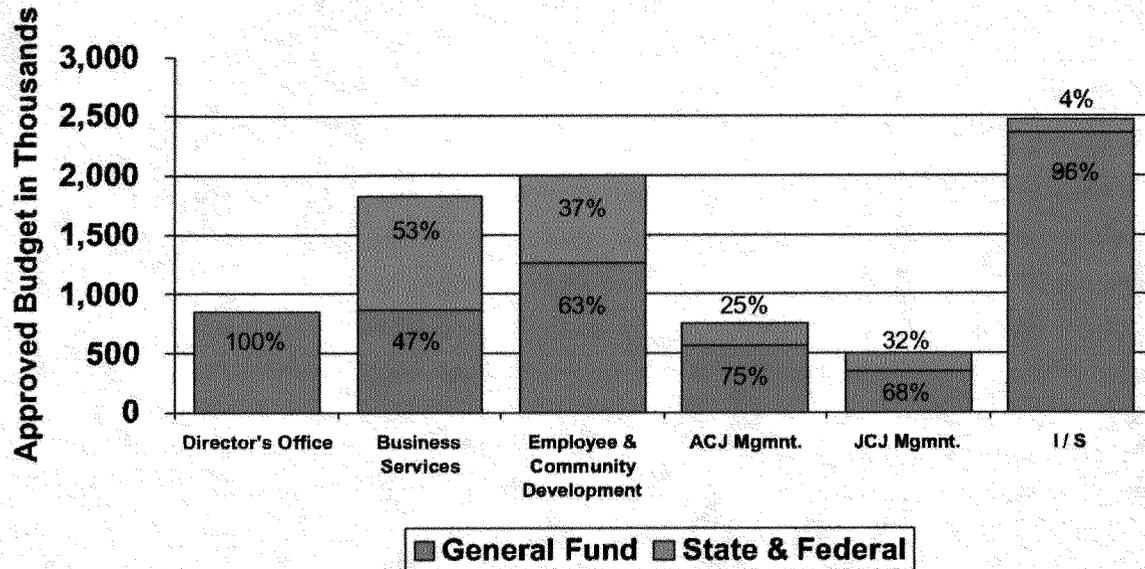
Funding Source Comparison Juvenile Community Justice Custody Services



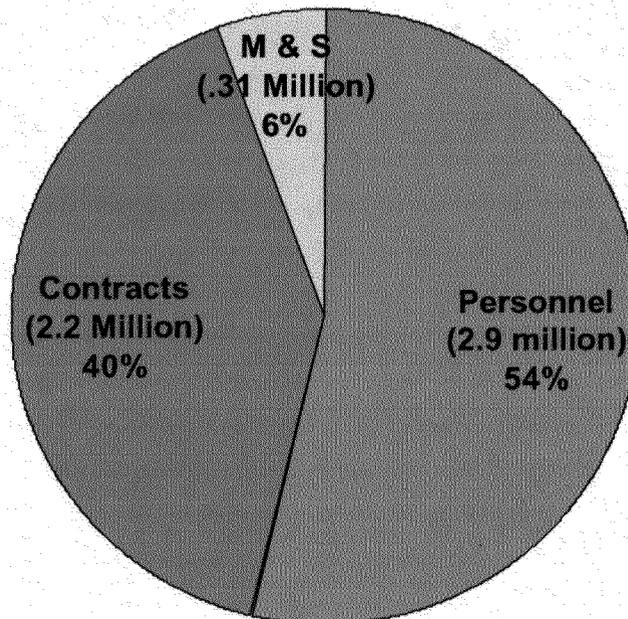
Funding Source Comparison Juvenile Community Justice Counseling & Court Services



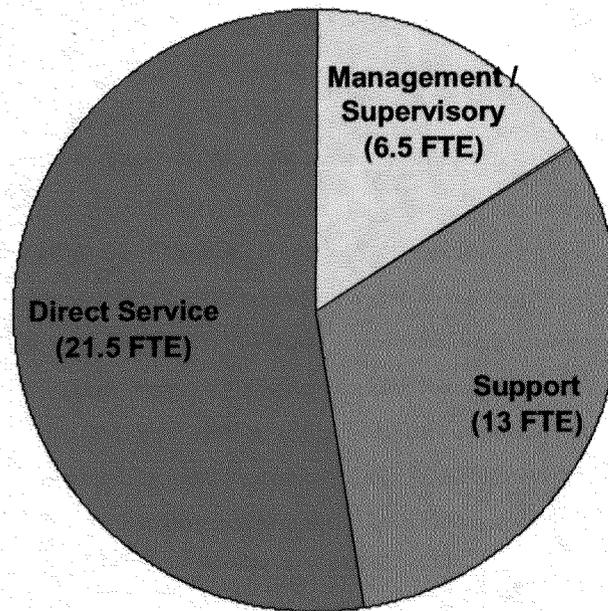
Funding Source Comparison Department of Community Justice Administrative Centralized Services



FY 2002 Approved Budget Cuts By Expenditure Area



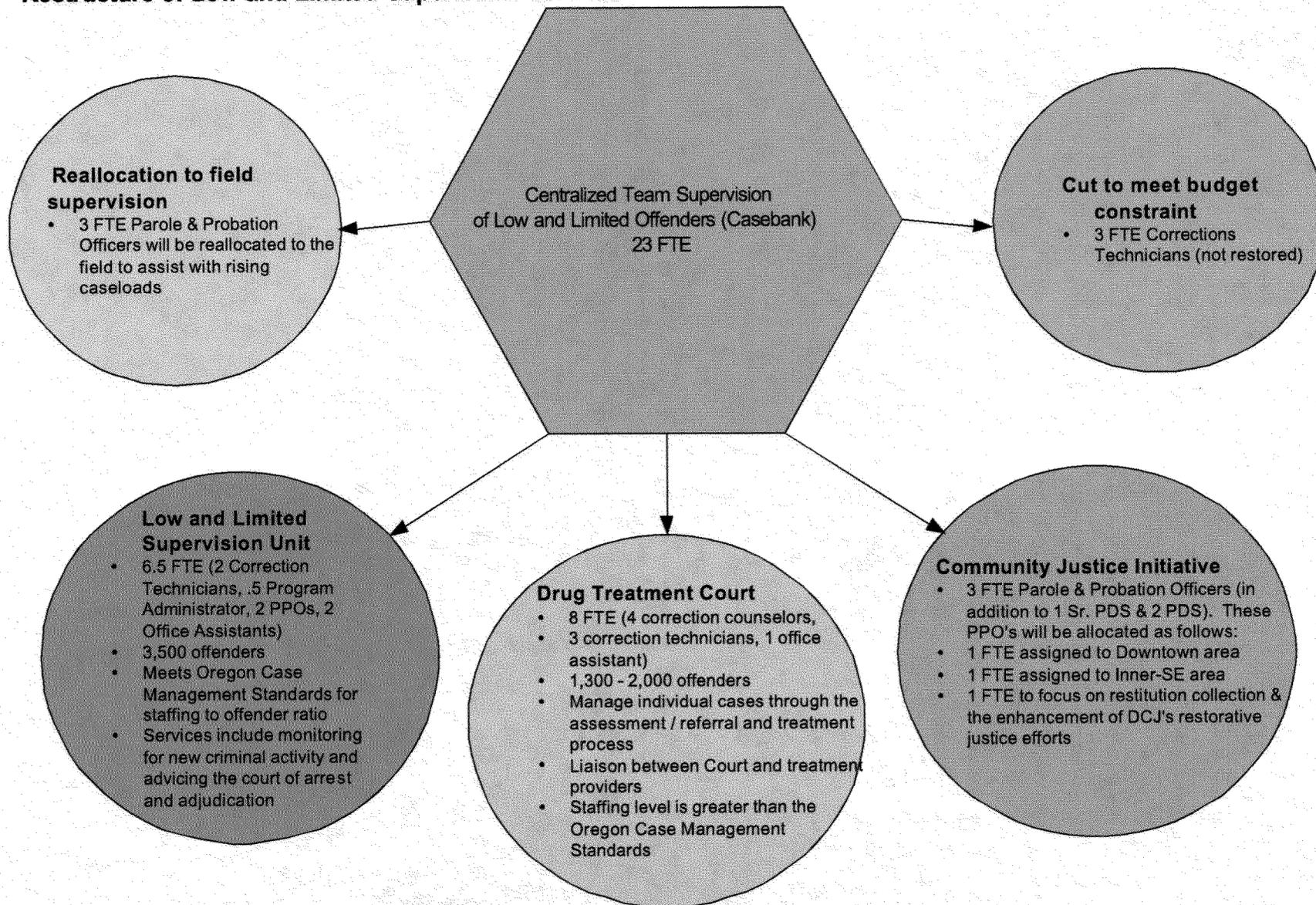
FY 2002 FTE Reductions by Classification Type



Service Highlights / New Initiatives

- ❖ **Restructure of Low and Limited Supervision Services**
 - The vast majority of low level offenders typically do not re-offend and the offenses that they may commit do not usually present immediate risk to the physical safety of other citizens.
 - This change is consistent with national research in community corrections which indicates that public safety is increased by a focus on high risk offenders
 - Development of the Drug Treatment Court bolsters treatment options for low-risk drug offenders who have significant negative impacts on our communities.

Restructure of Low and Limited Supervision Services



Alcohol and Drug Treatment Services

❖ Completed

- Implemented InterChange: 50 bed Secure Adult Drug and Alcohol Treatment Facility.
- Implemented Juvenile Drug Court.
- Implemented a 15 bed Secure Juvenile Residential Alcohol and Drug Treatment Unit.
- Created the Multnomah Community Justice Alcohol & Drug Advisory Council.
- Collaborated with Department of Community and Family Services for Center for Substance Abuse Treatment Grant to provide assessment staff at Juvenile.

❖ Pending

- Expansion and move of InterChange to Wapato facility.
- Centralized substance abuse assessments for adults at Centralized Intake (Mead Building).
- Expansion of Adult Drug Treatment Court.

❖ Planned

- Robert Wood Johnson Juvenile Alcohol and Drug Treatment System Improvement Grant Proposal.

Mental Health Services

❖ Completed

- Participated on Mental Health Redesign Plan
- In collaboration with Unity, developed Project Oasis, an outpatient integrated program serving men and women who have been diagnosed with a co-occurring disorder. Project Oasis provides 6 beds of transitional housing to assist clients in stabilizing within the community.
- In collaboration with Unity, developed the Jail Transition Program, an assertive case management program serving men and women who have been diagnosed with a chronic and persistent mental illness and/or a co-occurring disorder who have been homeless for an extended period of time. Program staff meet with clients while in jail and develop a case plan. The Mental Health PPO meets weekly to staff cases.

- In collaboration with Network Behavioral Services, developed enhanced Mental Health Care Coordination and Nurse Practitioner Services to serve 120 clients annually. Two full time case managers and .4FTE nurse practitioner assist Mental Health P/PO's in the stabilization of offenders within the community, linking clients to services, obtaining benefits, and housing.
 - Developed the mental health emergency fund to provide for individuals who have been diagnosed with a mental illness and are in need of emergency housing, food, medication, clothes, showers, etc.
 - In collaboration with Network Behavioral Healthcare, established a fully integrated Mental Health/A&D office above Adult Supervision's North Field office.
- ❖ **Pending**
- Development of Mental Health Treatment Court
 - Implement a Recovery Mentorship Program for clients leaving institutions and InterChange.
- ❖ **Planned**
- Implementation of co-occurring disorder unit at the new InterChange facility

Housing Services

- ❖ **Completed**
- Completed the Department of Community Justice Housing Plan, which identified a plan for the development and enhancement of the continuum of housing options for offenders leaving institution and treatment.
 - Advocated for offender housing needs in multiple government comprehensive planning efforts
 - Purchased and renovated the Couch Street Houses (with funds from the Bureau of Housing and Community Development)
 - In collaboration with Unity, opened the Delauney Quads providing 16 units of housing and case management for mentally ill adult offenders
 - Completed site reviews for all housing contracts (ensuring compliance with physical and programming requirements)
- ❖ **Pending**
- Collaboration with community providers and the Department of Sustainable Community Development to secure additional offender housing (using levy dollars)
- ❖ **Planned**
- Development of suitable housing for sex offenders returning to the community from prison

Family-based Services

❖ Completed

- Implemented Family Strengths Program (curriculum delivered to parents of juveniles involved in the Juvenile Early Intervention Unit and Skill Development Unit)
- Implemented Save Our Families (curriculum delivered to families of juvenile delinquents involved in intra-family violence)
- Implemented juvenile gender specific caseloads for girls on probation

❖ Pending

- Family Unit
- Enhancement of the Family Support Project which provides holistic case planning for juveniles and their families (in collaboration with Adult and Family Services, Services for Children & Families, and Housing and Urban Development)
- Centralization of juvenile and adult family based staffing

❖ Planned

- Development of family risk assessments for clients of the Family Unit
- Pursuit of grant funding for services to children who witness violence



Blueprints

For Violence Prevention

Ten Model Programs

The Center for the Study and Prevention of Violence has identified ten violence prevention programs that meet a very high scientific standard of program effectiveness—*programs that could provide an initial nucleus for a national violence prevention initiative.*¹

Treatment Foster Care

- ◆ The approved DCJ FY 2002 budget includes \$380,000 for implementation of the Treatment Foster Care model.
- ◆ This program will provide 5-6 beds of Treatment Foster Care contracted through community-based providers.

Functional Family Therapy

- ◆ Tualatin Valley Centers, in collaboration with DCJ & DCFS, serves 120-150 youth & families annually (40 at a given time) using the Functional Family Therapy model.
- ◆ Priority is given to youth involved in the juvenile justice system, undergoing intensive outpatient treatment, and who have family members who are willing to participate.

Big Brothers Big Sisters

Life Skills Training

PATHS

Multisystemic Therapy

- ◆ DCJ provides services to 30 families per year through two MST programs* (one in-house and one provided through a contract with Self Enhancement, Inc.).
- ◆ The approved budget includes \$502,799 for this program.

Nurse Home Visitation

- ◆ DCJ has worked collaboratively with the Health Department to utilize Juvenile High Risk Crime Prevention dollars for start-up of the Health Department's Nurse Home Visitation / OLDS program.
- ◆ This program serves 75 young women who have become first time mothers between the ages of 10-17.

Midwestern Prevention Program

Quantum Opportunities

Bullying Prevention Program

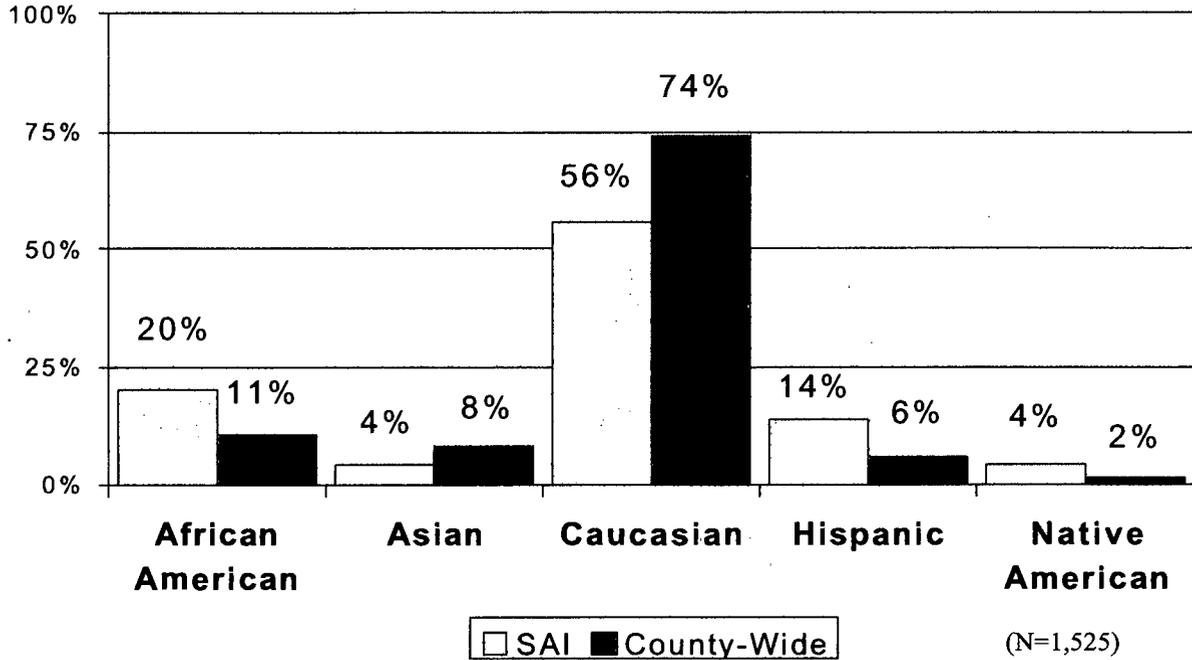
*Detailed program descriptions on the highlighted models are included in the appendix.

¹ <http://www.colorado.edu/cspv/blueprints/model>

Research and Evaluation

School Attendance Initiative

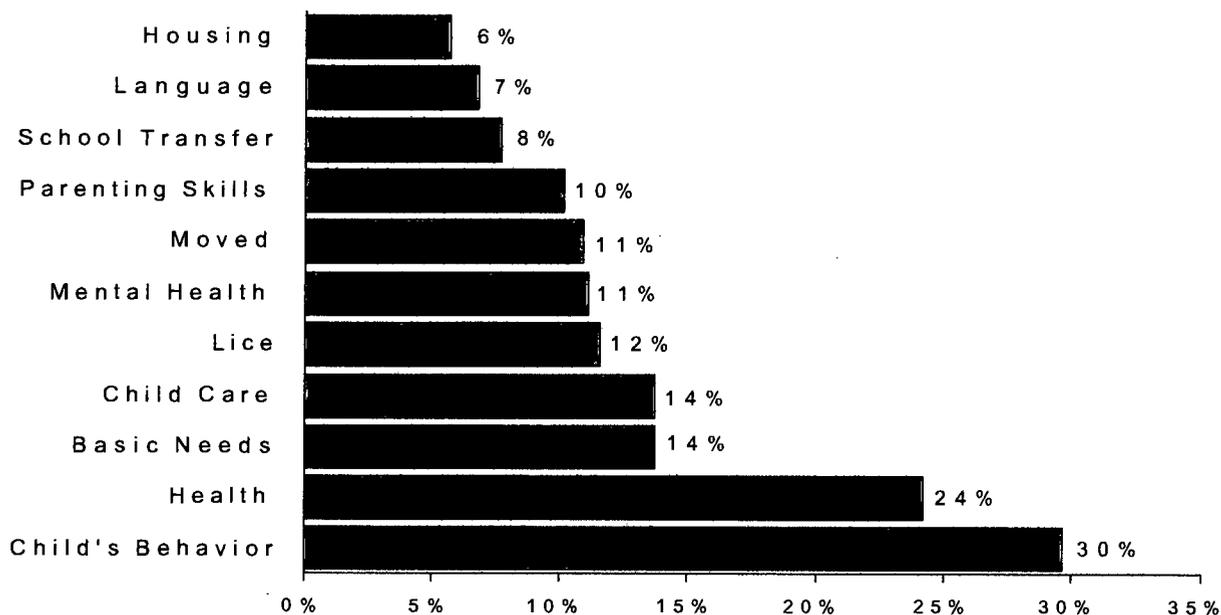
Race/Ethnic Distribution in SAI Compared to Multnomah County Overall*



* - Data taken from "Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: July, 1 1999" (all 10-19 year old youth residing in Multnomah County).

- ❖ Despite being approximately 11% of the population of youth in Multnomah Co., African-American youth comprised 20% of the referrals made to SAI.
- ❖ Hispanic youth, representing 6% of the Multnomah County youth population represented 14% of the referrals made to SAI.

Factors Affecting Student Non-Attendance*



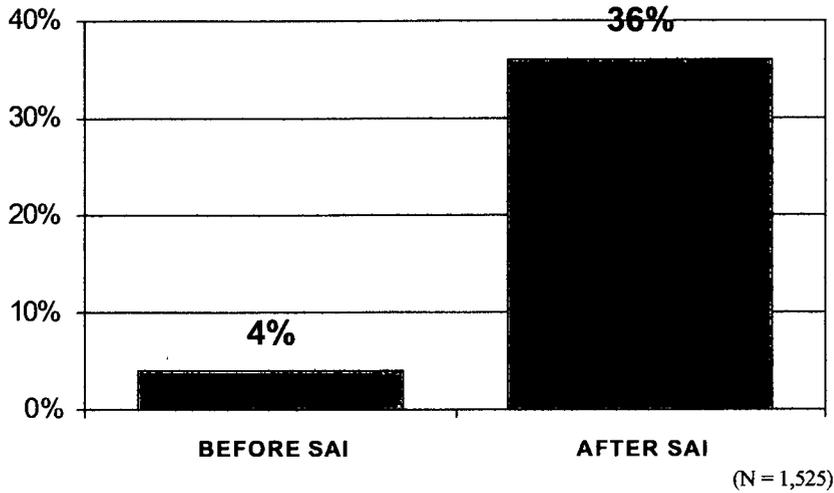
* - As determined by the outreach staff through interaction with the referred youth's family. There are often multiple factors for each youth so these bars do not total to 100%

- ❖ The two most common reasons for non-attendance were “chronic health problems of the child” and “disruptive classroom behavior by the child.”

Most Common SAI Referrals Made by Staff

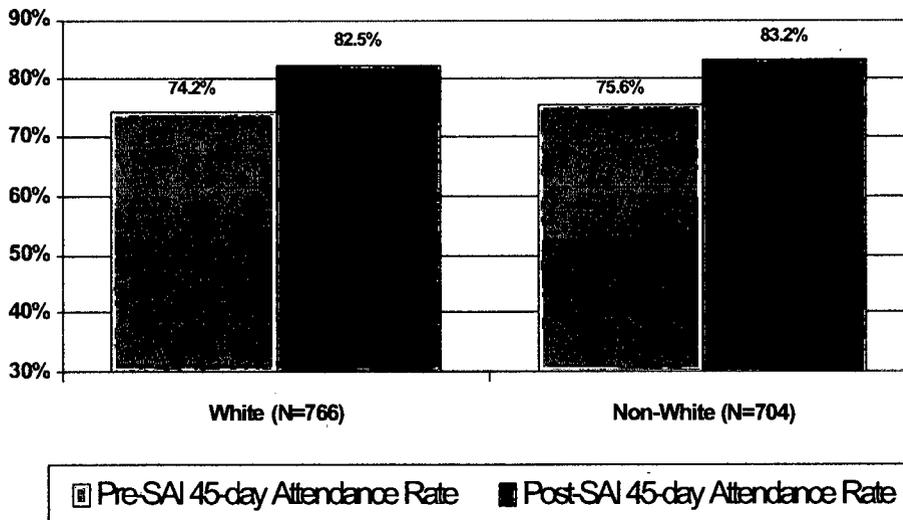
- ❖ Basic services: food, housing, employment
- ❖ Counseling, drug & alcohol assistance
- ❖ Parenting & anger management classes
- ❖ Culturally specific services
- ❖ School-Based Health Centers & Family Resource Centers
- ❖ Lice Resource Center
- ❖ Education: mentorship, tutoring
- ❖ SCF
- ❖ AFS

Students Meeting 90% Attendance Standard



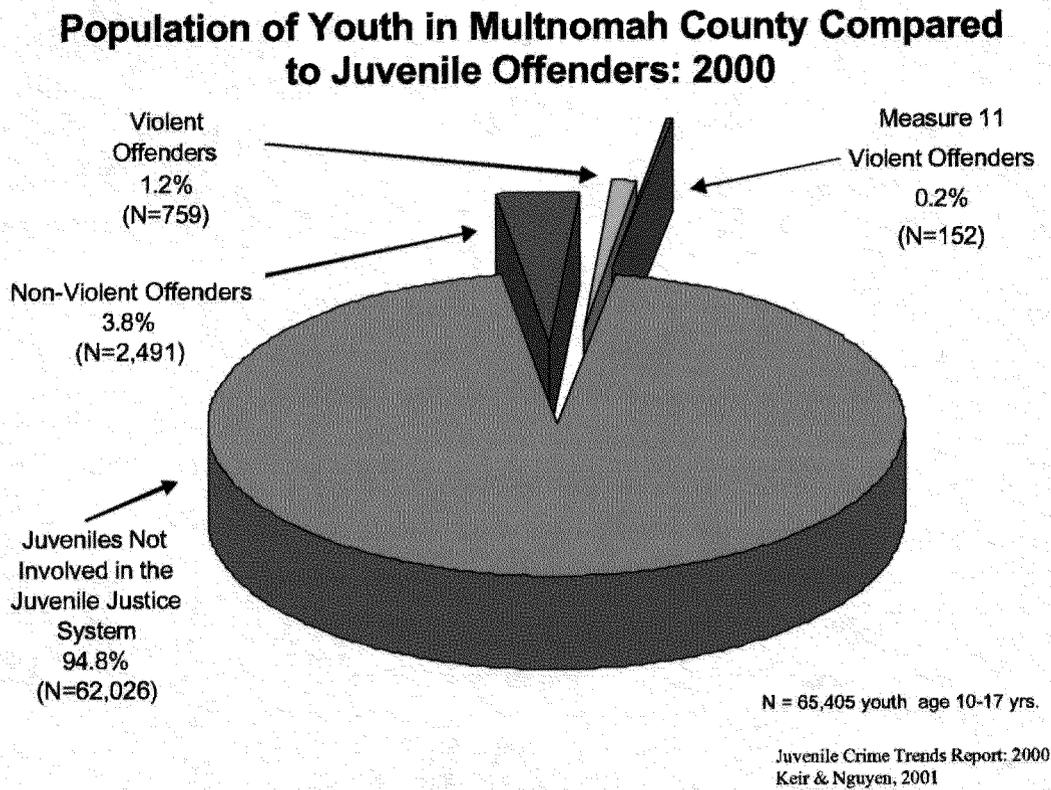
- ❖ The percent of youth referred to SAI and who met the 90% attendance standard increased from only 4% before SAI to 36% after SAI (45 days pre and post contact)

Attendance Rates by White/Non-White: Pre- and Post-SAI



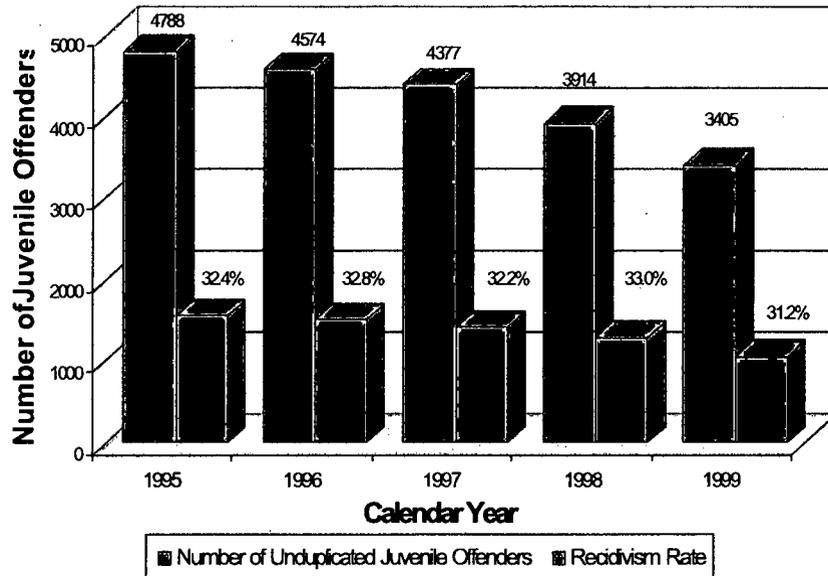
- ❖ Both White youth and non-White youth demonstrated increases in rates of attendance after participation in SAI (45 days pre & post).

Juvenile Crime Trends



- ❖ Almost 95% of the youth in Multnomah County were *not involved* with the Multnomah County juvenile justice system in 2000.
- ❖ The total of violent offenders combined with Ballot Measure 11 violent offenders make up less than 1.5 percent of all youth in Multnomah County.

FIGURE 2 - Juvenile Offenders and Recidivism Rate: 1995-1999*



Recidivism Report: 1999 Offenders
Keir and Nguyen, 2001

- ❖ Since 1995, the number of unduplicated juvenile offenders referred to DCJ has decreased by almost 29%.
- ❖ Since 1995, the recidivism rate has remained quite consistent (with about one out of every three offenders committing another criminal offense within one year of the original referral). The largest change occurred between 1998 and 1999 with a decrease of 1.8%.
- ❖ The decreasing number of juvenile criminal referrals combined with a stable recidivism rate resulted in a decrease in the absolute number of recidivating youth over time (1,519 juveniles in 1995 to a projected 1,122 in 1999 for a decrease of over 26%).

Adult Community Justice

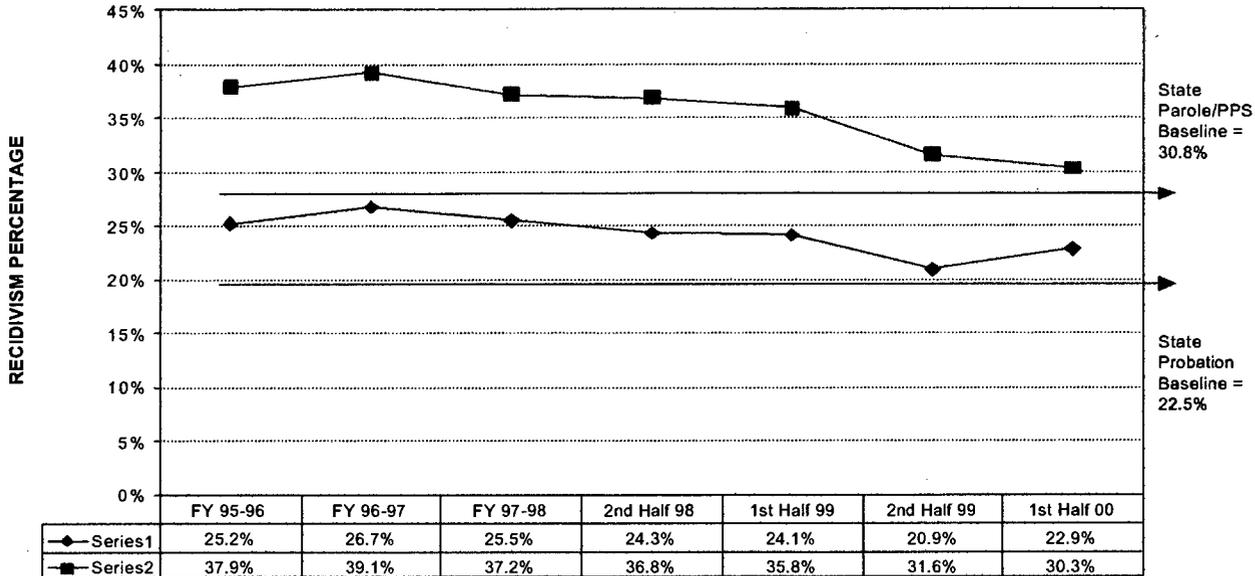
Adult Redesign Evaluation

The evaluation being conducted by researchers from George Washington University and funded by the National Institute of Justice will examine the following for three cohorts of offenders who entered the system in 1995, 1998, and 2000:

1. Describe three offender cohorts in terms of demographics, initial risk/supervision level, current offense, legal status, and prior history to include arrest and convictions.
2. Using offender first caseload assignment, are caseload types homogeneous in terms of risk/supervision level?
3. What is the type (e.g., face-to-face, telephone, collateral, etc.) and intensity (e.g., frequency) of supervision for offenders of different risk levels? Are resources being devoted to higher-risk offenders, with only minimal services to low- and limited-risk?
4. How does the system respond to non-compliant behavior through the use of sanctions? What are the characteristics of offenders who receive sanctions; what conditions are violated and what sanction is imposed in response?
5. How do offender outcomes vary across caseloads/risk levels? Are there differences among offenders of similar risk levels (e.g., medium) who are on different caseloads (e.g., generic vs specialized)?

Adult Community Justice Statewide Performance Measures

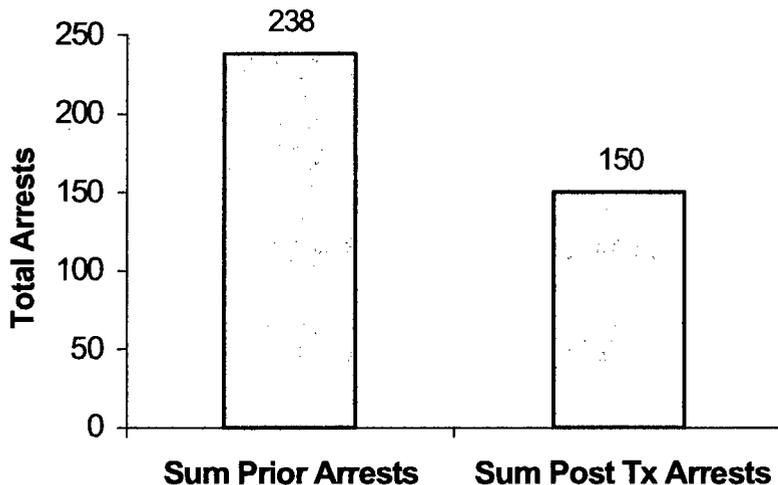
FIGURE 1: THREE YEAR RECIDIVISM** BY PROBATION AND PAROLE/PPS



- ❖ The statewide baseline uses data for offender population during FY 95-96.
- ❖ Recidivism data looks at offender cohorts who entered system three years prior to date of measurement. Therefore, FY 97-98 recidivism data are based on FY 94-95 offender population data, etc.
- ❖ Multnomah County's overall recidivism rate for probationers has shown a downward trend over time from a high of 26.7% in FY 96-97 to a low of 20.9% in the second half of 1999. Most recent recidivism rates for probationers are less than 1% above state baseline.
- ❖ Multnomah County's overall recidivism rate for parolees/post-prisoners has shown a downward trend over time from a high of 39.1% in FY 96-97 to a low of 30.3% in the first half of 2000. Most recent recidivism rates for parolees/post-prisoners are lower than state baseline.

Recidivism of Adult Offenders in Alcohol and Drug Treatment

Total Arrests Pre and Post Treatment



- ❖ This illustration above compares arrests in the year prior to treatment entry to arrests during the year following treatment discharge for a sample of 100 offenders.
- ❖ Participants who completed treatment had a 37% reduction in arrest rate.

Offenders Receiving Treatment from Interchange

- ❖ Interchange graduates who kept in contact with InterChange counseling staff were rearrested at lower rates than graduates who did not keep in contact with InterChange counseling staff.
 - 10 % of graduates who maintained contact were rearrested in the three months after graduation.
 - Graduates who did not maintain contact had an arrest rate of 50%.
- ❖ Most Interchange graduates interviewed are in compliance with the conditions of their supervision:
 - 76% report maintaining sobriety,
 - 83% are attending continuing care, and
 - 78% are meeting regularly with their parole / probation officers.

Collaborative Efforts within the County	
Department of Community and Family Services	<ul style="list-style-type: none"> ❖ Mental Health Assessment Development ❖ Alcohol and Drug Assessment Development ❖ Drug Treatment Court ❖ Mental Health Treatment Court ❖ Treatment coordination and development ❖ School Attendance Initiative ❖ Juvenile diversion program services ❖ Mental Health redesign ❖ Contracting services coordination
Health Department	<ul style="list-style-type: none"> ❖ Juvenile Detention - Corrections Health ❖ InterChange – Corrections Health ❖ ADAPT ❖ Family Support Project ❖ Federal Financial Participation
Sheriff's Office	<ul style="list-style-type: none"> ❖ Training coordination ❖ Planning and development of Wapato facility ❖ Reduction in jail bed use ❖ Strategic planning efforts for offender transitions to the community
Local Public Safety Coordinating Council	<ul style="list-style-type: none"> ❖ Racial Over-representation Committee ❖ DSS – Justice (Data warehouse project)
District Attorney	<ul style="list-style-type: none"> ❖ Community Court ❖ Restitution Collection ❖ Drug Treatment Court ❖ Mental Health Treatment Court
Library	<ul style="list-style-type: none"> ❖ Library services in juvenile detention
Sustainable Development	<ul style="list-style-type: none"> ❖ Housing development (in coordination with community partners)
Other Partners	<ul style="list-style-type: none"> ❖ Schools ❖ Courts ❖ Police ❖ Department of Corrections ❖ Oregon Youth Authority ❖ Community-based Providers ❖ Department of Human Resources – Alcohol & Drug ❖ Services to Children and Families

Long Term Planning

- ❖ State Funding
 - Community Corrections
 - Oregon Youth Authority
 - Responding to bed cuts
 - Community Accountability Programs
 - Reduced community-based services
 - Juvenile Crime Prevention Plan
- ❖ Federal Financial Participation
- ❖ Wapato operational funding
- ❖ Workload expansion
- ❖ Meeting the needs of non-English speaking offenders
- ❖ Meeting the needs of east-county offenders and their communities



May 22, 2001

Department of Community Justice



Appendix



Multnomah County Department of Community Justice

Mission

Our mission is to enhance community safety and reduce criminal activity by holding youth and adults accountable in a fair and just manner, assisting them to develop skills necessary for success, and effectively using public resources.

V A L U E S A N D P R I N C I P L E S

Change and Rehabilitation

We believe in people's ability to change and strive to provide opportunities for rehabilitation through the effective use of best practices.

Restitution to Victims and Communities

We value restitution to neighborhoods and individual crime victims. Restitution restores those impacted by crime and encourages offenders to take responsibility for the harm they caused.

Strong Families

We value families for their role in strengthening our communities and preventing criminal behavior.

Diversity

We value and respect diversity within our staff, our clients and our community.

Professionalism

We value the highest standards of professional behavior, including treating people with respect, promoting effective communication, resolving conflicts peacefully, acting with integrity, taking initiative, and accepting personal responsibility for our organizational culture.

Financial Accountability

We recognize that it is our responsibility to manage our limited time and resources carefully to maximize services provided to the public.

Investing in Employees

We invest in employees through education and training and by providing opportunities for personal and professional growth. We value a balance between professional responsibilities and personal life.

Information Based Decisions

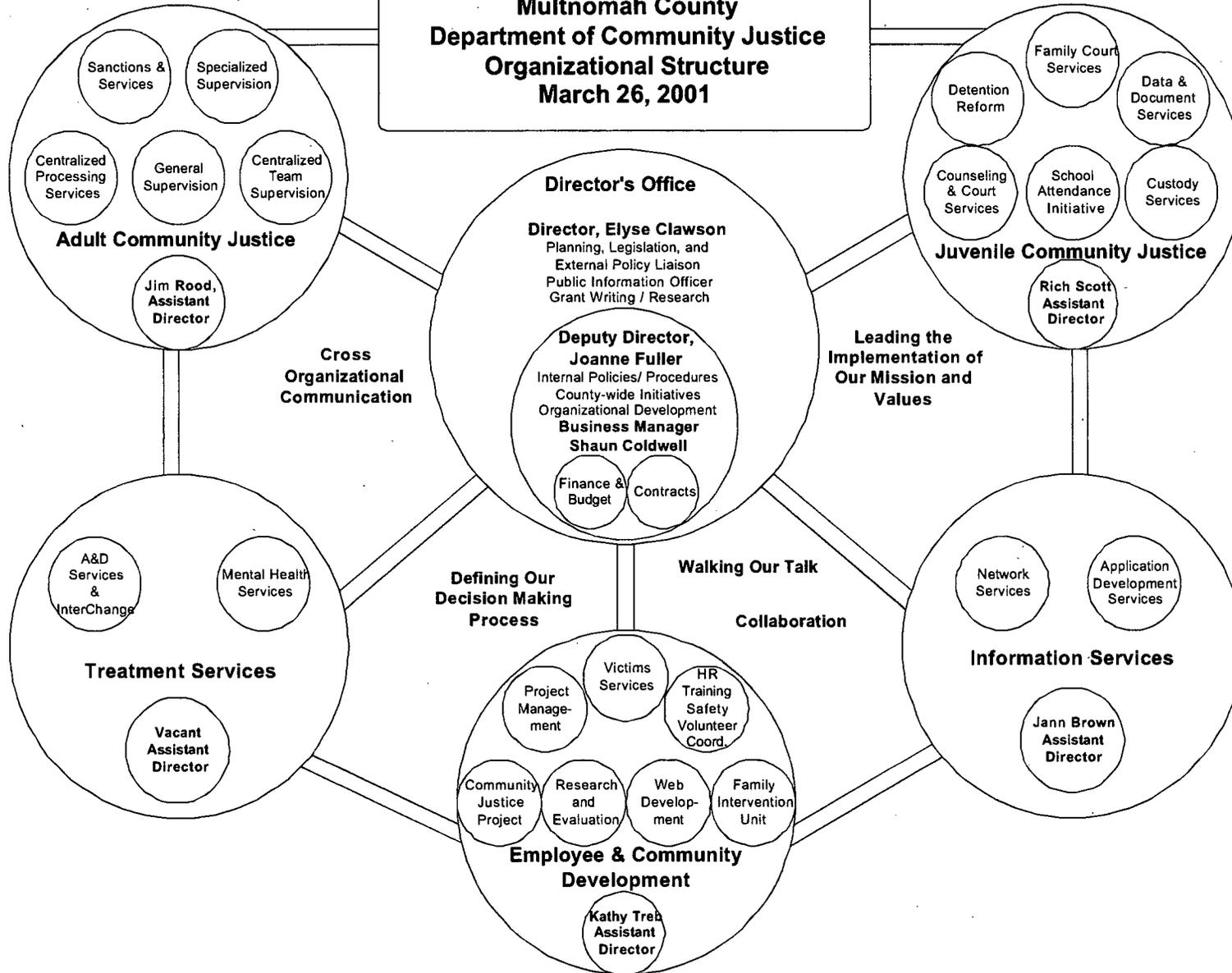
We value information. We are dedicated to continuous improvement and use data and best practices to help guide our decision making.

Collaborative Relationships

We believe that in order to enhance public safety we must work collaboratively with our partners, including the judiciary, law enforcement, schools, treatment agencies, and the community.

October 2000

**Multnomah County
Department of Community Justice
Organizational Structure
March 26, 2001**



DEPARTMENT OF COMMUNITY JUSTICE
Approved Budget Changes to Current Service Level Budget

JUVENILE COMMUNITY JUSTICE

	FTE Cuts	Amount Cut	FTE Restored	Amount Restored
Turnaround School: Juvenile Court Counselors, Contracts with PPS and MESD	(2.00)	(\$826,474)		Program restructured \$200,000
Treatment Foster Care Contracted Services				\$380,000
Juvenile Day Reporting Center: Cut Juvenile Counselor Assistant Cut ½ contract with JANUS Youth Programs	(1.00)	(\$51,113) (\$86,434) (\$137,547)	1.00	\$51,113 \$86,434 \$137,547
MultiSystemic Therapy Program: Cut MH Consultant Positions Cut one-half Program Administrator Position Cut Multisystemic Therapy Inc. contracts Contract with Self-Enhancement Inc.	(3.00) (0.50)	(\$200,321) (\$43,610) (\$47,337) (\$211,531) (\$502,799)	3.00 0.50	\$200,321 \$43,610 \$47,337 \$211,531 \$502,799
Cut Gang Transition Services contracts:				Restores IRCO Asian Family Center \$50,000
		(\$419,835)		
Reduce School Attendance Initiative Program (SAI): Juvenile Counselor Assistant Contracts with MESD Contracts with Portland Public Schools Other Contracted Services	(2.00)	(\$96,132) (\$224,615) (\$97,430) (\$530,882) (\$949,059)		\$200,000

JUVENILE COMMUNITY JUSTICE continued

	FTE Cuts	Amount Cut	FTE Restored	Amount Restored
Juvenile Court Counselors from field offices. One each from Gresham, NE, North, Central and Sex Offender Programs.	(5.00)	(\$307,633)		
Juvenile Counselor Assistants from field offices. One each from SE, Gang Unit, Payback and Sex Offender units.	(4.00)	(\$210,234)		
Skill Development Eliminate Whitaker facilities contract with Portland Public Schools. Cuts one Juvenile Counselor Assistant from Intake and one-half Program Administrator from Skill Development	(1.50)	(\$15,000) (\$101,852) (\$116,852)		
Other Contracted Services: Contract with Resolution Northwest Contract with Public Service Labs		(\$50,000) (\$3,000) (\$53,000)		
Contract with Portland Public Schools for Family Resource Center		(\$155,854)		
Alcohol and drug contracts with Morrison Center in Juvenile Custody Services and Juvenile Counseling Services.		(\$102,422)		
Eliminate one general detention unit at Juvenile Justice Center. Juvenile Custody Services Specialists Program Administrator	(8.00) (1.00)	(\$416,000) (\$79,564) (\$495,564)		
Contract with Albina Youth Opportunity/Genesis for alternative education. Revenue came from Portland Public Schools. Both revenue and contract were cut.		(\$250,000)		
SubTotal	(28.00)	(\$4,527,723)	4.50	\$1,470,346

ADULT COMMUNITY JUSTICE

	FTE Cuts	Amount Cut	FTE Restored	Amount Restored
Day Reporting Center / Londer Learning Center, Transitional Services Unit	(4.00)	(\$259,589)	4.00	\$259,589
Transitional Services Housing Contract Client bus Tickets		(\$146,066) (\$13,400) (\$159,466)		\$136,000
Corrections Technician Positions in Local Control, Pre-Trial Release, Sanctions Tracking, North and Central Field Offices.	(7.00)	(\$318,019)	4.00	\$180,000
Contracted Services for Women with histories of prostitution.		(\$200,000)		\$200,000
Job Services Contract		(\$72,422)		
Low and Limited Supervision Reorganization	(3.00)	(\$267,390)		
Cut one District Manager	(1.00)	(\$105,030)		
Cut one Operations Administrator	(1.00)	(\$64,181)		
Salary Savings		(\$350,000) (\$519,211)		
Mead Building reduced hours		(\$37,000)		
Total	(16.00)	(\$1,833,097)	8.00	\$775,589

TREATMENT SERVICES

	FTE Cuts	Amount Cut	FTE Restored	Amount Restored
Mentorships for offenders who are leaving prison/jail in treatment.				\$150,000
Drug Court outpatient and residential treatment, UA's				\$750,000
Treatment Court (budgeted in DCFS)			2.5	\$148,000
Housing contract		(\$125,000)		\$125,000
Anger management contract		(\$60,000)		
Mental Health outpatient field services contract		(\$181,000)		
Reduce beds at Interchange from 70 to 50	(3.50)	(\$284,641)		
SubTotal	(3.50)	(\$650,641)	2.50	\$1,173,000

COMBINED JUVENILE AND ADULT COMMUNITY JUSTICE

	FTE Cuts	Amount Cut	FTE Restored	Amount Restored
Forest Projects Program: Cut one Crew Leader Cut temporary and overtime Cut supplies	(1.00)	(\$47,200) (\$14,000) <u>(\$15,000)</u> (\$76,200)		
Alternative Community Services Program		(\$46,813)		
SubTotal	(1.00)	(\$123,013)	0.00	\$0

ADMINISTRATION AND CENTRAL SERVICES

	FTE Cuts	Amount Cut	FTE Restored	Amount Restored
Information Services	(2.00)	(\$316,125)		
Director's Office Juvenile Program Administrator Consulting Services (30k) Training (15k)	(1.00)	(\$144,604)		
Business Services Finance Specialist 1 Professional Services (49,300)	(1.00)	(\$96,248)		
Employee & Community Development Cut Safety Coordinator Position	(1.00)	(\$66,112)		Restored in Risk Mgmt as shared position.
SubTotal	(5.00)	(\$623,089)	0.00	\$0
TOTAL DCJ	(53.5)	(\$7,757,113)	15.00	\$3,418,935



Multidimensional Treatment Foster Care

Multidimensional Treatment Foster Care (MTFC) is a cost effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers.

Program Targets:

Teenagers with histories of chronic and severe criminal behavior at risk of incarceration.

Program Content:

- ❖ *MTFC Training for Community Families.* Emphasized behavior management methods to provide youth with a structured and therapeutic living environment. After completing a pre-service training and placement of the youth, MTFC parents attend a weekly group meeting run by a program case manager where ongoing supervision is provided. Supervision and support is also given to MTFC parents during daily telephone calls to check on youth progress and problems.
- ❖ *Services to the Youth's Family.* Family therapy is provided for the youth's biological (or adoptive) family, with the ultimate goal of returning the youth back to the home. The parents are taught to use the structured system that is being used in the MTFC home. Closely supervised home visits are conducted throughout the youth's placement in MTFC. Parents are encouraged to have frequent contact with the MTFC case manager to get information about their child's progress in the program.
- ❖ *Coordination and Community Liaison.* Frequent contact is maintained between the MTFC case manager and the youth's parole/probation officer, teachers, work supervisors, and other involved adults.

Functional Family Therapy

Functional Family Therapy (FFT) is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes.

Program Targets:

Youth, aged 11-18, at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder.

Program Content:

FFT requires as few as 8-12 hours of direct service time for commonly referred youth and their families, and generally no more than 26 hours of direct service time for the most severe problem situations. Service is delivered by one and two person teams to clients in-home, clinic, juvenile court, and at time of re-entry from institutional placement.

FFT effectiveness derives from emphasizing factors which enhance protective factors and reduce risk, including the risk of treatment termination. In order to accomplish these changes in the most effective manner, FFT is a phasic program with steps which build upon each other. These phases consist of:

- ❖ *Engagement*, designed to emphasize within youth and family factors that protect youth and families from early program dropout;
- ❖ *Motivation*, designed to change maladaptive emotional reactions and beliefs, and increase alliance, trust, hope, and motivation for lasting change;
- ❖ *Assessment*, designed to clarify individual, family system, and larger system relationships, especially the interpersonal functions of behavior and how they related to change techniques;
- ❖ *Behavior Change*, which consists of communication training, specific tasks and technical aids, basic parenting skills, contracting and response-cost techniques; and
- ❖ *Generalization*, during which family case management is guided by individualized family functional needs, their interface with environmental constraints and resources, and the alliance with the FFT therapist/Family Case Manager.

Multisystemic Therapy

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.

Program Targets:

MST targets chronic, violent, or substance abusing male or female juvenile offenders, ages 12 to 17, at high risk of out-of-home placement, and the offenders' families.

Program Content:

MST addresses the multiple factors known to be related to delinquency across the key settings, or systems, within which youth are embedded. MST strives to promote behavior change in the youth's natural environment, using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change.

The major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. Within a context of support and skill building, the therapist places developmentally appropriate demands on the adolescent and family for responsible behavior. Intervention strategies are integrated into a social ecological context and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies.

MST is provided using a home-based model of services delivery. This model helps to overcome barriers to service access, increases family retention in treatment, allows for the provision of intensive services (i.e., therapists have low caseloads), and enhances the maintenance of treatment gains. The usual duration of MST treatment is approximately 60 hours of contact over four months, but frequency and duration of sessions are determined by family need.

Nurse Home Visitation

Prenatal and Infancy Home Visitation by Nurses, guided by a strong theoretical orientation, consists of intensive and comprehensive home visitation by nurses during a woman's pregnancy and the first two years after birth of the woman's first child. While the primary mode of service delivery is home visitation, the program depends upon a variety of other health and human services in order to achieve its positive effects.

Program Targets:

The program is designed to serve low-income, at-risk pregnant women bearing their first child.

Program Content:

Nurse home visitors work with families in their homes during pregnancy and the first two years of the child's life. The program is designed to help women improve their prenatal health and the outcomes of pregnancy; improve the care provided to infants and toddlers in an effort to improve the children's health and development; and improve women's own personal development, giving particular attention to the planning of future pregnancies, women's educational achievement, and parents' participation in the work force. Typically, a nurse visitor is assigned to a family and works with that family through the duration of the program.

***Do InterChange Graduates Maintain
Contact with Continuing Care Programs?***



May 31, 2001

Prepared by:

Jim Carlson

Paul Butler

*Evaluation / Research Unit
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Multnomah County, Oregon*



Do InterChange Graduates Maintain Contact with Continuing Care Programs?



*Prepared in response to Budget 2001 Worksession Follow-up Question #38:
Why Do InterChange graduates fail to stay in contact with continuing care programs?*

What is the InterChange policy regarding follow-up care?

- All offenders are informed from the point of admission about the expectation of the 'year of treatment' (six months residential treatment at InterChange followed by six months continuing care at CODA) and they sign consent acknowledging that they understand this information. Before any successful discharge, as part of the discharge process, the offender signs an action plan that mandates attendance in continuing care. Included in the action plan is the provider's name, location, and telephone number, as well as when they must report for their first appointment. He also writes a Relapse and Recidivism Prevention Plan that includes this information. He is also required to write out a detailed schedule for his first week out of the facility, which includes his continuing care appointments.
- "CODA faxes InterChange a weekly progress report on all graduates, and this report enables us to coordinate timely interventions at the first sign that an offender is slipping up. At a minimum, we call the offender to see what's going on; at a maximum we arrange for a warrant, arrest, or return to InterChange for a 'tune up'."
(Wayne Scott, InterChange Program Manager)
- Upon leaving InterChange, graduates are not required to return to the Hillsboro residential facility, although many voluntarily do check in and get support from counselors, parole/probation officers (PPOs), or to attend meetings such as AA, NA, or graduation of a friend. Note: Pending graduates are integrated into AA/NA meetings in the Portland area, so they can be closer to home and interact with higher functioning peers in the community. There is no expectation to attend InterChange AA/NA meetings after graduation.

Budget and Quality follow-up study

As part of our follow-up survey, we are interested in finding out if the graduates:

1. Attend continuing care at CODA;
2. Voluntarily stay in contact with their InterChange counselors and/or InterChange parole/probation officers (PPOs), as well as if they have attended any follow-up AA or NA evening meetings at Interchange;
3. Whether or not continuing care or voluntary contact with InterChange is associated with more positive outcomes.

There were 72 successful InterChange graduates as of May 8th 2001. An evaluator interviewed all 72 prior to their leaving InterChange. Follow-up interviews have been completed on 42. At the time this data file was completed, 15% the 72 graduates (11/72) have been rearrested;

17% (7/42) graduates who had follow-up interviews had been rearrested. Due to the small sample size (42 follow-up interviews) the following findings are provisional. There are plans to complete the remaining 30 follow-up interviews, but due to budget cuts additional InterChange graduates cannot be interviewed.

Do InterChange Graduates Follow Through With CODA Outpatient Treatment?

- As of May 8th, 2001, 35/42 or 83% stated they are currently in alcohol and drug treatment.
- 33/42 graduates attend CODA outpatient treatment.

Following are a few reasons as to why there is not 100% attendance at CODA:

1. InterChange graduates leave CODA prior to their expected release date;
2. The graduate is in jail or waiting to return to InterChange for a second treatment episode;
3. The graduate finished outpatient treatment, attending only AA/NA meetings as required;
4. With the combination of criminal records and lack of necessary skills to obtain employment, many graduates are unable to pick and choose employment. When a graduate finally gets employment, work hours often conflict with treatment times. The treatment provider does not offer treatment hours that can accommodate varied work shifts. This puts graduates in difficult positions of having to choose one or the other. (Wendy Salvesen, InterChange Interviewer)
5. "InterChange frequently arranges for offenders to go to drug-free housing (either an Oxford House or Tigard Recovery Center) and while these placements are excellent in their support of the offender's sobriety, they tend to be somewhat rigid and immediate when offenders stumble or relapse into drug use. Offenders who relapse loose their housing automatically. This sets up a pretty dramatic downward spiral. Tracking the offender becomes difficult because they are essentially homeless. We've worked around this system on occasion, by arranging an immediate arrest of the offenders, but that requires the ability to move very fast, and we don't always have the manpower to do that. Plus, offenders who relapse know they will loose their housing and/or be arrested, so they often abscond before anyone can intervene." (Wayne Scott, InterChange Program Manager)
6. "Sixty to seventy-five percent of InterChange graduates are on prescribed psychotropic medications for mental health issues. When they are discharged, their address and county of residence changes, and this change sometimes creates a gap in Oregon Health Plan coverage, which means on occasion the offender stops taking his medications. This is a sure recipe for relapse. We are working with OHP on this issue." (Wayne Scott, InterChange Program Manager)
7. Many InterChange graduates are required by the courts to do DUII certified treatment programs, which CODA does not offer. For this reason a new RFP is being issued that solicits a continuing care provider who can work specifically with client populations that have mental health issues and the DUII requirement.

Do InterChange Graduates Voluntarily Maintain Contact with InterChange?

All but 5 or 6 of 42 graduates responded to questions in their follow-up interview as to whether or not they had voluntarily maintained contact with InterChange counselors or PPOs after graduation; 5 of the 42 did not respond to the question:

- 31 had returned to speak with counselors;
- 22 had returned to speak with the InterChange PPOs;
- 16 had returned to attend meetings.
- 23 returned for more than one of the above.

Returning to speak with counselors showed a statistically significant correlation (Chi-square, .020 level) with whether or not the offender was working at a currently paying job.

Since graduating from InterChange have you spoken to any of the counselors you knew when you were in the program?

		Yes	No	Total	
Are you currently working at a paying job?	Yes	Number of respondents	21	1	22
		Percent of respondents	95.5%	4.5%	100%
	No	Number of respondents	10	5	15
		Percent of respondents	66.7%	33.3%	100%
	Total	Number of respondents	31	6	37*
		Percent of respondents	83.8%	16.2%	100.0%

*Note: 5/42 persons interviewed did not respond to both questions.

Ninety-five percent of those who were working at a paying job returned to see their counselor. Of those without a paying job 67% returned to see their counselor.

A similar positive association was found between lower rearrest and returning to see an InterChange counselor. Among the 6 who reported they did not return to see an InterChange counselor, 3 (50%) had been rearrested. Among the 30 who reported they had returned to see counselors 3 (10%) had been rearrested. (Note: Of the 7 persons who had been rearrested one did not respond when asked if they returned to see their counselor).

Further statistical analysis revealed little else that was different between those who chose to return to see their counselors versus those who did not. Satisfaction with InterChange showed a weak (almost statistically significant correlation, Chi-square .077 level) with 69% of those mild to moderately satisfied with InterChange returning voluntarily versus 92% of those with high satisfaction. (No InterChange graduate reported dissatisfaction with the program upon graduation.) Number of prior times in alcohol in drug treatment prior to InterChange did not show a correlation (Chi-square insignificant at .213 level). Even drug use after graduation from InterChange did not correlate with offenders being less willing to return to see their counselor; in fact the four graduates with dirty urinalysis testing post Interchange had all returned to see their counselor.

Again, sample size is very small so not much should be made of these findings. It is possible, however, that offenders who return to InterChange to speak with counselors after their graduation may be more invested in attaining life stability and that this results in more positive outcomes.

Master Tracking Sheet

Budget Worksession Follow-Up Questions

No.	Date	Commissioner	Respondent/ Dept	Completed	Question
1	5/1/01	Naito, Farver	Budget Office	Noted	Flag decision points when potential for urban renewal district property to come back on the tax rolls.
2	5/1/01	Cruz	MCSO	5/18/01	Issue paper on Pay to Stay; provide rough draft at MCSO budget session
3	5/1/01	Roberts	DCJ	5/22/01	Describe the issues that keep kids from going to school.
4	5/1/01	Naito	CFS		Historically, how have we funded our other community centers (i.e. Clara Vista, Brentwood Darlington). Who are our other partners? Provide details on the service components, funding capital contribution, other source (city) contributions?
5	5/1/01	Cruz	Chair/Budget		Provide FFP funding and develop language to create placeholder for Clara Vista and Rockwood concurrently if there is additional FFP funding.
6	5/1/01	Andersen	Budget Office	5/04/01	Create MH Council Follow Up session
7	5/1/01	Naito	DA/DCJ		What type of funding can we expect from LLEBG as compared to a national perspective? Additionally, what has the city spent LLEBG funding for in the past (police overtime, equipment, etc...)?
7	5/1/01		DCJ/MCSO/ Evaluation	5/18/01	Pretrial Release issue paper as a result from Chicago visits
9	5/1/01	Andersen	Finance	5/22/01	Describe funding proposal for Mainframe migration
10	5/1/01	Andersen	Finance	5/29/01	Status of bond projects and remaining funding available. Risk ranking
11	5/1/01	Naito	DSCD/Finance	5/29/01	Facilities Finance Committee report (Naito resolution)
12	5/1/01	Cruz	Budget Office	5/16/01	List of items in budget funded by FFP
13	5/1/01	Cruz	MCSO	5/11/01	Report on MCSO implementation of Fleet Audit; in compliance why or why not
1	5/8/01	Naito	Budget	Noted	Lay out budgets by funding source (see state for example)
2	5/8/01	Naito/Farver	Budget	Noted	Levy Planning for Library, Public Safety. Hard data for potential operating levies this fall. Budget Office to prepare information this summer.
3	5/8/01	Cruz	DSCD/ MCSO	5/18/01	Work Crew Proposal Concerns: Is it legal to use MCRC residents for custodial work? Will we have enough time to address significant policy questions during budget process? What will it look like (implementation and operationally).
4	5/8/01	Naito	Depts/ F&PM	Noted	Policy threshold re: bringing leases to bcc under \$50,000. Forward policy matter to BCC even though small amounts as an FYI.
5	5/8/01	Roberts	Library	5/14/01	How does the Library interact with SUN Schools? Library to provide brochure
6	5/8/01	Anderson	Library	5/14/01	Delineate OTO payments in FY 2002.
7	5/8/01	Naito	Library	Noted	Summer project to review county services in schools (prior to Library Levy review)
8	5/8/01	Cruz	DSCD	5/16/01	Follow-up on number of properties available to Tax Title and strategies to fund

					in future. Shortfall?
9	5/8/01	Cruz	DSCD	5/16/01	Additional discussion on our role as developed for mixed used buildings.
10	5/8/01	Anderson	DSCD	Noted	Provide information in advance of capital budget presentation.
11	5/9/01	Naito	DSCD	5/16/01	Amendment: Rail line between Portland and Lake Oswego - \$30,000/year have we been contributing that amount? IGA. What amount have we given? History and status. Possible amendment item.
12	5/9/01	Anderson	CCFC		Amendment: Native American Youth
13	5/9/01	Naito	CBAC	5/15/01	Amendment: CIC restoration \$8,447
14	5/9/01	Cruz	ONI/PAO	5/14/01	Provide a sense of the siting calls, in terms of operations of office.
15	5/9/01	Cruz	Cooperative Extension		Budget Note: Review funding for non-d regarding (extension)agencies and county funding
16	5/15/01	Cruz	ADS/Health/ Budget Office		Amendment: How to fund the MDT Nurses? Total funding; Medicaid match and non-Medicaid match? And split between ADS and Health? Present options.
17	5/15/01	Cruz	ADS/PAO		Budget Note: Keep OPI at the top of our legislative agenda. Help state approach federal government (federal to advocate for a change in Medicaid to recognize OPI for eligibility)
18	5/15/01	Farver	DRM		Budget Note: DRM's to develop county-wide policy paper for bcc consideration over the summer re: state funding for formula issues. (reference ADS equity issue). Consider DHR reorganization as part of the partnership context.
19	5/15/01	Farver	CFS/Mental Health		Clarify differences/costs between today's presentation and prior resolution (Lane County model). Commissioner concerns: Naito: Case management piece; more detail re: contracting out. Variation on theme how gatekeeping is done and how we would contract out. Why is this the best model with cost comparison of a couple of models. Want to see here is the best and why. Cruz- concerns center around where plan doesn't follow resolution case management; cost analysis consistent with resolution (case management function); wants collaborative process utilizing our expertise and the provider networks. Anderson-walk through the plan. Set up meeting at later time to review. Farver-looking for budget specifics and tradeoffs to make it real. Timelines.
20	5/15/01	Farver	MH Dept/ Jim Gaynor		Budget Note- come back with package of budget amendments; come back in a series of meetings over the course of the year. MH Redesign group to return with a group of amendments about the specifics of the system re-design.
21	5/16/01	Cruz	Health		Budget Note— Time frame for reviewing revenues coming into Health Department/Primary care clinics. Include potential cuts, if revenues do not meet projections. Quarterly Status Report. Have a broader issue to capture FFP, fees, etc
22	5/16/01	Anderson	Health		How do you measure the success/effectiveness of the STARS program?

					Forward evaluation.
23	5/16/01	Cruz	Health		Amendment: Restore MDT Nurses (4, ½ time in ADS/Health) \$75,000-\$100,000.
24	5/16/01	Naito	Health		Amendment: Restore \$250,000 for second OLDs team in North Portland.
25	5/16/01	Naito	CFS		Amendment: Restore PEIP \$147,000 (early intervention). Explore DD settlement funding (even if not funded by Gov's Budget)
26	5/16/01	Naito	Health/CFS		Amendment: Restore \$106,000 for Connections contract (funded in CFS).
27	5/16/01	Naito	Health		Amendment: Restore \$35,000 for SKIP.
28	5/16/01	Farver	Health/ADS		Follow-up information to address "shared" staff at the new East County Building.
29	5/16/01	Naito/Farver	MCSO/Health/DCJ	5/18/01	Budget Note: Pretrial release redesign briefing; mental health issue; impact/analysis of number of bookings on mental health system. Include the effect state mental health system (closing of hospitals) on mentally ill in local jails.
30	5/16/01	Naito	Health		Legal question about federal payments for mental health disabilities of jail inmates.
31	5/16/01	Cruz	Health		Provide information on HD Tobacco Cessation efforts.
32	5/16/01	Cruz	CFS		Additional information on CFS GF expenditures, direct and indirect; include information on how CFS made 7% target.
33	5/16/01	Cruz	CFS		Budget Note: Future expansion of Bienestar into Columbia Villa
34	5/16/01	Cruz	CFS/SUN		Amendment: Cut funding for SUN Schools at Robert Gray, Buckman; Clear Creek. Return with additional information.
35	5/16/01	Farver	CFS		Budget Note: Possible contingency request this fall for \$\$\$'s for single access point into Homeless Shelter. First priorities Homeless Families Plan.
36	5/22/01	Naito	Naito		Amendment: CCFC reorganization and alignment of staff and functions to legislated mandates and local priorities (\$731,439) (memo dated 5/18).
37	5/22/01	Cruz	DCJ		Did attendance for non-referred students increase as the same ratio as SAI attendance increase. What is the cost per student?
38	5/22/01	Anderson	Evaluation		Why do Interchange graduates fail to stay in contact with aftercare programs?
39	5/22/01	Cruz/ Anderson	Budget		Need more information about department cuts/restorations, shifts in funding. How much \$\$\$ was generated by 7% cuts, countywide, where were restorations made? 1 pager. Anderson wants a star on ephemeral (squishy) revenues and OTO.
40	5/22/01	Cruz	DCJ		Forest Project: What are program alternatives to the forest project that would be less expensive? And Impact on other pieces of the system? Blueprint model?
41	5/22/01	Cruz	Budget		Provide more information on FY 2001 under-spending, reserve balance, next years beginning balance.
42	5/22/01	Naito	LPSCC		Amendment: LPSCC merge 3 FTE into 2 FTE savings of \$20,000.
43	5/22/01	ALL	Budget/Finance		Board to review reserve policies and practices.

