

ANNOTATED MINUTES

Tuesday, May 21, 1996 - 1:30 PM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET HEARING

Chair Beverly Stein convened the hearing at 1:36 p.m., with Commissioners Sharron Kelley, Gary Hansen and Tanya Collier present, and Vice-Chair Dan Saltzman arriving at 1:40 p.m.

PH-1 Department of Juvenile Justice Services Budget Overview, Highlights and Action Plans. DJJS Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers.

ELYSE CLAWSON INTRODUCTIONS, DEPARTMENT OVERVIEW AND KEY ACTION PLANS PRESENTATION. SHANE ENDICOTT CBAC RECOMMENDATIONS AND PRIORITIES. NO ONE WISHED TO TESTIFY. MS. CLAWSON INTRODUCED CBAC MEMBER MARTHA McMURRAY. BILL MORRIS UPDATE ON SENATE BILL 1, BALLOT MEASURE 11 AND USE OF DETENTION. MR. MORRIS AND MS. CLAWSON RESPONSE TO BOARD QUESTIONS. RICK JENSEN DETENTION REFORM INITIATIVE DISCUSSION. MR. JENSEN AND MS. CLAWSON RESPONSE TO BOARD QUESTIONS. LEE BLOCK DIVERSION PROGRAM SUCCESS DISCUSSION. MR. BLOCK AND MS. CLAWSON RESPONSE TO BOARD QUESTIONS AND COMMENTS. JIMMY BROWN BUILDING EVALUATION CAPACITY DISCUSSION. MR. BROWN AND MS. CLAWSON RESPONSE TO BOARD QUESTIONS AND DISCUSSION. MS. CLAWSON, MR. BLOCK, JOANNE FULLER AND MR. MORRIS RESPONSE TO BOARD QUESTIONS AND DISCUSSION. DISTRICT ATTORNEY STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (38) PROVIDE BOARD WITH A DESCRIPTION OF THE CRITERIA USED TO DECIDE WHICH MEASURE 11 JUVENILE CASES

TO PLEA BARGAIN; JUVENILE JUSTICE SERVICES STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (39) DISCUSS THE POSSIBILITIES THAT JUVENILE DIVERSION PROGRAMS (a) MAY HAVE REDUCED THE INCIDENCE OF JUVENILE CRIME; (b) MAY HAVE INCREASED POLICE WILLINGNESS TO CITE AND ARREST JUVENILES; (40) COMPARE THE OUTCOMES, METHODS, AND SUBJECTS OF PAX WITH SIMILAR PROGRAMS (VIP, SOY, ETC., INCLUDING RELATED PROGRAMS IN OTHER DEPARTMENTS); (41) DISCUSS THE POTENTIAL FOR USING LOWER DETENTION SUPERVISION RATIOS TO OPERATE AREAS OF JUVENILE DETENTION WHERE PROGRAMS ARE PROVIDED AT A HIGH LEVEL AND THE POSSIBLE COST REDUCTIONS THAT COULD RESULT; (42) PROVIDE THE BOARD WITH LONGITUDINAL RESEARCH ON DRUG AFFECTED BABIES, PARTICULARLY AS THE RESEARCH BEARS ON CRIMINAL BEHAVIOR.

The budget hearing was adjourned at 3:21 p.m. and the executive session convened at 3:25 p.m.

Tuesday, May 21, 1996 - 3:30 PM
(OR IMMEDIATELY FOLLOWING BUDGET HEARING)
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

EXECUTIVE SESSION

E-1 The Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660(1)(d) for Labor Negotiator Consultation Concerning Labor Negotiations with the Multnomah County Deputy Sheriff's Association. Presented by Darrell Murray.

EXECUTIVE SESSION HELD.

There being no further business, the session was adjourned at 3:30 p.m.

Wednesday, May 22, 1996 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET HEARING

Chair Beverly Stein convened the hearing at 9:35 a.m., with Commissioners Sharron Kelley, Gary Hansen and Tanya Collier present, and Vice-Chair Dan Saltzman arriving at 9:52 a.m.

PH-2 Department of Community Corrections Budget Overview, Highlights and Action Plans. DCC Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers.

TAMARA HOLDEN INTRODUCED PATRICK BRUN, PAT BOZANICH, DIANNE SMITH, AKI NOMA, JIM ROOD, HORACE HOWARD, JUDITH DUNCAN, MIKE SANTONE AND MICHAEL HAINES. MS. HOLDEN DEPARTMENT OVERVIEW AND BUDGET HIGHLIGHTS PRESENTATION AND RESPONSE TO BOARD QUESTIONS. PAT BOZANICH CBAC PRESENTATION, RECOMMENDATIONS AND PRIORITIES. MS. BOZANICH AND MS. HOLDEN RESPONSE TO BOARD QUESTIONS AND DISCUSSION. NO ONE WISHED TO TESTIFY. MS. HOLDEN ISSUES AND OPPORTUNITIES PRESENTATION, INCLUDING DISCUSSION OF SB 1145 IMPLEMENTATION, UNIFIED SUBSTANCE ABUSE STRATEGY, STATE FUNDING ALLOCATION, CBAC RECOMMENDATIONS AND RESPONSE TO BOARD QUESTIONS. MIKE SANTONE ALTERNATIVE COMMUNITY SERVICE PROGRAM EXPLANATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. ALL DEPARTMENTS STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (43) AT THE CONCLUSION OF THE BOARD'S BUDGET PROCESS, PROVIDE THE BOARD AND YOUR DEPARTMENTAL CBAC WITH RESPONSES TO THE CBAC RECOMMENDATIONS THAT WERE ADDRESSED BY BOARD ACTION; DEPARTMENT OF ENVIRONMENTAL SERVICES STAFF TO

PROVIDE FOLLOW UP INFORMATION REGARDING (44) REVIEW THE METRO RECYCLING PROGRAM FOR THE BOARD AND DISCUSS THE PROS AND CONS OF ADOPTING IT; DEPARTMENT OF COMMUNITY CORRECTIONS STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (45) DISCUSS THE CBAC RECOMMENDATION ABOUT SITING ISSUES. INCLUDE IN THIS DISCUSSION A REVIEW OF THE PROCESS UNDER WAY TO DEVELOP A SITING POLICY FOR THE BOARD TO CONSIDER. ALSO INCLUDE IN THIS DISCUSSION, HOW TO SEQUENCE COMMUNITY REVIEW PRIOR TO SITING WITH THE NEED TO SEARCH FOR APPROPRIATE FACILITIES, AND POSSIBLE MITIGATION ACTIVITIES USING WORK CREWS THAT MIGHT MAKE SITING MORE ATTRACTIVE; (46) DISCUSS THE QUESTION OF WHETHER TO USE SB 1145 FUNDING OR GENERAL FUND TO PAY FOR SUBSTANCE ABUSE CONTRACTOR TRAINING; (47) DISCUSS THE IMPLICATIONS OF AMENDMENT DCC 2 TRANSFERRING THE EVALUATION COMPONENT (ADDRESSING PROGRAM EFFECTIVENESS) OF SUBSTANCE ABUSE CONTRACTS FROM COMMUNITY CORRECTIONS TO DCFS/BEHAVIORAL HEALTH; (48) PROPOSE A WAY FOR PO'S TO EVALUATE THE EFFECTIVENESS OF ADDING CORRECTIONS TECHS; (49) DISCUSS THE RELATIVE COST/BENEFIT OF ADDING 5 OR 10 ADDITIONAL WORK CREWS (AMENDMENTS DCC 3a AND DCC 3b). INCLUDE IN THIS DISCUSSION THE USE OF SHERIFF'S OFFICE WORK CREWS. ALSO INCLUDE A PRIORITIZATION OF THE KINDS OF WORK CREW PARTICIPANTS, BOTH IN THE CURRENT SYSTEM AND IF EITHER OF THE AMENDMENTS IS APPROVED; (50) REVIEW THE STATUS OF CHARGING FOR URINALYSIS TESTING; (51) SUMMARIZE AND COMMENT ON THE TIME STUDY COMPLETED BY THE STATE EARLIER THIS YEAR. COMMISSIONER KELLEY PROPOSED AMENDMENTS CFS/DCC 1 \$28,000 FOR SUBSTANCE ABUSE PROVIDERS TRAINING AND DCC 2 TRANSFER EVALUATION COMPONENT OF

**CONTRACTS TO DCFS/BEHAVIORAL HEALTH.
COMMISSIONER SALTZMAN PROPOSED
AMENDMENTS DCC 3a INCREASE WORK CREW
LEADERS TO 5 FTE AND DCC 3b INCREASE WORK
CREW LEADERS TO 10 FTE.**

*There being no further business, the hearing was adjourned at 11:02
a.m.*

Wednesday, May 22, 1996 - 2:00 PM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET HEARING

*Chair Beverly Stein convened the hearing at 2:05 p.m., with Vice-Chair
Dan Saltzman, Commissioners Sharron Kelley and Gary Hansen present, and
Commissioner Tanya Collier excused.*

PH-3 Department of Library Services Budget Overview, Highlights and Action
Plans. DLS Citizen Budget Advisory Committee Presentation.
Opportunity for Public Testimony on the Proposed 1996-97 Multnomah
County Budget. Issues and Opportunities. Board Questions and
Answers.

**GINNIE COOPER INTRODUCTIONS, DEPARTMENT
OVERVIEW PRESENTATION AND RESPONSE TO
BOARD QUESTIONS AND DISCUSSION. SUSAN
HATHAWAY-MARXER LIBRARY BOARD CBAC
PRESENTATION AND RECOMMENDATIONS.
MARY LU BAETKEY TESTIMONY IN SUPPORT OF
COOPERATIVE PROJECT WITH PARKROSE
SCHOOL AND LIBRARY BUDGET. NANCY JAMBOR
TESTIMONY IN SUPPORT OF EARLY CHILDHOOD
PROGRAMS AND SERVICES. GINNY SNODGRASS
TESTIMONY IN SUPPORT OF INSIGHTS TEEN
PROGRAM AND BORN TO READ PROGRAM. BOB
HAMEL TESTIMONY IN SUPPORT OF JUVENILE
JUSTICE OUTREACH PROGRAM WITH
MULTNOMAH EDUCATION SERVICE DISTRICT.
DEL HALL AND BOB HALL TESTIMONY IN
SUPPORT OF VOLUNTEER PROGRAM
PROMOTING BOOKS AND LIBRARY SERVICES TO**

THIRD GRADE CLASSES. STEVE FULMER TESTIMONY IN SUPPORT OF PROGRAMS WITH PORTLAND PUBLIC SCHOOLS, INCLUDING LANE MIDDLE SCHOOL AND BRENTWOOD-DARLINGTON PROJECT. MS. COOPER UPDATE ON SERVICES TO SCHOOLS AND CHILDREN. DONNA DENGEL UPDATE ON SERVICES TO FAMILY CHILDCARE PROVIDERS. ELLEN FADER DISCUSSION ON SERVICES TO INCARCERATED YOUTH. MS. FADER, MS. COOPER AND JEANNE GOODRICH RESPONSE TO BOARD QUESTIONS AND SUGGESTIONS. MS. GOODRICH TECHNOLOGY UPDATE AND DEMONSTRATION PRESENTATION AND RESPONSE TO BOARD QUESTIONS. DEPARTMENT OF LIBRARY SERVICES STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (52) DISCUSS THE POSSIBILITY OF ELECTRONICALLY LINKING PRIVATE SCHOOLS, SUCH AS OPEN MEADOWS, McCOY ACADEMY, ETC., TO THE LIBRARY WITH BOND PROCEEDS IN A WAY PARALLELING OUR PLANS FOR THE PUBLIC SCHOOLS; (54) PREPARE AN OVERVIEW OF PRACTICES BEING APPLIED OR CONSIDERED IN OTHER JURISDICTIONS THAT WILL CONTROL ACCESS TO OBJECTIONABLE MATERIALS ON THE INTERNET AND SUGGEST A PROCESS FOR THE BOARD TO DISCUSS THE ISSUE; (55) DISCUSS THE LIBRARY'S ROLE IN PROVIDING UNIVERSAL ACCESS TO ELECTRONIC INFORMATION AND PROCESS MADE AVAILABLE BY OTHER AGENCIES, E.G., THE STATE EMPLOYMENT DIVISION; (56) REPORT ON THE POSSIBILITIES OF HELPING TO STABILIZE THE WORK FORCE OF SCHOOL MEDIA SPECIALISTS THROUGH TEMPORARY HIRING OR SOME OTHER WAY OF UTILIZING THEM IN THE LIBRARY SYSTEM; (57) DESCRIBE THE PROCESS THE LIBRARY EXPECTS TO FOLLOW IN DECIDING WHICH CONSTRUCTION PROJECTS WILL BE DONE AT BRANCHES.

There being no further business, the hearing was adjourned at 3:54 p.m.

Thursday, May 23, 1996 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

REGULAR MEETING

Chair Beverly Stein convened the meeting at 9:35 a.m., with Vice-Chair Dan Saltzman, Commissioners Sharron Kelley, Gary Hansen and Tanya Collier present.

CONSENT CALENDAR

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, THE CONSENT CALENDAR (ITEMS C-1 THROUGH C-4) WAS UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

- C-1 Appointment of Mary Cohorst to the REGIONAL STRATEGIES BOARD

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

- C-2 RESOLUTION Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

RESOLUTION 96-94.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-3 CS 1-96/WRG 2-96 Report Hearings Officer Decision APPROVING, WITH CONDITIONS, Community Service and Willamette River Greenway Approval to Construct a Cellular Communication Facility Consisting of a 130 Foot Monopole Structure and Associated Facilities, on Property Located at 17622 NW ST HELENS HIGHWAY, PORTLAND
- C-4 Amendment 3 to Intergovernmental Agreement 302215 with the City of Fairview, Reflecting Cost Increase for Installation of Underground Utilities and Street Light Conduits Associated with the Seventh Street Extension Project

REGULAR AGENDA

PUBLIC COMMENT

R-1 Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

NO ONE WISHED TO COMMENT.

NON-DEPARTMENTAL

R-2 PROCLAMATION Recognizing and Commending the Third and Fourth Grade Students of MARKHAM ELEMENTARY SCHOOL

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-2. FOLLOWING COMMISSIONER SALTZMAN'S PRESENTATION, INTRODUCTION, AND READING OF THE PROCLAMATION, THE BOARD ACKNOWLEDGED AND GREETED VISITING THIRD AND FOURTH GRADE MARKHAM STUDENTS. MARKHAM TEACHER MARY DEL RIO COMMENTS IN SUPPORT OF STUDENT'S SUCCESSFUL EFFORTS FOR REMOVAL OF JOE CAMEL BILLBOARD FROM SCHOOL. PROCLAMATION READ. MS. DEL RIO COMMENTS. ANN BLAKER OF AMERICAN CANCER SOCIETY PRESENTATION OF MULTNOMAH COUNTY TOBACCO CONTROL COALITION ACTION AWARD CERTIFICATE OF APPRECIATION TO THE MARKHAM STUDENTS AND COMMENDATION OF THE EFFORTS OF MS. DEL RIO. PROCLAMATION 96-95 UNANIMOUSLY APPROVED.

AT THE REQUEST OF CHAIR STEIN AND UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER KELLEY, CONSIDERATION OF THE FOLLOWING ITEM WAS UNANIMOUSLY APPROVED.

UC-1 PROCLAMATION Proclaiming June 1, 1996 as STAND FOR CHILDREN DAY in Multnomah County, Oregon

COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF UC-1. DAVID LEVINE OF THE OREGON CHILDREN'S FOUNDATION AND RICK NITTI OF THE MULTNOMAH COMMISSION ON CHILDREN AND FAMILIES AND CHILDREN FIRST PRESENTATION, EXPLANATION OF PLANNED ACTIVITIES AND COMMENTS IN SUPPORT. CHAIR STEIN ADVISED THE PROCLAMATION ALSO CONTAINS ENDORSEMENT OF THE MARCH FOR SCHOOL FUNDING OCCURRING ON JUNE 1 AS WELL. PROCLAMATION READ. PROCLAMATION 96-96 UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-10 Multnomah County Board Comments and Direction to Metro Policy Advisory Committee Representative Concerning the Metro Urban Growth Management Functional Plan (2040 Phase 1)

CHAIR STEIN MOVED R-10 FORWARD TO ACCOMMODATE METRO EXECUTIVE MIKE BURTON'S SCHEDULE. COMMISSIONER SALTZMAN, SCOTT PEMBLE AND MIKE BURTON PRESENTATION. MR. PEMBLE, MR. BURTON AND MARK TURPEL RESPONSE TO BOARD QUESTIONS AND DISCUSSION. BOARD CONSENSUS THAT THE URBAN GROWTH BOUNDARY NOT BE EXTENDED. BOARD CONSENSUS THAT DES STAFF PREPARE FOR BOARD REVIEW, INTERGOVERNMENTAL AGREEMENTS WITH THE CITIES OF PORTLAND, GRESHAM AND TROUTDALE, REZONING THE ADJACENT UNINCORPORATED AREAS TO ACCOMMODATE HOUSING GROWTH, WHICH ADDRESSES ACCOUNTABILITY AND AFFORDABILITY. BOARD CONSENSUS THAT DES STAFF PREPARE AN ANNEXATION ANALYSIS FOR BOARD REVIEW.

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

R-3 Request for Review and Approval of the Consolidated Plan, 1996-1997 Action Plan of the City of Portland, City of Gresham, and Multnomah

County, to be Submitted to the U.S. Department of Housing and Urban Development, Applying for Community Development Block Grant and HOME Investment Partnership Program Funds

JANET HAWKINS EXPLANATION. UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, RESOLUTION 96-97 WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF HEALTH

R-4 NOTICE OF INTENT to Respond to a Request for Proposals from the Metropolitan Service District for Illegal Dumpsite Cleanup in Unincorporated Areas Within Multnomah County

COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-4. PETER DeCHANT EXPLANATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION REGARDING POSSIBLE USE OF DCC WORK CREWS FOR DUMPSITE CLEANUP. NOTICE OF INTENT UNANIMOUSLY APPROVED.

R-5 NOTICE OF INTENT to Respond to a Program Announcement from the National Institute on Drug Abuse to Continue and Evaluate the Northeast Health Center Linkage Project that Provides Substance Abuse Services to Primary Care Clients

COMMISSIONER HANSEN MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF R-5. DAVE HOUGHTON EXPLANATION AND RESPONSE TO COMMISSIONER HANSEN'S COMMENTS IN SUPPORT. NOTICE OF INTENT UNANIMOUSLY APPROVED.

DEPARTMENT OF SUPPORT SERVICES

R-6 First Reading and Possible Adoption of an ORDINANCE Amending Multnomah County Code Chapter 3.11, Relating to Charitable Fundraising on County Premises, by Changing the Membership of the Campaign Management Council, the Certification Criteria, and Declaring an Emergency

ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER HANSEN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF FIRST READING AND ADOPTION. KAREN RHEIN AND JIM STEGMILLER EXPLANATION AND RESPONSE TO BOARD QUESTIONS. MICHAEL MAY OF LOCAL INDEPENDENT CHARITIES OF AMERICA TESTIMONY REQUESTING THE CAMPAIGN NOT BE LIMITED TO SIX FUNDS OR FEDERATIONS AND INCLUSION OF INDEPENDENT CHARITIES OF AMERICA, AND RESPONSE TO BOARD QUESTIONS. MR. STEGMILLER AND MS. RHEIN RESPONSE TO BOARD QUESTIONS, ADVISING THE VOLUNTEER COUNCIL CANNOT HANDLE MORE THAN SIX FUNDS; THAT THROUGH UNITED WAY AND BLACK UNITED FUNDS, EMPLOYEES CAN GIVE TO OTHER ORGANIZATIONS NOT LISTED IN COUNTY BROCHURES; AND THAT THE SYSTEM HAS BEEN SET UP SO THAT NEXT YEAR ANYONE CAN APPLY. BOARD COMMENTS. ORDINANCE 854 UNANIMOUSLY APPROVED.

R-7 Budget Modification DSS 3 Requesting Authorization to Reclassify Two Word Processing Operator Positions to Senior Word Processing Operator

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-7. CURTIS SMITH EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-8 Intergovernmental Agreement 301616 with the City of Fairview for Needed Waterline Improvements for the NE Glisan Street Contract

COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-8. JOHN DORST EXPLANATION OF ITEMS R-8 AND R-9. AGREEMENT UNANIMOUSLY APPROVED.

R-9

Intergovernmental Agreement 301606 with the City of Wood Village for Needed Waterline Improvements for the NE Glisan Street Contract

UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER KELLEY, R-9 WAS UNANIMOUSLY APPROVED.

The regular meeting was adjourned at 11:05 a.m. and the briefing convened at 11:14 a.m.

Thursday, May 23, 1996 - 11:15 AM
(OR IMMEDIATELY FOLLOWING REGULAR MEETING)
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BOARD BRIEFING

B-1 Multnomah Commission on Children and Families Retreat Update and Future Direction. Presented by Carol Wire, Dianne Iverson and Gloria Muzquiz.

BOARD GREETED LARRY NOVELL FROM UNITED WAY. CAROL WIRE INTRODUCED SAMUEL HENRY, RICK NITTI, DIANNE IVERSON, GLORIA MUZQUIZ AND BONNIE ROSATTI. LARRY NOVELL, CAROL WIRE, SAMUEL HENRY PRESENTATIONS AND RESPONSE TO BOARD QUESTIONS, SUGGESTIONS AND DISCUSSION.

There being no further business, the briefing was adjourned at 12:25 p.m.

Thursday, May 23, 1996 - 1:30 PM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET HEARING

Chair Beverly Stein convened the meeting at 1:35 p.m., with Commissioners Sharron Kelley, Gary Hansen and Tanya Collier present, and Vice-Chair Dan Saltzman arriving at 1:36 p.m.

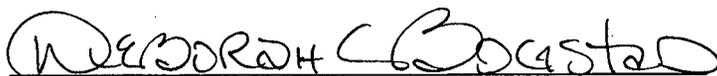
Multnomah County Sheriff's Office Budget Overview, Highlights and Action Plans. MCSO Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers.

SHERIFF DAN NOELLE DEPARTMENT OVERVIEW, MISSION, VALUE STATEMENTS, RECENT ACCOMPLISHMENTS, 1994-1995 MCSO BIENNIAL REPORT AND ADDITIONAL BUDGET NEEDS PRESENTATION AND RESPONSE TO BOARD QUESTIONS. GEORGE KELLEY CBAC RECOMMENDATIONS PRESENTATION. NO ONE WISHED TO TESTIFY. CHAIR STEIN REFERRED BOARD TO BARRY CROOK MEMO. SHERIFF NOELLE DISCUSSION OF GRESHAM TEMPORARY HOLDING FACILITY AND RESPONSE TO BOARD QUESTIONS. LARRY AAB REORGANIZATION OF LAW ENFORCEMENT DIVISION UPDATE. SHERIFF NOELLE RECRUITMENT OF MINORITY AND BILINGUAL HIRING DISCUSSION. DAVE WARREN AND SHERIFF NOELLE RESPONSE TO BOARD QUESTIONS AND DISCUSSION. SHERIFF NOELLE JAIL ACCREDITATION DISCUSSION AND RESPONSE TO BOARD QUESTIONS. SHERIFF NOELLE PUBLIC SAFETY LEVY AND SB 1145 UPDATE AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. DAN OLDHAM SITING COMMITTEE UPDATE AND RESPONSE TO BOARD QUESTIONS, SUGGESTIONS AND DISCUSSION. SHERIFF'S OFFICE STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (58) EXPLORE THE POTENTIAL FOR "GROWING" LOCAL CANDIDATES FOR HIRING AS CORRECTIONS DEPUTIES RATHER THAN OR IN ADDITION TO RECRUITMENT OUT OF THE AREA; (59) REVIEW THE PROS AND CONS OF THE DECISION TO FOREGO ACCREDITATION OF FACILITIES, INCLUDING THE THOUGHTS OF COUNTY COUNSEL IN THE RESPONSE, AND ADDRESSING THE QUESTION OF THE POSSIBLE IMPACT ON FEDERAL OR STATE FUNDING; (60) DISCUSS THE POSSIBLE OVERTIME COST IMPLICATIONS OF THE REMODELING PROJECTS THAT WILL BE

DONE WITH BOND FUNDING AT THE JUSTICE CENTER; (61) REVIEW THE PROPOSAL TO SUBSTITUTE EDUCATIONAL PROGRAMS FOR TELEVISION IN MODULES OF THE JAIL FACILITIES; (62) DISCUSS THE STATUS OF WIRING FOR CABLE TV IN THE VARIOUS JAIL FACILITIES AND WAYS TO PAY FOR MAKING IT POSSIBLE TO SHOW SELECTED PROGRAMMING IN EACH OF THEM; LABOR RELATIONS STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (63) DISCUSS THE IMPLICATIONS OF DEFINING THE DUTIES OF CORRECTIONS DEPUTIES TO INCLUDE PRESENTATION OF EDUCATIONAL PROGRAMS TO INMATES; BOARD OF COMMISSIONERS TO (64) CONSIDER THE POSSIBILITY OF ROLLING THE SPECIAL LEVIES APPROVED AT THE PRIMARY INTO THE COUNTY TAX BASE IN NOVEMBER, 1996. COMMISSIONER KELLEY PROPOSED AMENDMENTS SO 1 \$108,000 FOR GRESHAM HOLDING FACILITY; SO 2 RESERVE \$50,000 IN CONTINGENCY FOR EVALUATION OF BOOKING; SO 3 RESERVE \$50,000 IN CONTINGENCY FOR PROGRAMS IN LIEU OF TV IN JAIL; SO 4 \$95,000 FOR SCHEDULING UNIT; SO 5 \$61,000 FOR MATRIX UNIT; SO 6 \$208,000 FOR FLEET NEEDS; SO 7 \$69,000 FOR UNFUNDED MANDATES; COMMISSIONER COLLIER PROPOSED AMENDMENT SO 8 \$100,000 (WITHIN LEVY) FOR RECRUITMENT; COMMISSIONER HANSEN PROPOSED AMENDMENT SO 9 \$40,000 FOR SPANISH IMMERSION PROGRAM (WITHOUT HAVING STAFF LEAVE THE COUNTRY).

There being no further business, the hearing was adjourned at 3:15 p.m.

OFFICE OF THE BOARD CLERK
FOR MULTNOMAH COUNTY, OREGON


Deborah L. Bogstad



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 SW FIFTH AVENUE
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BOARD OF COUNTY COMMISSIONERS
BEVERLY STEIN ▪ CHAIR ▪ 248-3308
DAN SALTZMAN ▪ DISTRICT 1 ▪ 248-5220
GARY HANSEN ▪ DISTRICT 2 ▪ 248-5219
TANYA COLLIER ▪ DISTRICT 3 ▪ 248-5217
SHARRON KELLEY ▪ DISTRICT 4 ▪ 248-5213

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS FOR THE WEEK OF

MAY 20, 1996 - MAY 24, 1996

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Tuesday, May 21, 1996 - 3:30 PM - Executive Session.....Page 2

Wednesday, May 22, 1996 - 9:30 AM - DCC Budget HearingPage 2

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*Thursday Meetings of the Multnomah County Board of Commissioners are *cablecast* live and taped and can be seen by Cable subscribers in Multnomah County at the following times:*

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

Friday, 10:00 PM, Channel 30

Sunday, 1:00 PM, Channel 30

Produced through Multnomah Community Television

AN EQUAL OPPORTUNITY EMPLOYER

*Tuesday, May 21, 1996 - 1:30 PM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

BUDGET HEARING

PH-1 Department of Juvenile Justice Services Budget Overview, Highlights and Action Plans. DJJS Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers. 2 HOURS REQUESTED

*Tuesday, May 21, 1996 - 3:30 PM
(OR IMMEDIATELY FOLLOWING BUDGET HEARING)*

*Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

EXECUTIVE SESSION

E-1 The Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660(1)(d) for Labor Negotiator Consultation Concerning Labor Negotiations with the Multnomah County Deputy Sheriff's Association. Presented by Darrell Murray. 45 MINUTES REQUESTED.

*Wednesday, May 22, 1996 - 9:30 AM
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BUDGET HEARING

PH-2 Department of Community Corrections Budget Overview, Highlights and Action Plans. DCC Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers. 2 HOURS REQUESTED

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BUDGET HEARING

PH-3 Department of Library Services Budget Overview, Highlights and Action Plans. DLS Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers: 2 HOURS REQUESTED

Thursday, May 23, 1996 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

REGULAR MEETING

CONSENT CALENDAR

NON-DEPARTMENTAL

C-1 Appointment of Mary Cohorst to the REGIONAL STRATEGIES BOARD

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

C-2 RESOLUTION Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

DEPARTMENT OF ENVIRONMENTAL SERVICES

C-3 CS 1-96/WRG 2-96 Report Hearings Officer Decision APPROVING, WITH CONDITIONS, Community Service and Willamette River Greenway Approval to Construct a Cellular Communication Facility Consisting of a 130 Foot Monopole Structure and Associated Facilities, on Property Located at 17622 NW ST HELENS HIGHWAY, PORTLAND

C-4 Amendment 3 to Intergovernmental Agreement 302215 with the City of Fairview, Reflecting Cost Increase for Installation of Underground Utilities and Street Light Conduits Associated with the Seventh Street Extension Project

REGULAR AGENDA

PUBLIC COMMENT

- R-1 *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

NON-DEPARTMENTAL

- R-2 *PROCLAMATION Recognizing and Commending the Third and Fourth Grade Students of MARKHAM ELEMENTARY SCHOOL*

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

- R-3 *Request for Review and Approval of the Consolidated Plan, 1996-1997 Action Plan of the City of Portland, City of Gresham, and Multnomah County, to be Submitted to the U.S. Department of Housing and Urban Development, Applying for Community Development Block Grant and HOME Investment Partnership Program Funds*

DEPARTMENT OF HEALTH

- R-4 *NOTICE OF INTENT to Respond to a Request for Proposals from the Metropolitan Service District for Illegal Dumpsite Cleanup in Unincorporated Areas Within Multnomah County*
- R-5 *NOTICE OF INTENT to Respond to a Program Announcement from the National Institute on Drug Abuse to Continue and Evaluate the Northeast Health Center Linkage Project that Provides Substance Abuse Services to Primary Care Clients*

DEPARTMENT OF SUPPORT SERVICES

- R-6 *First Reading and Possible Adoption of an ORDINANCE Amending Multnomah County Code Chapter 3.11, Relating to Charitable Fundraising on County Premises, by Changing the Membership of the Campaign Management Council, the Certification Criteria, and Declaring an Emergency*
- R-7 *Budget Modification DSS 3 Requesting Authorization to Reclassify Two Word Processing Operator Positions to Senior Word Processing Operator*

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-8 *Intergovernmental Agreement 301616 with the City of Fairview for Needed Waterline Improvements for the NE Glisan Street Contract*
- R-9 *Intergovernmental Agreement 301606 with the City of Wood Village for Needed Waterline Improvements for the NE Glisan Street Contract*
- R-10 *Multnomah County Board Comments and Direction to Metro Policy Advisory Committee Representative Concerning the Metro Urban Growth Management Functional Plan (2040 Phase 1) - **ONE HOUR REQUESTED***
-

Thursday, May 23, 1996 - 11:15 AM
(OR IMMEDIATELY FOLLOWING REGULAR MEETING)
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BOARD BRIEFING

- B-1 *Multnomah Commission on Children and Families Retreat Update and Future Direction. Presented by Carol Wire, Dianne Iverson and Gloria Muzquiz. 45 MINUTES REQUESTED.*
-

Thursday, May 23, 1996 - 1:30 PM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET HEARING

- PH-4 *Multnomah County Sheriff's Office Budget Overview, Highlights and Action Plans. MCSO Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers. 2 HOURS REQUESTED*

MEETING DATE: May 22, 1996

AGENDA #: PH-2

ESTIMATED START TIME: 9:30 AM

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Community Corrections Budget Hearing

BOARD BRIEFING: DATE REQUESTED: May 22, 1996

REQUESTED BY: _____

AMOUNT OF TIME NEEDED: 2 hours

REGULAR MEETING: DATE REQUESTED: _____

AMOUNT OF TIME NEEDED: _____

DEPARTMENT: DCC Budget Hearing DIVISION: _____

CONTACT: Tamara Holden TELEPHONE #: 248-3701 ext. 3338

BLDG/ROOM #: 161/600

PERSON(S) MAKING PRESENTATION: Tamara Holden, Staff, CBAC, Public Testimony

ACTION REQUESTED:

INFORMATIONAL ONLY POLICY DIRECTION APPROVAL OTHER

SUGGESTED AGENDA TITLE:

Department of Community and Family Services Budget Overview, Highlights and Action Plans. DCFS Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____
(OR)
DEPARTMENT MANAGER: _____

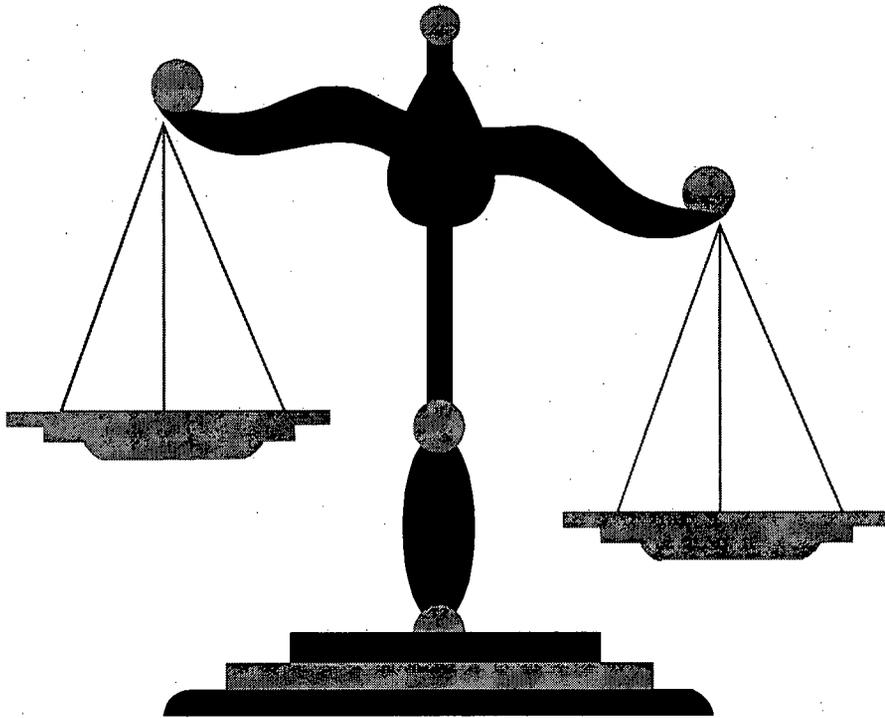


BOARD OF
COUNTY COMMISSIONERS
96 MAY -6 PM 5:07
MULTNOMAH COUNTY
OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277 or 248-5222

Multnomah County



**Department of Community Corrections
Budget Hearing
May 22, 1996
1996-97**

DEPARTMENT OF COMMUNITY CORRECTIONS
FY 96-97 Budget Hearing
AGENDA

Wednesday, May 22, 1996, 9:30 a.m.

DCC Attendees:

Tamara Holden, Director
Patrick Brun, Business Services Manager
Aki Noma, Data Systems Manager

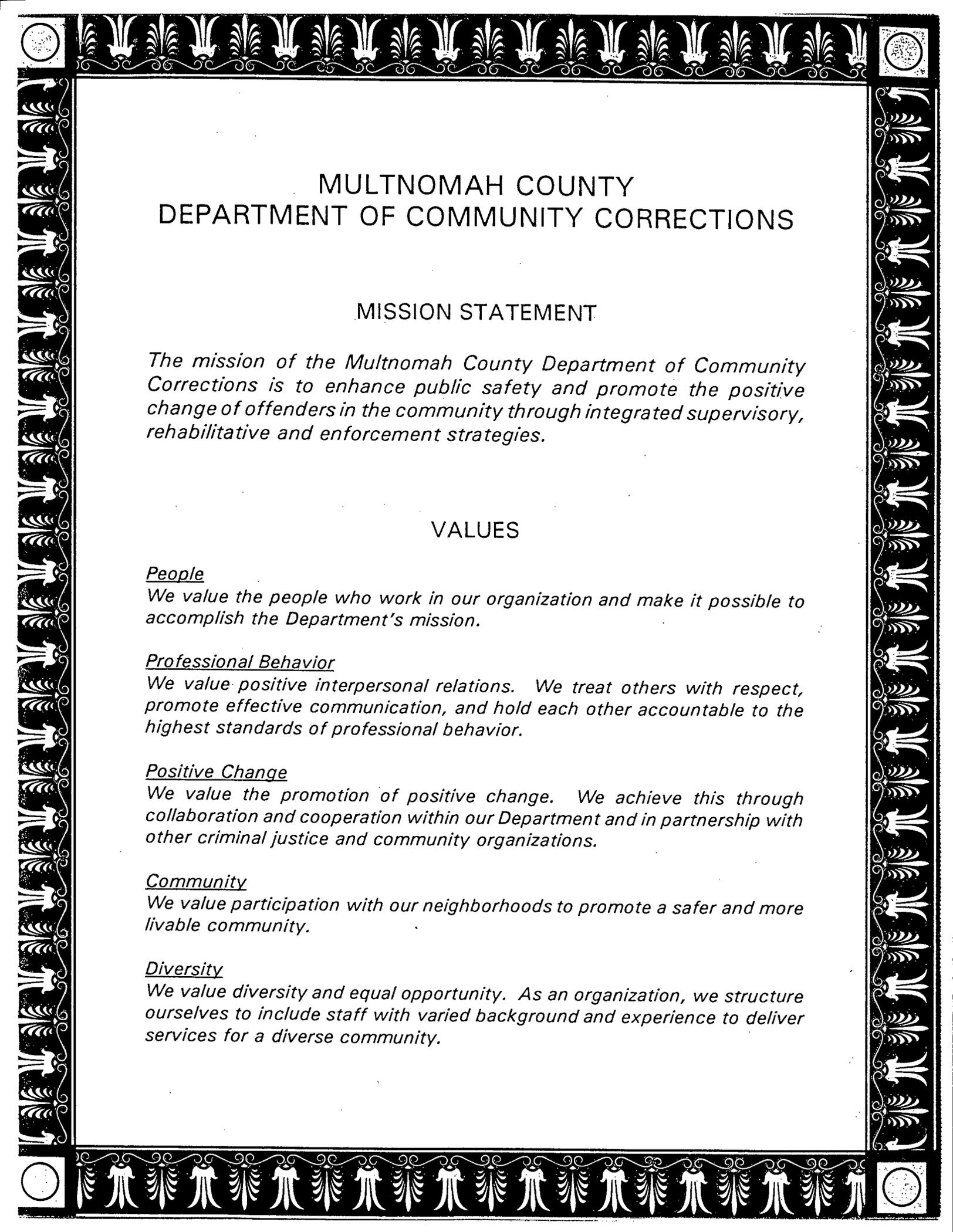
DCC CBAC Attendee:

Pat Bozanich, Chair

9:30	I	DEPARTMENT OVERVIEW / INTRODUCTIONS	Tamara Holden
9:40	II	CBAC PRESENTATION	Pat Bozanich
10:00	III	PUBLIC TESTIMONY	
10:30	IV	ISSUES & OPPORTUNITIES	Tamara Holden
11:00	V	BOARD QUESTIONS & ANSWERS	
11:45	VI	ADDITIONAL PUBLIC TESTIMONY	

Other DCC Attendees:

Jim Rood, District Manager
Michael Haines, District Manager
Horace Howard, District Manager
Judith Duncan, District Manager
Dianne Smith, Fiscal Specialist



MULTNOMAH COUNTY DEPARTMENT OF COMMUNITY CORRECTIONS

MISSION STATEMENT

The mission of the Multnomah County Department of Community Corrections is to enhance public safety and promote the positive change of offenders in the community through integrated supervisory, rehabilitative and enforcement strategies.

VALUES

People

We value the people who work in our organization and make it possible to accomplish the Department's mission.

Professional Behavior

We value positive interpersonal relations. We treat others with respect, promote effective communication, and hold each other accountable to the highest standards of professional behavior.

Positive Change

We value the promotion of positive change. We achieve this through collaboration and cooperation within our Department and in partnership with other criminal justice and community organizations.

Community

We value participation with our neighborhoods to promote a safer and more livable community.

Diversity

We value diversity and equal opportunity. As an organization, we structure ourselves to include staff with varied background and experience to deliver services for a diverse community.

Community Corrections

Vision

Our vision for the Department of Community Corrections (DCC) is equally a vision for our communities. DCC will serve a society which understands that criminal behavior has complex causes requiring an integrated array of supervision, treatment, and sanction strategies. DCC will cooperate with providers of social, health, public safety, and educational services to meet the needs of offenders, their families, and their communities. Our communities will recognize that they must, ultimately, be responsible for supporting the rehabilitation of offenders. They will work with us to provide effective interventions consistent with that objective.

DCC will strive to deliver quality services by engaging all of our employees and stakeholders in the design, evaluation, and improvement of those services. Staff will recognize DCC for providing a work environment in which their diversity, commitment, and creativity are valued. They will be supported by managers who provide them with the necessary training, coaching, and resources, and by automated systems which enhance their efficiency. Our customers and stakeholders will recognize DCC as a responsive organization, committed to the highest professional standards, and a partner in building safe, healthy communities.

The department will enhance the quality of life in our communities through programs designed to change the behavior of offenders. Probation and parole supervision will target those offenders who represent the highest risk to public safety for increased levels of surveillance and control. Direct and contracted services will address risk and need factors related to substance abuse, mental health, employment, education, and housing. The delivery of those services will be coordinated with other agencies to assure that the needs of children and families are emphasized. Programs will also target populations with special needs, such as the mentally ill, female and Hispanic offenders. DCC will manage a continuum of sanctions so that most offenders who violate the conditions of their release will be sanctioned locally. Structured Sanctions programs will incorporate a range of interventions responsive to specific needs; they will impose immediate consequences for probation and parole violations and bring about positive behavioral changes. The use of prison and jail beds will be limited to those offenders who present the greatest risk to the safety of our citizens.

By 2015, DCC planning, operations, and program evaluation will be enhanced by information technology. DCC will be linked electronically with state and local agencies. Our databases will enable us to enter, report, and share information as efficiently as

Community Corrections

possible. Automated systems will facilitate the preparation of client needs assessments and other documents essential to planning and resource allocation. Automation will impact our case management, permitting staff to spend more time responding to the needs of their clients. The department will evaluate the impacts of all of its programs. Process and outcome data will be routinely collected, analyzed, and shared with other government organizations and the public.

The department's strategic plan for 2015 will be created with the assistance of many public and private agencies, as well as a variety of neighborhood, civic, and citizen groups. DCC will work closely with the Board of County Commissioners, our Local Public Safety Coordinating Council, our Citizen's Budget Advisory Committee, and the Oregon Department of Corrections to assure that state and local priorities are identified and adequately funded. DCC will pursue grant funding when it is consistent with our mission and vision.

Strategies

Continued implementation of Structured Sanctions and the integrated delivery of human services, and the development of new programs in response to legislation granting enhanced correctional authority and responsibility to the County will create new training challenges for the department. Management will be trained to help staff understand the need for change and involve them in transitional planning. The department will increasingly rely on teams trained in the use of problem solving tools and communication skills to deliver quality services. DCC staff will be trained to identify and respond to both public safety concerns and to the needs of offenders and their families. Casework training will focus on the role of staff as change agents. Training will also emphasize a cooperative approach to case management through our partnerships with other service delivery organizations.

DCC will achieve manageable caseload sizes through a combination of strategies that includes team approaches to offender supervision, an open continuous hiring process for probation/parole officers and other staff, increased use of automation to maintain electronic case files, use of casebanks and telephonic supervision for low risk cases, dialog with our partners in the justice system to establish case management priorities, early termination of cases consistent with Oregon Department of Corrections and Parole Board guidelines, and review and adjustment of our case management standards.

Community Corrections

Over the next two years, the department will be supporting specialized programs and teams providing supervision and services for target populations. Services for female offenders will build on the holistic model developed for our ADAPT program, which involves our staff in joint case planning and service delivery with public and private health, mental health, and housing agencies. We will be working with a number of partner agencies to expand mental health interventions for offenders. Clients with educational and/or employment deficits will receive literacy, basic education, life skills, and pre-employment training at the Donald H. Londer Center for Learning. Gang involved offenders will be supervised by a team of parole and probation officers working closely with law enforcement, juvenile justice, school, and civic organizations. Sex offenders will be supervised by specially trained officers who participate in a state-wide network of professionals dealing with this population. The network serves as a forum for sharing the latest information on sex offender supervision and treatment. Substance abusers and perpetrators of domestic violence will be eligible for expanded diversion programs when treatment, rather than prosecution, is in the best interests of the offender and the community. Diversion will offer immediate access to treatment, consistent with our effort to provide early intervention. The efficiency and effectiveness of our substance abuse interventions will be enhanced by our continued participation in the development of Central Intake and an associated management information system.

DCC will rely on the proven expertise of community agencies to provide most of our treatment interventions. DCC will continue to manage those contracts to assure that cost effective services meet the needs of our clients and the justice system. We will plan and deliver services and resolve operational issues in cooperation with our partner agencies, including providers, criminal justice organizations, the Community and Family Services Department, and the Juvenile Justice Department.

Over the next two years, DCC will implement new sanction programs and expand existing programs to support Structured Sanctions and the County's responsibility for offenders sentenced to twelve months or less. Residential centers for treatment, work release, and supervised housing are anticipated, and we will continue our Day Reporting Center, Intensive Case Management, Alternative Community Service, Work Release/PV Center, and Forest Project sanction programs.

Because DCC believes that it is essential for the public to support our operations, we will increase our neighborhood activities. We established a new field office in North Portland which will encourage a high degree of community involvement in providing services consistent with a community policing orientation. We will continue to benefit from community volunteers assigned to help supervise misdemeanor and low risk offenders.

Community Corrections

We will recruit actively in minority communities to help us attain a diversity that mirrors the county's population. DCC will continue to participate on Safety Action Teams in which we use community policing principles to work with public safety, social service, and school personnel to enhance neighborhood access to our services. The department's Community Relations Team will build partnerships with our neighborhoods through a series of initiatives including a speakers bureau, neighborhood livability projects, educational presentations, and crime victims services.

Partnerships

The Department will fulfill its vision by working as a partner with a number of public and private organizations. The most crucial partnerships are with:

State agencies, including

- Oregon Department of Corrections
- Board of Parole and Post-Prison Supervision
- Circuit and District Courts serving Multnomah County
- Oregon Department of Human Resources, particularly Children's Service Division, Adult and Family Services, and the Mental Health Division
- Oregon Criminal Justice Services Division
- Portland Community College

Multnomah County agencies, including

- District Attorney's Office
- Sheriff's Office
- Health Department
- Community and Families Services Department
- Juvenile Justice Department

City of Portland agencies, including

- Police Bureau
- Bureau of Community Development
- Parks Bureau

Federal agencies including

- Department of Education/Office of Vocational & Adult Education
- Department of Justice/BHJA, NIJ
- Department of Agriculture, Forest Service

Approximately twenty-five private agencies providing contracted assessment, treatment, program, evaluation, and other services.

Almost 100 neighborhood associations.

Community Corrections

Issues and Opportunities

1. Implementation of SB 1145

SB 1145 restructured the Community Corrections Act to give counties more responsibility, authority, and resources. The new legislation broadened the scope of planning under the Act. The former Community Corrections Advisory Committee, which served us well over the years, has been replaced by the Local Public Safety Coordinating Council (LPSCC). LPSCC's membership includes representatives of local governments, law enforcement, adult and juvenile corrections, the courts, prosecution and defense, public and private service agencies, and advocacy and civic organizations. This diverse membership reflects the goal of coordinating the entire criminal justice system within the county. LPSCC will develop and recommend to the Board of County Commissioners a Community Corrections Plan that allocates state and local corrections funds.

The County's new responsibilities under SB 1145 include carrying out the sentences of felons sentenced to 12 months or less. Prior to SB 1145, offenders serving less than 12 months in state prison received very little programming before they were returned to the community. Counties will now be able to intervene more effectively than the state in sentencing this population. State funding will support the construction and expansion of a range of local sentencing resources, including jail, to meet the needs of the target population consistent with public safety. Preliminary planning for the necessary programs and facilities was a collaborative endeavor that resulted in a construction proposal which was approved and funded by the Legislature. In 1996-97, program development will continue. By working with the Local Public Safety Coordinating Council, DCC hopes to build or lease two facilities that provide work release and residential substance abuse/mental health treatment for the SB 1145 population. We will also expand other sanction options, including the Day Reporting Center and Intensive Case Management.

CHAIR'S RECOMMENDATION:

The operation of these programs will require close cooperation between DCC, the Sheriff's Office, and the Community and Family Services Department. Program objectives, program design, and key results will require the support of the Board of County Commissioners and LPSCC. First year impact fund monies are targeted for operations and could substantially affect DCC's budget for 1996-97.. Multnomah County will be receiving approximately \$3 million in revenues in 1996-97. These appropriations are

Community Corrections

budgeted in Nondepartmental. LPSCC will make recommendations to the Board of County Commissioners during the 1996-97 fiscal year regarding SB 1145 expenditures on programs for felons outside of jail facilities.

2. Unified Substance Abuse Strategy

Because a high percentage of the offender population has substance abuse problems, LPSCC chartered a committee to make recommendations for improving a system-wide response to offender treatment needs. The committee made recommendations in the following areas: (1) system design; (2) data collection, research, evaluation, and planning; and (3) quality treatment, training, and wrap-around services (i.e., housing, mental health, child care, etc.).

The Target Cities grant enabled the county to implement a central intake program and a standard assessment instrument for use by public and private agencies throughout the county. These initiatives allow DCC to do a better job of client - treatment matching, assuring that our treatment resources are used as cost effectively as possible.

One of the biggest challenges facing the county in addressing the treatment needs of offenders is adapting to an era of managed care. The Oregon Health Plan covers outpatient treatment for eligible offenders, but many offenders are neither eligible for coverage nor able to pay for the cost of their treatment. We need to assure that our eligible clients are enrolled in the Oregon Health Plan. We also need to continue funding contracted services for uninsured offenders and the working poor.

Those involved in the planning and delivery of substance abuse treatment recognize the need for wrap-around services. These are the services, such as housing and child care, that enable clients to continue in treatment. Other wrap-around services, such as aftercare, employment training and life skills, enable clients to contribute to their communities long after they complete treatment. Wrap-around services are not covered by the Oregon Health Plan. DCC has been funded to provide a very limited amount of these services. We hope to reach consensus with our partner agencies regarding priorities for new or enhanced funding targeting these services.

Community Corrections

CHAIR'S RECOMMENDATION:

The Unified Substance Abuse Strategy can be applied not only to the SB1145 population, but other offenders in the criminal justice system. The Unified Substance Abuse Strategy would be an appropriate use of SB 1145 monies if consistent with the recommendation of the LPSCC for Alcohol and Drug program development and evaluation.

3. State Funding Allocation

The State Community Corrections Allocation formula will change effective January 1, 1997. In past years, the allocation was based 100% on workload. Since Multnomah County had the largest number of cases, it received the largest share of the allocation. Other jurisdictions have taken exception to the allocation formula, and have lobbied to have the it changed. On January 1, 1997, the allocation will change to 80% workload, 20% population. Since Multnomah County has approximately 40% of the workload, but only 25% of the population, this change in allocation will negatively affect Multnomah County. In FY 96/97, the State restored us to full funding with a "hold harmless" fund. This was a one time adjustment to give Counties time to adjust to the new funding structure. In subsequent fiscal years, Multnomah County could potentially face a \$1.6 million reduction in funding.

★
5/22/96
OUTDATED
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PER
TAMARA

CHAIR'S RECOMMENDATION:

The Department of Community Corrections will continue its efforts to try to modify and/or reverse this allocation formula change. Furthermore, the Department will return to the Board of County Commissioners prior to full implementation of the new funding structure with a plan delineating the impacts of the reduction in funding and recommendations to address the impacts.



Did You Know?

1995 Department of Community Corrections Supervision, Services, and Sanctions

- **Presentence Investigation Unit:** 760 presentence reports completed.
- **Probation Intake Unit:** 4,500 intakes.
- **Substance Abuse Evaluations:** About 750 assessments completed annually.
- **Women's Transition Services:** 70% of the 56 program participants who gave birth had positive birth outcomes.
- **Hearings Unit:** 3,800 hearings conducted.
- **Domestic Violence Program:** About 400 domestic violence offenders referred to the program annually; 90% of those who complete the program are arrest-free.
- **Sex Offender Specialists:** 900 sex offenders under DCC supervision.
- **Gang Supervision Team:** 327 new gang offenders under DCC supervision.
- **Misdemeanor/Volunteer Program:** 50 volunteers assisted.
- **Community Service:** 320,000 hours of service provided.
- **Day Reporting Center:** 450 probationers and parolees sanctioned at the Center. Since program inception, 70% of those who leave the program are arrest-free for at least six months.
- **Work Release Center:** 34 work release beds available at the Center and 224 offenders resided.
- **Intensive Case Management:** About 500 new offenders received.
- **Forest Project:** 68% utilization of 7280 annual total bed spaces.
- **Donald H. Londer Center for Learning:** 400 offenders received basic skills instruction; 50 received their GED; 180 obtained employment.
- **Contract Services:** 46 contracts provided at a cost of \$ 5,219,522.

STAFF SERVICES

- **Safety**
- **Training**
- **Automation**

OUR COMMUNITIES

- **Safety Action Teams**
- **Victim Services**
- **Community Partnerships**
- **Information Officer**

**MULTNOMAH COUNTY
COMMUNITY CORRECTIONS
BUDGET ADVISORY COMMITTEE**

Pat Bozanich
Chair

Committee Members

Katherine Anderson

Bill Hoffstetter

Larry McCagg

Amy Peterson

Richard Pomeroy

**Community
Corrections Staff**

Patrick Brun
Management Assistant

Karen Rhein
Administrative Secretary

421 S.W. Fifth Avenue, Suite 600
Portland, Oregon 97204

Telephone (503)248-3701
Facsimile (503)248-3990

**CITIZEN BUDGET ADVISORY COMMITTEE REPORT
1996/97 BUDGET
DEPARTMENT OF COMMUNITY CORRECTIONS**

CBAC PROCESS

The past year the CBAC has met on at least a monthly basis. During the height of the budget season (January and February) we generally met weekly.

We began the year by reviewing the Vision and Priorities Statement we created last year. We then determined which issues we wished to explore this year. We focused our interest on: data gathering and evaluation; community involvement (including the recruitment and use of volunteers); and personnel safety, training and arming issues.

In the course of our discussion we have interviewed a number of people including: Commissioner Sharron Kelley; Cary Harkaway, DCC Program Development and Evaluation; DCC Safety Task Force Report, Joanne Fuller; Women's Transition Services, Kathy Treb; Volunteer Unit, Vicki March; DCC Safety Update, Dan Pinkney; DCC Training, Carrie Kirkpatrick; Juvenile Justice, Joanne Fuller.

In addition, Pat Bozanich served on the Public Safety Facility Task Force.

COUNTY WIDE RECOMMENDATIONS

1. CBAC members would like to see greater use of outside performance evaluations of County contractors. We feel that self-evaluation by contractors has a built-in bias.
2. We recommend the County investigate out-sourcing data management services to the private sector. We believe that economies of scale may make data management less expensive and more efficient when handled by firms specifically designed for that function.
3. We recommend the County adopt a comprehensive waste prevention strategy to save money on supplies and garbage fees. We often attend County meetings where one-sided copies are the norm and have received faxes with full page cover sheets. There are many simple strategies the County could adopt that would positively impact it's bottom line.

4. CBAC members are not directly informed of the Commission's response to their recommendations. We recommend the Multnomah County Chair provide a written response to CBAC recommendations.

5. As repeated controversies have made clear, it is necessary that the County adopt clear policies, procedures and guidelines for the siting of Community Corrections and other facilities. Both the Children and Family Services Division and the City of Portland have siting procedures that appear to result in less community dissention than those the department currently follows. The CBAC will review those guidelines and recommend alternative siting procedures to DCC.

6. The CBAC still firmly supports our previous recommendations that the County adopt a two year budget process. The non-budget year would be used to review program activities and performance, to determine priorities and to set direction for future action. To prevent substantial budget manipulation during year two it might be necessary to devise another means for Commissioners to exert their influence on departmental actions. (We believe that Commissioners will actually exert more influence on County actions and priorities than currently as a result of their involvement in a thoughtful review of departmental outcomes and priorities). As in previous years, we feel that a two year budget cycle would orient the County towards outcomes rather than figures.

CBAC RECOMMENDATIONS ON DCC PROPOSED ADD PACKAGES

#1 - Expands MIS staff to accommodate increase in data system needs and the addition of six LANs and specified support staff in FY 96/97.

The CBAC has consistently supported DCC's moves to improve data gathering, management and exchange. We feel the ability to track program and client success data is important to developing and nurturing successful intervention strategies. As a result, we **support this add package with the following reservations:**

While we like the thrust of this package, we are not sure the proposed structure is the most efficient. The addition of one staff person per LAN seems to be arbitrary and not based on a solid need analysis. We recommend periodic, formal evaluation and monitoring of this system to review the effectiveness of the proposed staffing pattern. We would recommend at least a one year review to determine what changes might be needed to the initial proposal.

We question the underlying assumption that computer technology needs to be replaced on a four year basis. We recommend that purchasing decisions be based on an evaluation of the needs of each position rather than on an arbitrary time line.

Our reservations may be mitigated by a discussion with members of the SPIT committee which made the recommendations that resulted in this Add Package. The time constraints of budget season precluded this discussion before our recommendations were due. We will interview a SPIT representative in the near future; if our recommendations change following our interview, we will inform Chair, Beverly Stein. We plan to work more closely with staff to be aware of Add Package proposals during their development phases in future years.

#2 - Provides domestic violence victims with civil representation through Multnomah County Legal Aid Services.

This proposal was forwarded from the Family Violence Intervention Steering Committee. Although we recognize that domestic violence is an important issue and support measures to decrease its prevalence, **we do not support this request as an element of the DCC budget.** We feel it more appropriately belongs in the budget of the District Attorney or the Courts.

#3 - Increases Probation and Parole supervision for perpetrators of domestic violence.

The CBAC supports this request. Unlike the previous Add Package, this item clearly belongs in the DCC budget.

#4 - Adds clerical support for five work units.

The CBAC supports this request. In addition we would like to see an evaluation component consisting of before and after job audits to determine how the addition of clerical support had affected professional staff work loads. The audits would be random and would determine basic job functions and the percentage of time professional staff spent on each. The initial audit would provide baseline data that would allow us to determine whether non-clerical staffers were making effective use of clerical support. Job audits of clerical staff would provide information about the tasks they had taken on and about which non-clerical staff were making use of their availability.

#5 - Continues and expands a program which was formerly funded through a federal grant that provides specialized services to high-risk, male African-American parolees.

The CBAC supports this proposal. Our success record with African-American males is low; this program should help us provide services that will improve our success rate.

#6 - Creates a Circulating Assistance Team to reduce staff overtime and out-of-class work assignments.

The CBAC supports this addition. Decreases in non-budgeted overtime and out-of-classification pay will help offset costs.

ADD PACKAGE PRIORITIES

With exception of Add Package #2 which we do not support, CBAC priorities parallel those of the Department.

CBAC MEMBERS

Pat Bozanich, Chair
Director, Master Recycler Program
OSU Extension Energy Program

Amy Peterson
Loss Prevention District Manager
BI-MART

Katherine Anderson
Crime Prevention Specialist
Southeast Uplift

Richard Pomeroy
Retired Forestry Administrator
Minister

Larry McCagg
Retired Episcopal Priest

William Hoffstetter
Retired Clinical Social Worker

Special thanks to Karen Rhein, Patrick Brun, Cary Harkaway and Tamara Holden

Public Safety Coordinating Council
Report of the Work Group on the Substance Abuse Treatment Requirements of Offenders

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I
MEMBERSHIP

Commissioner Sharron Kelley
Commissioner Gary Hansen
Tamara Holden, Department of Community Corrections
Norma Jaeger, Behavioral Health
Doug Bray, Court Administrator
Vera Pool, MCSO
Kathy Page, Corrections Health
Peter Ozanne, PSCC
Gerald McFadden, Volunteers of America
Judy Phelan, Office of the District Attorney
John Connors, Metropolitan Public Defender
Tichenor McBride, DCC
Kevin Criswell, DCC
Cary Harkaway, DCC
Kathy Treb, DCC
Warren Cook, MCSO
Bill Wood, MCSO
Carol Abel, MCSO
Barbara Simon, MCSO
Lynn Stott, Behavioral Health
Paul DuCommun, Behavioral Health
Phillip Windell, Behavior Health
Chris Tebben, Office of Budget and Quality
Karyne Dargan, Office of Budget and Quality
Robert Trachtenberg, Office of Commissioner Kelley

II VISION

Multnomah County reduces criminal behavior through adopting and adapting national best practices to improve the treatment provided for offenders with alcohol and other drug abuse/dependence ("AOD") problems. These achievements reduce criminal behavior, reduce the population in jails and community corrections caseloads, and enhance the credibility of criminal justice agencies and institutions.

All County agencies and stakeholders are connected in a seamless system, and the system uses resources efficiently and effectively. Cases are processed efficiently, facilitating early intervention for offenders who need treatment.

The system manages information to support policy and strategic program decisions; and supports research and program development to ensure the use of state of the art practices for alcohol and drug treatment.

III EXECUTIVE SUMMARY

"(S)trong empirical evidence has been accumulating, especially during the past 2 decades, that alcohol and drug abuse treatment not only reduces AOD¹ use, but also reduces criminal activity." *Center for Substance Abuse Treatment (CSAT), Planning for Alcohol and other Drug Abuse Treatment for Adults in the Criminal Justice System, Treatment Improvement Protocol Series 17, p.1 [citing seven sources].*

The Public Safety Coordinating Council ("PSCC") should as a priority approve an effective service delivery strategy to engage offenders with AOD problems in treatment, facilitate their involvement in treatment, and reduce their future incidence of relapse², technical violations³, and commission of new offenses.

To better impact the reduction of criminal behavior, Multnomah County should intervene (through assessment, referral, education and treatment) in AOD abuse/dependence that is likely to lead to future criminality at the earliest opportunity consistent with criminal justice system goals of due process, accountability, punishment, and imposition of sanctions. The system should focus resources on priority populations that would include those most likely to change their criminal behavior with treatment in keeping with a commitment to enhanced public safety.

The five critical components of effective treatment are assessment, patient-treatment matching⁴, comprehensive services, relapse prevention⁵, and accountability of treatment programs. *CSAT, Treatment for Alcohol and Other Drug Abuse: Opportunities for Coordination (Technical Assistance Publication Series 11, 1994), pp. 5-6.*

Treatment needs must be determined through a comprehensive, reliable, and cost-effective assessment that supports clinical and correctional decision-making. Offenders with

¹AOD: Alcohol and other drug abuse/dependence.

²Relapse is the process of remaining or becoming so dysfunctional in society that a return to addictive use (and/or criminal behavior) seems like a reasonable choice. (Gorski, 1988)

³Technical violations: a violation of a condition of parole or probation which is not a crime for individuals not on parole or probation. Examples include failure to attend treatment, failure to meet with a parole/probation officer, and a dirty UA (urine analysis).

⁴Patient-treatment matching: Referral to a treatment program appropriate for an individual offender following a comprehensive assessment.

⁵An individualized plan to control the stressors which trigger and bring about relapse to substance abuse.

AOD problems should receive assessments shortly after booking in the jail. Intervention should begin as soon as possible following identification of the problem. Continuity of treatment should be maintained through the transition out of jail or a residential program.

Within its jails, the County should have programming in place that would be available to inmates regardless of length of stay or whether treatment enrollment is planned. The County should provide various methods of instruction, including non-facilitated instruction (video with and without written materials), partially facilitated instruction (video with staff/volunteer facilitators), and didactic/process groups (facilitated by deputies/counselors, a/d specialists, volunteers, nurses). The content of these efforts should include pre-release/pre-treatment readiness; recovery strategies - focus on principles of self-awareness within context of recovery; Narcotics Anonymous/Alcoholic self-help groups (i.e., NA, AA, CA, Rational Recovery, etc.); medical aspects/implication of use; HIV transmission; drunk driving tapes/guests from MADD; relapse prevention; exploration of addictive behavior and treatment; issues in treatment; how to successfully complete parole/probation; pain control/acupuncture; mental health issues in context of alcohol and drug problems. The County should utilize certified AOD specialists to provide a variety of in-jail treatment modules; and expand the relapse prevention and pre-release planning services provided to inmates.

Community treatment is a cost-effective correctional alternative for offenders for whom AOD abuse/dependence is linked to criminal behavior. It is less expensive than jail and produces lower recidivism⁶ rates for those offenders.⁷

Treatment services must be provided based upon matching identified needs with the appropriate level of service and special clinical, correctional, cultural (including spiritual) considerations. Motivation for recovery is generally an outcome of effective treatment not a prerequisite for treatment. Alcohol and drug free housing is an essential component of an effective treatment/recovery system. Other essential components are wrap-around or ancillary services such as employment, mental health treatment, child care, and education. Ancillary items such as food, food stamps, clothing, and shelter can make the difference in achieving treatment success.

AOD is a chronic, relapsing disease that necessitates relapse education, skill development, and relapse planning as a part of treatment. Relapse and treatment non-compliance are common phenomena and should not be viewed as equivalent to more serious

⁶Commission of a criminal offense subsequent to adjudication or diversion for a prior criminal offense. Recidivism may be measured by tracking subsequent convictions or arrests.

⁷Several jail and treatment recidivism studies are annotated in *Sharron Kelley, Memorandum on the Effectiveness of Drug Treatment as an Alternative to Jail (October 24, 1995)*.

kinds of criminal activity. Because AOD abuse/dependence is a disease of relapse in which multiple elements must be addressed, many treatment episodes are usually necessary, and subsequent treatment should build on the skills gained through prior treatment.

Treatment and management of AOD abuse/dependency should be viewed as a lifelong process with phases. Aftercare should be provided for offenders who have completed the initial phases of treatment. Because drug relapse and failure are often part of the rehabilitation process, we can keep the progress of an offender toward successful rehabilitation moving forward by planning for drug relapse and failure in the planning of supervision and treatment. Communicating to the defendant through education and counseling groups that recovery is possible and teaching the keys to that recovery will maximize the chance of each defendant succeeding.

The County can address these issues by using local funds to support components that the Oregon Health Plan will not fund; expanding pre-treatment services and drug-free housing options for offenders, recognizing the need to serve offenders in various stages of recovery; and supporting Central Intake plans to meet the demand for in-custody assessments.

There needs to be improved programming for individuals from mal-adapted families with multi-generational problems and an increase in specialized programming in treatment programs for criminal justice clients. Improvement in the responsiveness of programs to varying populations needs to become a priority. AOD treatment should include cognitive restructuring for criminal behavior.

System planning, evaluation, and information management for AOD treatment should be a collaborative and shared responsibility among the relevant public and private agencies including Multnomah County Community Corrections, Community and Family Services, Health, and the Multnomah County Sheriff's Office. Information about planning and evaluation should be shared among the agencies. Participating agencies should work closely with each other as partners in the development and administration of the system to maximize the opportunity for successful rehabilitation. Signed "working agreements" between agencies should specify a commitment to system goals and day-to-day operations.

The performance of all County funded treatment services should be evaluated for their impact on recidivism and their cost-effectiveness. This evaluation should data about the cost of addiction to society. The realistic, reasonable costs of such evaluation must be explicitly funded. The County should designate a lead, coordinating agency for offender AOD services planning and evaluation, and provide clear expectations to other agencies for support for this effort. This coordinating agency should assure that outcome and evaluation data as set out in this report are tracked in a uniform and accurate manner.

IV
GUIDING PRINCIPLES FOR ALCOHOL AND DRUG TREATMENT FOR
OFFENDERS

1. **Community treatment is a cost-effective correctional alternative for offenders for whom AOD abuse/dependence is linked to criminal behavior. It is less expensive than jail and produces lower recidivism rates for those offenders.**
2. **Effective treatment for offenders combines appropriate accountability with intervention and treatment. Sanctions, restitution and compliance with treatment program requirements, including fees based on ability to pay, are part of such accountability.**
3. **Treatment needs must be determined through a comprehensive, reliable, and cost-effective assessment and placement referral that supports clinical and correctional decision-making. A clinically competent assessment should be undertaken to distinguish AOD problems from other reasons impacting the behavior of the offender. Such an assessment should also be performed as needed to obtain financing of the treatment and maintain compliance with state law.**
4. **In a cost-effective system, any assessments will follow the offender (within legal parameters), and duplication of assessments will be avoided.**
5. **Offenders with AOD problems should receive assessments shortly after booking in the jail. Intervention should begin as soon as possible following identification of the problem. Continuity of treatment should be maintained through the transition out of jail or a residential program.**
6. **AOD abuse/dependence is a disease having biological, psychological and social elements all of which must be addressed for treatment to be effective.**
7. **Treatment services must be provided based upon matching identified needs with the appropriate level of service and special clinical, correctional, cultural (including spiritual) considerations.**
8. **Motivation for recovery is generally an outcome of effective treatment, not a prerequisite for treatment. Mandatory treatment has been shown to be as effective as voluntary treatment.**
9. **Alcohol and drug free housing is an essential component of an effective treatment/recovery system. Other essential components include employment, mental health treatment, child care, and education.**
10. **AOD abuse/dependence is a chronic, relapsing disease that necessitates relapse**

education, skill development, and relapse planning as a part of treatment. Relapse and treatment non-compliance are a common phenomenon and should not be viewed as equivalent to more serious kinds of criminal activity.

11. Because AOD abuse/dependence is a disease of relapse in which multiple elements must be addressed, many treatment episodes are usually necessary, and subsequent treatment should build on the skills gained through prior treatment.

12. Treatment and management of AOD should be viewed as a lifelong process with phases. Aftercare should be provided for offenders who have completed the initial phases of treatment.

13. Because drug relapse and failure is often part of the rehabilitation process, we can keep the progress of an offender toward successful rehabilitation moving forward by planning for drug relapse and failure in the planning of supervision and treatment. By responding to failures immediately and in a measured fashion, we can gradually correct unacceptable behavior. By responding to success similarly, we can encourage compliance and successful drug rehabilitation. By spelling out the positive consequences of compliance and the negative consequences of non-compliance, we will help give the defendant control over his or her own rehabilitation program and ultimately make the offender a participant rather than a self-described victim of the system.

14. Communicating to the offender through education and counseling groups that recovery is possible and teaching the keys to that recovery will maximize the chance of each offender succeeding.

15. System planning and evaluation for drug and alcohol treatment will be a collaborative and shared responsibility among the relevant public and private agencies including Multnomah County Community Corrections, Community and Family Services, Health, and the Multnomah County Sheriff's Office. Information about planning and evaluation will be shared among the agencies. Participating agencies will work closely with each other as partners in the development and administration of the system to maximize the opportunity for successful rehabilitation.

16. The effectiveness of all publicly funded treatment services must be evaluated for their impact on recidivism. The evaluation should document the full costs of addiction to society. The realistic, reasonable costs of such evaluation must be explicitly funded.

V
SYSTEM POLICY STATEMENT

At least half of arrestees for major crimes such as homicide, theft and assault were using illicit drugs around the time of their arrest. Roughly 80 percent of those arrested for drug sale or possession were using illicit drugs around the time of their arrest. *Institute for Health Policy, Substance Abuse: The Nation's Number One Health Problem*, p. 42 citing US Department of Justice, NIJ 1991: *Drug Use Forecasting Annual Report*, p. 21; see also, NIJ, *The Effectiveness of Treatment for Drug Abusers Under Criminal Justice Supervision* (November 1995), pp. 2-3. Nationally, 62 percent of inmates in prisons used drugs on a regular basis prior to incarceration. In many metropolitan areas, more than 70 percent of arrestees test positive for drugs. *Relapse Prevention and the Substance Abusing Criminal Offender*. CSAT Technical Assistance Publication Series (1993), pages v, 13.

The intent of the following Policy Statement is to set out an approach which will lead to an effective, efficient use of resources, consistent with public safety requirements.

To better impact the reduction of criminal behavior, Multnomah County will intervene in AOD abuse/dependence that is likely to lead to future criminality through assessment, referral, education and treatment at the earliest opportunity consistent with criminal justice system goals of due process, accountability, punishment, and imposition of sanctions.

This policy is predicated on research that documents the success of alcohol and drug treatment in changing behavior. "Substance abuse is a chronic, progressive, relapsing disorder resulting in a physical and psychological dependence on chemical substances. Much like other health disorders, it also *can be treated successfully* [emphasis in original]. . . . Treatment also reduces criminal behavior and increases productive work and social functioning." CSAT, *Treatment for Alcohol and Other Drug Abuse: Opportunities for Coordination* (Technical Assistance Publication Series 11, 1994), p. ix.

Individuals who commit crimes because of AOD abuse/dependency can discontinue criminal activity if the AOD abuse/dependency is eliminated from their lives. This must be accomplished while concomitantly addressing the public expectation for accountability which the criminal justice system provides. The system should focus resources and the development of resources on priority populations that would include those most likely to change their criminal behavior with treatment in keeping with a commitment to enhanced public safety.

ISSUE: The availability of adequate treatment resources, even with increased funding, will be inadequate to meet the need.

Recommendations:

Any expansion or addition of new programs must be predicated by defining the target population.

All stakeholders must be represented by a planning group that makes careful and explicit decisions about the best use of this resource.

This group must define the population for whom programs, both new and existing, are intended, and specify the outcomes that can be reasonably expected for these populations.

Within legal parameters, this group must make choices as to who is going to get which services. Criteria for prioritization must include the offender's risk to public safety if not treated, amenability to treatment, and chances of success, as well as other jurisdictional issues.

Clear criteria for admission to programs will protect the integrity of the system and avoid net-widening.

The County should make available a continuum of services and interventions for offenders representing a range of offenses, risk to public safety, and severity of their AOD problems.

Gender and cultural issues must be considered so that resources match the needs and makeup of the client population.

The County should educate all criminal justice system participants -- including judges, prosecutors, defense attorneys, and staff of MCSO and DCC -- about DSM-IV criteria⁸, OHP-funding criteria, and clinical assessment criteria to enable better-informed decisions regarding treatment expectations for offenders.

Treatment providers, DCC staff, and judges need to work together to structure the recommendations and supporting information to the Court. The Oregon Patient Placement criteria should be considered in this effort or offenders will be "set-up" to fail.

⁸The Diagnostic Statistical Manual of Mental Disorders - IV defines specific diagnostic criteria for diagnoses of substance dependence (seven criteria) and abuse (four criteria).

VI SYSTEM COORDINATION

When an offender currently enters the criminal justice system, the beginning of innumerable screenings and assessments start. Data are collected throughout an offender's time in the system at various times, locations and events. Generally, the same information is collected at every session with variations on amount, comprehensiveness, format, length, purposes, confidentiality, etc. It may be possible through elimination of any unnecessary duplication to better utilize resources by forwarding screening and assessment information to others who need the data.

"When systems collaborate, a comprehensive assessment can follow an AOD abuser throughout the entire system. Such an effort promotes patient-treatment matching, allows a workable continuum which best meets a patient's needs, and provides a means for holding the patient and the involved system(s) accountable." *CSAT, Treatment for Alcohol and Other Drug Abuse: Opportunities for Coordination (Technical Assistance Publication Series 11, 1994), p. 170.* This could improve the efficiency of the system and free resources for needs not currently met.

If appropriate interventions could be identified and implemented early in an offender's criminal activities, we could possibly improve the effectiveness of those interventions. Improvement in the effectiveness of interventions would lessen the strain on resources and enhance public safety by stopping criminal behavior before it becomes chronic.

Information is collected at the following points in the system:

- Arrest
- Booking (medical)
- Pretrial Release Decisions
- Institutional Classification
- District Attorney Screening for Diversion
- Defense Attorney Screening
- Adjudication
- Incarceration(Jail)
- Probation (Diagnostic Center)
- Field Supervision/Program Intake (Work Release, Day Reporting, etc.)
- Prison Release

While these are major points in the system when information is collected for various purposes, it must be recognized that not all information is collected on all offenders. For effective use of resources, determinations must be made at each point as to the type and quantity of information to collect in order to properly process the case and the individual. Valid criteria are used to quickly make decisions about the appropriate next step.

Recommendations:

For lengthy assessments, the offender should be in a location for a period of time long enough to properly use the assessment information. Those locations would be: Jail, PRSP, Community Corrections.

Each agency that collects information should coordinate with partners in the system to determine how information can be forwarded.

The County should provide financial incentives that encourage each agency to work together in the exchange of information and in the development of uniform data collection forms and methods.

The County should develop a shared data system within criminal justice and social service delivery systems which include: law enforcement, prosecution, defense bar, judiciary, jail, community corrections, private providers, AOD treatment, mental health providers, etc.

The County should develop a Common Release of Information form that is used by all participants in the system. Confidentiality and ethical business rules must be agreed upon to ensure this process occurs in a time-effective, ethical manner.

When contracting for services, the County should require providers to accept standardized assessments (conducted within designated time frames) and keep the relevant agencies informed of client progress.

Departments should be required to develop uniformity within their organizations in order that other agencies are able to interact with them in a comprehensive manner.

VII CLIENT ASSESSMENT FOR TREATMENT REQUIREMENTS

ISSUE: Assessment of offender requirements for alcohol and drug treatment services is fragmented and inconsistent, and referral criteria are inconsistent, often resulting in inefficient and ineffective assignments.

Publicly-funded alcohol and drug treatment services are a scarce commodity, requiring management to ensure achievement of clearly defined objectives. An important step in improving system efficiency and effectiveness is the development and administration of a standardized set of measures that can support both short-range client treatment planning and long-term resource management.

The criminal justice system administers a rigorous set of procedures of which some are intended to collect information (i.e., descriptive characteristics, including photograph and health information, particularly regarding current trauma). It seems reasonable to extend this process to include information regarding AOD abuse/dependency. However, this might be accomplished in phases or stages, depending on a variety of characteristics, including the nature of pending charges and the estimate of expected stay in custody.

Recommendations:

Establish an ad hoc AOD Assessment and Implementation Team ("Team") and charge the team with responsibility for planning and managing the implementation of an offender services requirements assessment ("assessment") to be part of the corrections system assessment. The Team should be responsible for developing a plan to sustain the changes in the county corrections system reception process.

The Team should include at least three and no more than five members, drawn from each of the agencies expected to participate: MCSO Corrections Deputies; Corrections Health; DCC PRSP. Additional expertise should be requested and provided as appropriate. (For example, the questions for an instrument and the training of staff should be coordinated with County Behavioral Health staff.)

The AOD abuse/dependency portion of the assessment should comply with the standards developed under the Portland Target City Project.

With due regard for federal, state, and local provisions for confidentiality, information from the assessment should be provided to service delivery staff, within and outside the county corrections system, to support treatment planning and management.

The assessment should be administered as early in the assessment process as feasible, given the requirements for personal and public health and safety.

The Team should be responsible for ensuring the availability of information to support reliable estimates of the performance of the assessment system to assist policy decision-making and strategic program planning.

VIII EFFORTS WITHIN JAIL FACILITIES

A. Basic Approach

GOAL: To provide a continuum of habilitative programs and services specifically designed to advance the management of inmates, effect positive change in offenders' criminal behavior and foster the transition from incarceration to productive citizenship.

ISSUE: *The majority of inmates in our system are not responsible and productive members of our community because of their alcohol and drug addiction, minimal educational backgrounds and/or inadequate employment.*

Recommendations:

Ensure the service and protection of the citizens in our community by providing care, custody and control of offenders.

Provide this service and protection by integrating security and treatment in the most cost effective manner through the development of appropriate diversion, facility, and community programs.

Develop opportunities within the current and proposed jail system that address these issues.

Encourage and respond to positive behavioral growth and address inmate's needs.

Base recommendations for inmate status and placement on displayed behavior and assessment results.

Assist inmates in taking responsibility for their lives by establishing guidelines, parameters and opportunities for choice based on behavior and assessment.

Significant programs which provide the inmate with pertinent practical skills include life skills development, AOD treatment, mental health assessment and treatment, education/literacy, vocational training, job skills development and placement, case management and post-institutional monitoring.

ISSUE: The general public has little confidence in our ability to reduce crime and produce results for dollars spent.

Recommendations:

Recidivism of offenders released from jail should be reduced.

Provide an environment and tools for inmates to change behavior and acquire skills while in our care, custody and control.

Programs and services should provide measurable objectives and goals.

Provide inmates with social, educational and employment skills that mirror the values, standards and expectations of the community.

Educate the community regarding realistic conditions in jails and among those incarcerated.

ISSUE: Idle time for inmates makes management more difficult, wastes valuable skill building and treatment opportunities and releases individuals into the community with limited ability to succeed.

Recommendations:

Construct all new facilities and additional bedspace based on the direct supervision method.

Provide program modules that incorporate living and skill building and treatment into the design.

Require those that choose program modules to participate in programming a minimum of eight hours per day.

Provide adequate reintegration services to those amenable to change.

ISSUE: Current assessment practices should address security needs as well as inmate needs and responsibility.

Recommendations:

Triage all bookings based on medical, treatment, academic, vocational and security needs.

Inmates not released through available release mechanisms should receive orientation and assessment.

Utilize validated instruments that provide appropriate program placement for those completing the process.

Inmates failing to complete this process or those involved in rule violations should be to basic housing that offers only what is required by law.

ISSUE: Construction of new facilities and additional beds has traditionally been extremely expensive. In addition, most people believe that providing programming is also more expensive than traditional supervision within a facility.

Recommendations:

Research recent construction costs that accommodate a full range of program services for new facilities that have been built at considerably lower capital expense.

Provide information to policy makers that demonstrates the relationship between recidivism, criminal activity and alcohol and other drug abuse, lack of education and employability.

Provide funds for site visits to county jail systems that currently offer a range of program options, i.e. Orange County, Florida and Marin County, California.

Provide written materials describing model jail systems to all necessary stakeholders.

ISSUE: Safety, security and order in all facilities must be as important as inmate development and treatment requirements.

Recommendations:

Eliminate inmate idleness and establish work, treatment and educational programs as a primary element of facility security.

Replace all forms of inmate institutional power with staff authority and control.

Express to inmates clear and consistent expectations of acceptable conduct.

Enforce strictly and fairly all inmate rules and behavior contracts.

ISSUE: Reorganization and restructuring of traditional employee and civilian roles will be necessary to implement new structure.

Recommendations:

Conduct an analysis of all sworn and non-sworn staff job duties and responsibilities to determine how best to utilize existing resources.

Provide all staff, both sworn and non-sworn, with opportunities for continuous development of knowledge and skills in all areas of operations.

Utilize training and the integration of security and treatment to encourage in all staff a conscious sense of value and purpose in the execution of their duties.

Reviews of the correctional substance abuse treatment literature and substance abuse treatment programs within the criminal justice system (Andrews and Kiesling, 1980; Bush, Hecht, La Barbara, and Peters, in press; Falkin, Wexler, and Lipton, 1990; Gendreau and Ross, 1984; Leukefeld and Tims, 1992; Wexler, Lipton, and Johnson, 1988) indicate several key principles associated with successful treatment of offenders. These principles are drawn from experiences in implementing both jail and prison treatment programs, and are briefly summarized below.

Develop commitment from jail administrators to support the AOD treatment program within their facilities and to provide adequate staff and technical support.

Use a coordinated approach in the design and implementation of in-jail AOD programming, involving both substance abuse and custody staff.

Conduct cross-training for the AOD staff, custody staff, and key administrators to review the program philosophy, inmate management techniques, policies and procedures, and other common areas of interest.

Provide a treatment unit(s) that is isolated from general population inmates. (Like IJIP). This strategy tends to remove participants from the corrosive influences of the jail subculture and encourages development of prosocial behaviors and group cohesion.

Provide incentives and sanctions to encourage inmates to enter and complete in-jail treatment programs.

Develop a continuum of in-jail treatment services that is consistent with the expected length of incarceration.

Provide comprehensive assessment examining an inmate's treatment requirements, risks

presented to the institution (e.g. suicidal or aggressive behavior), and level of supervision required. Match inmates to treatment services according to results of this assessment.

Develop a structured treatment environment, which should include an intensive array of in-jail program services to encourage self-discipline and commitment to treatment. It is necessary to address the many skill deficits and areas of psychological dysfunction among this population.

Provide clear consequences for inmate behavior within the jail treatment program. Positive and negative consequences for inmate behavior should be clearly indicated. Program rules and guidelines are reinforced through a system of formal and informal sanctions.

Encourage sustained participation in AOD treatment. Jail programs less than three months duration should develop procedures to ensure that inmates are placed in supervised aftercare treatment programs within the community.

Provide multi-modal treatment services. Treatment activities should address the range of psychosocial problems and areas of skills deficits that may inhibit successful recovery from AOD abuse/dependency.

Encourage identification and modification of criminal thinking patterns, values, and behaviors. Program counselors should systematically model and reinforce prosocial behaviors within the treatment unit. Clearly defined sanctions should be provided for antisocial behaviors.

Encourage cognitive-behavioral treatment techniques. Self-management strategies such as cognitive restructuring and self-monitoring should be addressed in treatment programs. Opportunity should be provided for modeling, rehearsal, and over learning of those techniques.

Involve inmates in skills-based interventions. Programs should encourage the acquisition and rehearsal of drug-free and prosocial skills to deal with interpersonal problems, stress, anger, and other personal, parental and professional challenges faced during recovery.

Provide training in relapse prevention techniques. Exercises should promote awareness of individual relapse patterns, including warning signs, high-risk situations, and covert setups. A range of coping skills should be provided to anticipate the high rate of relapse among drug-involved offenders. Opportunities should be provided to rehearse these skills in the jail treatment program and during aftercare.

Involve inmates in "core" group treatment experiences. Involvement in a primary treatment or therapy group provides a catalyst for behavior change that is achieved through reinforcement of progress towards recovery and confrontation of denial and resistance. Group treatment also provides a cost effective vehicle for educational and skill-based interventions.

Provide pre-release planning and assist program participants in the transition to aftercare

services. Successful jail substance abuse treatment programs help to coordinate placement in follow up treatment services. Most jail program participants are in need of at least one year of follow-up treatment and regular drug testing that is provided within the context of probation or parole supervision.

Develop measures to ensure accountability to short and long term program objectives. Evaluation strategies are implemented in the early stages of program development, and include process, impact, and outcome measures.

ISSUE: In-custody facilities do not provide any type of relapse prevention, cue extinction, warning-identification or warning-management treatment services for inmates.

RECOMMENDATION: Establish relapse prevention programming in correctional facilities. These programs should include cue-extinction, urge management, warning-identification, warning-management, and recovery planning for inmates.

B. Programming

GOAL: To make time spent in jail more productive by providing inmates with the tools to improve skills and self-esteem and to increase the personal and social responsibility of the inmate

ISSUE: Inmates spend many non-productive hours watching TV, playing cards, discussing past and/or future criminal behaviors or sleeping

Recommendations:

Curtail regular viewing of TV within correctional facilities

Provide daily, structured, educational programs that allow for intermittent (short/long-term) participation and ease of reentry should the inmate be reincarcerated

Provide programs at various intellectual levels, using a variety of methods of instruction (multi-language, especially Spanish) to meet inmate needs:

- Non-facilitated (video with and without written materials) - stand-alone.
- Partial facilitated (video with staff/volunteer facilitators).
- Didactic/Process groups (facilitated by deputies/counselors, a/d specialists, volunteers, nurses).

ISSUE: Inmates lack basic knowledge in areas of life skills, general education, medical, mental health and alcohol and drug issues.

Recommendations:

Provide educational components (3) that will enhance inmate's personal and social responsibility upon release.

COMPONENT I. GENERAL EDUCATION/LIFE SKILLS

GED/Literacy/Employment Readiness

Self-esteem

Errors in Thinking (criminal behavior)

Anger management

Parenting skill

Separation/Loss grieving

Violence prevention/peace promotion

HIV

Sex Abuse

Food Handler

CPR/First-Aid

Multi-cultural/Ethnic studies (emphasizing self-awareness, pride and respect)

Women's issues

Stress reduction

COMPONENT II. ALCOHOL/DRUG ISSUES

Pre-release/Pre-treatment readiness

Recovery strategies - focus on principles of self-awareness within context of recovery

Narcotics Anonymous/Alcoholic self-help groups (i.e., NA, AA, CA, Rational Recovery, etc.)

Medical aspects/implication of use

HIV transmission

Drunk driving tapes/guests from MADD

Relapse prevention

Exploration of addictive behavior and treatment

Issues in treatment

How to successfully complete Parole/Probation

Pain control/acupuncture

Mental Health issues in context of AOD

COMPONENT III. MENTAL ILLNESS/LIFE SKILLS

Understanding Mental Illness/Causes

Self treating issues
AOD issues in context of Mental Illness
Relapses with mental illness.
Medication and side effects
Grief work
Post traumatic stress disorder/depression
Sex abuse

ISSUE: Inmates have limited opportunities for expanding their knowledge base due to minimal daily programming

RECOMMENDATION: Request additional funding for five corrections counselors to aid in component II and III programming. Support additional funding for AOD specialists and appropriate training to provide services.

ISSUE: Current staffing (mix/level) cannot provide increased level of education to inmates

RECOMMENDATION: Partnership with community to increase resources by utilizing graduate students for classes, i.e., PSU, U of P, volunteers assist with video and group facilitation

ISSUE: The corrections deputies do not participate in treatment team planning, consultation, or training.

Recommendations:

Seek ways to ensure that at least one Deputy attends the program team on a daily basis and that one program staff member attends shift meetings on a daily basis. Ensure that a Deputy representative participates in all program development planning.

For each program, establish an advisory board that includes representatives of the Deputies, Health, Counselors, and program specific expertise, such as AOD dependency.

Ensure that all Deputies receive at least basic information regarding the symptoms and side effects of AOD abuse.

Provide opportunities for Deputies to participate in program design and delivery at no expense to the health and security of the facility and its programs.

C. Pre-Release Planning

Offenders who have completed pretreatment services or a pre-release planning program are engaged more quickly in treatment and their treatment retention improves significantly.

ISSUE: Pre-release planning and transition and recovery planning for inmates occurs infrequently.

Recommendations:

Increase pre-release planning and transition planning for inmates leaving correctional facilities.

Individuals who have an AOD problem and are involved in the in-jail treatment program should be required to have a personal plans for involvement in an aftercare program.

ISSUE: Matrixed⁹ inmates are placed in a highly vulnerable situation when they are released with no plan, support services, or skills to address their basic and recovery requirements.

Recommendations:

Eliminate unplanned, unsupervised early releases whenever possible. When not possible, corrections should provide staff to assist inmates with basic and recovery requirements upon discharge.

Elicit support from the community recovery network (Narcotics Anonymous["NA"], Cocaine Anonymous ["CA"], Alcoholics Anonymous ["AA"]) to provide support, sponsorship and transportation to newly sober offenders.

Individuals with AOD problems that have not participated in the in-jail program and are targeted to matrix out of jail should be required to attend periodic aftercare presentations and be transferred/transitioned to an aftercare treatment program instead of being matrixed directly out of jail. The time spent at the aftercare program could be the equivalent of the offenders remaining jail time.

⁹Matrixed: An inmate released from jail under a process established by federal court order because the facility has exceeded its court-established population level.

IX.

ASSESSMENT AND TREATMENT OF OFFENDERS IN THE COMMUNITY

A. Referral to Services

ISSUE: The need to get an offender into treatment quickly vs. the need to match the offender with a program that meets his/her individual needs.

Assessment and referral services are critical to the efficiency of a managed care system. DCC and Target Cities Central Intake staff seek to match client needs with program strengths and to minimize the wait for admission to treatment. Although clients frequently must wait to enter treatment, especially residential, Central Intake staff are able meet client treatment needs when these needs fall within the traditional or mainstream scope of local services. However, when an offender has special needs, staff find it difficult to make appropriate treatment placements. The special needs of offenders that have been difficult to meet at intake include:

1. Pretreatment (managing and preparing offender pending admission).
2. Psychological/psychiatric services (for dually diagnosed offenders).
3. Drug-free housing (in support of outpatient treatment and recovery).
4. Culturally competent providers (to serve growing minority populations).

Probation and parole officers, one of the customer groups that rely on Central Intake services, frequently report significant delays in obtaining assessments for incarcerated offenders. This may result in an unnecessary use of jail beds because inmates are often held in custody pending identification of and admission to a treatment program. In other cases, clients simply fail to obtain the desired treatment placement.

Recommendations:

Encourage Oregon Health Plan ("OHP") administrators to support various forms of pretreatment, including wait list management, group sessions, and abstinence or detoxification as required for admission to treatment.

Encourage planning, program development, and service delivery partnerships between substance abuse and mental health agencies.

Encourage OHP administrators to require HMO's (health maintenance organizations) to collaborate and contract with providers of culturally competent treatment programs (as well as other "niche" programs).

Use local funds to support components that OHP will not fund.

Expand drug-free housing options for offenders, recognizing the need to serve offenders in various stages of recovery.

Support Central Intake efforts to serve the demand for in-custody assessments.

B. Problems with Enrollment in Treatment

Many individuals are assessed for whom an appropriate and available treatment bed or slot is not available. The shortage of treatment capacity is not limited to clients with special needs. Except for DUII clients, nearly everyone who is assessed is required to wait for a bed or slot. The situation is worse for a residential bed.

Recommendations:

Develop programming for people who do not meet the eligibility criteria for existing programs, i.e. clients with certain criminal charges, dual-diagnosed offenders and those on methadone, specifically.

Contract for services that provide specific programming for these special needs clients.

Work with neighborhood associations, public agencies, and the news media to dispel myths and fears regarding the populations served in AOD treatment programs.

Provide monetary compensation and specific training for those agencies that are willing to work with special needs clients.

C. Funding Coordination with the Oregon Health Plan

The justice system, Central Intake, and treatment providers have been working to help qualified offenders enroll in the Oregon Health Plan. However, many offenders do not qualify. The availability of publicly funded outpatient treatment slots for non-OHP offenders is limited and few have the ability to pay more than a token percentage of the cost of services.

Recommendation:

Use local justice system funds and grants to contract for outpatient treatment of offenders not eligible for OHP coverage and assure that OHP-eligible offenders are excluded from the target population of these contracts.

D. Treatment Planning in Coordination with the Oregon Health Plan

Although both clinical and justice system professionals share a common desire to reduce drug use, there are times when they may differ in terms of treatment planning. Managed health care has imposed more rigid criteria for levels of intervention and lengths of stay with the objective of using available resources to provide clinically appropriate treatment to as many in the target population as possible. The justice system supports that objective, but recognizes that treatment must be integrated into flexible case management plans that address a variety of individual offender issues. For example, many offenders whose clinical substance abuse symptoms and assessments indicate outpatient treatment have to address many other areas of dysfunction. In such cases, justice system staff may argue for an integrated residential intervention that addresses the need to separate offenders from their current environments (to improve retention), the need to get them off the streets (to assure their safety and that of the community), the need to treat their drug problems intensively, and the need to simultaneously begin addressing criminal thinking, family, and employment issues (to support recovery and reintegration). Clinical and justice system interests are not mutually exclusive, but a lack of resources in an era of managed care may draw attention away from shared interests. Unless common ground is sought and found, we run the risk of developing parallel and competing treatment systems. That would be a step back from the collaborative development of Central Intake and could introduce inefficiencies to both systems.

Recommendations:

Encourage Oregon Health Plan administrators and providers of managed care to increase flexibility regarding length of stay.

Use local justice system funds and grants to support program enhancements in the absence of OHP support. Provide funding for client care to continue services as needed after funds are depleted.

Recognize the validity of clinical and justice system perspectives in program development and development of individual treatment plans.

E. Improving the Quality of Treatment

CSAT¹⁰ has developed the following model AOD treatment program:

Model for Comprehensive Alcohol and Other Drug Abuse Treatment

A model treatment program includes:

- **Assessment**, to include a medical examination, drug use history, psychosocial evaluation, and, where warranted, a psychiatric evaluation, as well as a review of socioeconomic factors and eligibility for public health, welfare, employment, and educational assistance programs.
- **Same day intake**, to retain the patient's involvement and interest in treatment.
- **Documenting findings and treatment**, to enhance clinical case supervision.
- **Preventive and primary medical care**, provided on site.
- **Testing for infectious diseases**, at intake and at intervals throughout treatment, for infectious diseases, for example, hepatitis, retrovirus, tuberculosis, HIV/AIDS, syphilis, gonorrhea, and other sexually transmitted diseases.
- **Weekly random drug testing**, to ensure abstinence and compliance with treatment.
- **Pharmacotherapeutic interventions**, by qualified medical practitioners, as appropriate for those patients having mental health disorders, those addicted to heroin, and HIV-seropositive individuals.
- **Group counseling interventions**, to address the unique emotional, physical, and social problems of HIV/AIDS patients.
- **Basic substance abuse counseling**, including psychological counseling, psychiatric counseling, and family or collateral counseling provided by persons certified by State authorities to provide such services. Staff training and education are integral to a successful treatment program.
- **Practical life skills counseling**, including vocational and educational counseling and training, frequently available through linkages with specialized programs.
- **General health education**, including nutrition, sex and family planning, and HIV/AIDS counseling, with an emphasis on contraception counseling for adolescents and women.
- **Peer/support groups**, particularly for those who are HIV-positive or who have been victims of rape or sexual abuse.
- **Liaison services** with immigration, legal aid, and criminal justice system authorities.
- **Social and athletic activities**, to retrain patients' perceptions of social interaction.
- **Alternative housing** for homeless patients or for those whose living situations are conducive to maintaining the addictive lifestyle.
- **Relapse prevention**, which combines aftercare and support programs, such as Alcoholics Anonymous and Narcotics Anonymous, within an individualized plan to identify, stabilize, and control the stressors which trigger and bring about relapse to substance abuse.
- **Outcome evaluation**, to enable refinement and improvement of service delivery.

¹⁰CSAT, Treatment for Alcohol and Other Drug Abuse: Opportunities for Coordination (Technical Assistance Publication Series 11, 1994) - page 8 as well as CSAT, Planning for Alcohol and other Drug Abuse Treatment for Adults in the Criminal Justice System, Treatment Improvement Protocol Series 17 1995, p.45.

One of the most critical points in time for an individual with an AOD problem is during their initial entry period into treatment.

- Focus should be on collection of the best and most accurate data during the initial assessment of an offender. To increase the accuracy of assessment data, a follow-up assessment should be done approximately 30 days after entry.
- Intervention should be the initial focus of the relationship with the AOD offender. The aim or purpose should be to engage and create value for the offender to pursue treatment for his or her benefit. If personal benefit is seen as added value for offender, personal motivation will follow.
- Education, awareness, personal benefit and strengths/resources, as well as treatment barriers should be identified and discussed.

Much has been learned in recent years about the value of new treatment modalities and program enhancements, yet few providers offer such components as cognitive training, relapse prevention, and aftercare. Some providers may face budget dilemmas in trying to incorporate these elements. Other providers may need time, training, and other forms of assistance to help integrate these components into their programs.

Recommendations:

Reach consensus on core treatment elements and provide training to help all providers incorporate those elements into their respective AOD treatment programs.

Allow treatment providers to maintain their program identities while assisting them in integrating new elements.

- **Assessment (health & mental health)**
- **Intervention**
- **Education**
- **Employment Readiness & Placement Assist.**
- **Drug Free Housing**
- **Treatment Activities**
 - **Counseling**
 - **Life Skills**
 - **Criminality and cognitive restructuring related to criminal behavior**
 - **Anger Management**
 - **Special Emphasis Groups**
 - **AA/NA**
 - **Addiction Education**
 - **Relapse Prevention & Management**

- Responsibility & Consequences Groups

- A personal/individualized treatment and participation plan should be developed with the offender. Treatment and participation plan should be reviewed every other week and progress recorded and discussed.
- Thirty days prior to exit from treatment, a discharge plan should be developed with the offender. Issues such as treatment continuum, drug-free housing and employment should be defined and discussed and a specific plan of action developed.
- Periodic presentations regarding aftercare options should be made to all AOD offenders that are preparing to leave treatment.

ISSUE: On-going program development, i.e. curriculum adaptation, is limited by unclear expectations and lack of information and training about current techniques that are most effective.

Recommendations:

Define specifically what program components are required for programs that may bid for contracts in the county process.

Coordinate information dissemination and provide training for all AOD providers on the most current and new techniques.

Increase intensive outpatient programming with specific components.

Utilize cue extinction, rigorous relapse prevention planning, biofeedback, acupuncture, opiate-based therapy alternatives, family education and counseling, 24-hour crisis management and wrap-around services to enhance effectiveness of treatment.

Develop programs for **drug dealers** that are not necessarily in need of traditional AOD treatment.

Utilize techniques/treatment modalities specific to AOD subpopulations with special needs such as gang members, domestic violence, other violent offenders, and sex offenders.

Current programs and proposed additional programs must consider gender and cultural issues in designing treatment components, aftercare and support systems.

Develop innovative programs for people who repeatedly demonstrate poor

outcomes following treatment using traditional treatment models.

Develop treatment modalities specific to drug of choice.

Provide wrap-around services, aftercare and relapse prevention planning instead of recycling clients through treatment at various levels when they have completed treatment numerous times.

F. Contract Oversight

ISSUE: Contracting practices are fragmented and do not promote quality improvements.

Recommendations:

Improve coordination in contract monitoring between State Office of Alcohol and Drug Abuse Programs, DCC, Health, CFSD behavioral health program, and CFSD contracts and evaluation unit.

Increase contract focus on outcomes.

Develop a peer review system to assist with continuous quality improvement and establishment of best practices.

Obtain customer feedback on an on-going basis.

Share information between county departments.

Develop incentives for providers to improve services and impose sanctions for non-compliance.

G. Support/wrap-around/aftercare/housing services

A critical point in time for individuals with AOD abuse/dependency is the period immediately following discharge from treatment. Alcohol and drug-free housing is an essential component of an effective treatment/recovery system. Other essential components are wrap-around or ancillary services such as employment, mental health treatment, child care, and education.

Ancillary items such as food, food stamps, clothing, and shelter can make the difference in treatment success. The lack of adequate wrap-around and aftercare services are contributing factors to relapse, recidivism, readmission and higher jail costs. Aftercare and support or wrap-around services are required for the AOD offender in order to have any significant effect on the reduction in the incidence of relapse, technical violations and the commission of new offenses.

For each offender, an aftercare treatment plan should be developed and a direct linkage to an appropriate aftercare treatment program should be established.

ISSUE: Lack of "wrap-around" services which contribute to the process of relapse

Recommendations:

Encourage "bartering"¹¹ relationships (within state guidelines) between those in recovery and those who are assisting them. These types of relationships tend to increase the offender's sense of "giving-back" and increases their self-esteem. This type of system creates a "win/win" for both parties.

Establish a toll free (800) number within the county for offenders to access 24-hour information about relapse, management of triggers, and self-help information.

Increase number of drug-free housing units for clean and sober clients actively involved in treatment or accessing aftercare services.

Elicit support from the community recovery network to provide sponsorship.

Elicit support from Religious/Spiritual/Faith organizations to assist with support, sponsorship, and basic needs for newly sober offenders.

H. Training

ISSUE: Training opportunities are loosely coordinated and often not well advertised, which leads to lack of all invested parties being involved.

Recommendations:

Develop a training track for AOD treatment managers.

Develop cross-training opportunities, which facilitate interaction between criminal justice, AOD, and mental health system staff. Emphasize basic competencies, use of common definitions, as well as more advanced, state of the art, continuing education. Establish a county newsletter to advertise training opportunities.

Make certification of counselors and continuing education for all staff a requirement in all county contracts.

¹¹Bartering: The addict offers his or her talents/services in exchange for treatment-related services.

Provide technical assistance to methadone providers to facilitate the implementation of new administrative rules which outline the treatment services clients need to receive in addition to their methadone.

ISSUE: Staff turnover can lead to inconsistencies in training and applications of best practices. Low salaries appear to contribute to staff turnover.

RECOMMENDATION: Provide incentives to help staff become certified as addiction counselors and gain academic credentials. Incentives may include scholarships to necessary training, assistance with the application fee for certification, salary incentives and promotional opportunities.

ISSUE: Lack of adequate training for staff who provide services to clients regarding the importance of relapse prevention.

RECOMMENDATION: Treatment professionals must be provided training on relapse prevention.

I. Relapse

Relapse Prevention:

Treatment can be defined as an intervening factor that has the potential effect of changing behavior which has been previously judged as needing to be changed. (BJA, 1988). By definition, parole/probation officers, corrections officials, and treatment counselors are equal partners in treatment leading to change in criminal and substance-using behavior. Their cooperative mission can best be defined using the treatment term relapse prevention.

Relapse involves more than just resuming use of alcohol or other drugs or the commission of new offenses. Relapse is a long process that begins before actual resumption. Relapse is the process of remaining or becoming so dysfunctional in society that a return to addictive use (and/or criminal behavior) seems like a reasonable choice. (Gorski, 1988). Four factors appear to have primary relationships to relapse:

1. Psychiatric disorders including anxiety and depression
 2. Social factors such as employment and social supports
 3. Protracted withdrawal symptoms
 4. Conditioned responses or triggers that recall drug experiences.
- (APPA/NASADAD-Coordinated Interagency Drug Training Project.)

GOAL: Develop recommendations for relapse-prevention policies and services to be provided to the offender population within Multnomah County.

Relapse prevention therapy has five primary elements: assessment, stabilization, warning sign identification, warning sign management, and recovery plan. Skill deficit work, cue extinction, and craving management can be taught cost-effectively as a basic part of treatment. This approach is very different than handing individuals the same treatment plan each time they come in for treatment, and then telling them they are not motivated for recovery after multiple failures. This approach helps to steadily increase motivation rather than to decrease it over time.

ISSUE: Relapse may result in treatment program termination without adequate referrals.

RECOMMENDATION: Treatment providers must provide adequate referrals and follow-up services for clients in need of a different level of care and/or services when discharging clients from treatment based on relapse and/or use.

ISSUE: Treatment providers and the criminal justice system have a history of dealing with relapse in a restrictive/punitive manner, including a return to custody that is not always appropriate.

Recommendations:

Encourage professionals both in treatment and the justice system to view relapse as a process that is often a part of recovery.

Relapses must have consequences for the individual in treatment, particularly repeated relapses. Decisions on consequences should be case-management decisions based on the danger to the community and the progress of the offender in treatment. Sanction possibilities for relapse should include: 1) House arrest; 2) Electronic monitoring; 3) Day treatment; and 4) Brief stays in jail.

Establish a system whose response to relapse is the critical element of the treatment process.

ISSUE: Treatment providers have failed to provide adequate resources and program curricula to assist the addict with necessary relapse-prevention skills.

Recommendations:

Administrators within treatment providers must be held accountable and begin providing service to offenders who chronically relapse other than discharge from programming.

Failure to provide adequate relapse treatment interventions should result in consequences for the provider to include loss of financial support.

The County has an obligation to ensure treatment providers are providing the best possible array of services to the AOD offender. These services should include a full relapse prevention curriculum. Continuing contracts that do not provide the best, most creative and innovative treatment programming should be viewed as fiscally and ethically irresponsible.

ISSUE: Relapse is often viewed as "treatment failure", which intensifies feelings of guilt, shame and frustration for the offender.

RECOMMENDATION: Establish program curricula to deal with relapse in a manner that can lead to increased motivation for recovery, strengthening an individual's knowledge of his/her limitations, the dangers inherent in stressors and triggers, and the individual's awareness of what he/she might lose by leaving the treatment process.

ISSUE: Offenders with AOD problems who relapse may be dismissed from treatment, considered as "treatment failures", and not provided with opportunities to use additional services.

Recommendations:

It is essential that personnel from each agency agree on the range of responses to relapse and the times that certain responses are appropriate.

Develop inter-agency agreements in which treatment programs respond to issues of treatment noncompliance, such as relapse, and the criminal justice system agencies respond to noncompliance with other conditions of probation or release.

ISSUE: Criminal justice system staff -- including court personnel, judges and other persons in the justice system -- often lack adequate education or information about the dynamics of relapse.

RECOMMENDATION: Establish a training program for criminal justice professionals to increase their understanding of relapse behavior and prevention and how it pertains to clinical and criminal justice decisions regarding the offender.

IX PLANNING, DATA, RESEARCH AND EVALUATION

A. Planning and Evaluation

Planning for alcohol and drug treatment capacity currently is carried out by a variety of organizations, both in the traditional public sector (i.e., State and County Alcohol and Drug Programs, Community Corrections and the Sheriff's Office), and by the traditional private sector (i.e., private treatment agencies). Efforts to coordinate planning and maintain accurate, cumulative inventories of capacity are sporadic and complicated by definitional and other inconsistencies.

There is need for a valid and reliable procedure for estimating the alcohol and drug treatment requirements of offenders and a unified system for determining available and needed County wide capacity for offenders.

Alcohol and drug treatment clients require a diversity of treatment approaches to resolve their substance abuse problems. The treatment system must be comprised of a range of service modalities and a diversity of service providers to meet the diverse requirements of the offender population.

The demand for services will likely exceed the capacity for services, at least for the foreseeable future. Therefore, capacity management as well as capacity development must be addressed.

Recommendations:

The County Chair should designate a lead coordinating agency for offender alcohol and drug treatment services planning to provide accountability for the completion of data collection and evaluation tasks. The County and PSCC should provide clear expectations to other agencies for support to this effort. The first preference of the Work Group is to fully fund PSCC staff and charge them with this assignment.

The coordinating agency designated for offender alcohol and drug treatment services planning should assure that outcome and evaluation data as set out in this report are tracked in a uniform and accurate manner, and that baseline data are established prior to July 1, 1997.

The County should track uniform outcome measures for all county-funded programs for offenders in the criminal justice system. Starting on July 1, 1997, the County should track the following measures for these programs:

- A. The percentage of clients completing the program who are re-arrested on new charges within one year of completion.

B. The average length of time between program completion and the first re-arrest.

The coordinating agency designated for offender alcohol and drug treatment services planning should prepare an annual report, incorporating the outcome tracking data, which evaluates the systemwide costs and benefits of the county-funded programs for offenders in the criminal justice system. This analysis should include any cost savings from reduced recidivism in the areas of bookings, jail bed usage, community supervision and programs, courts-prosecution-defense, employment-taxation, and public subsidies (AFDC, food stamps, housing).

The County should allocate a dependable level of funding to conduct client outcome evaluations and system impact studies, and to consistently monitor system performance measures.

B. Research

Maintaining a current foundation of research findings on program effectiveness and best practices is currently managed on a sporadic, individualized basis and dependent on individual skills and time availability in literature review and other means of obtaining information.

There is inadequate systematic linkage between the practitioner community, government planning efforts and private research resources, including state and private higher education based resources and federal resources.

In the absence of definitive, research-based program models, there is a need to make resources decisions and implement programs. Such programs develop political constituencies that resist the competition of new models. Program operations require stability to operate cost efficiently.

Recommendations:

Enter into partnerships with local institutions of higher education and private research facilities to systematically update in a timely manner the available knowledge base of program effectiveness and research findings that relate to established best practices and to disseminate such findings for use in planning, program development, and ongoing program evaluation.

Work with the provider community to share research based information so that programs can evolve with the evolving knowledge base.

The County should support the development of information management systems in each participating agency. The systems should rely on common definitions and measures, when relevant, and be designed to support policy and program decisions of the resident agency.

BOGSTAD Deborah L

From: WARREN Dave C
To: McCONNELL Jim; POE Lorenzo T; SCHRUNK Michael D; NICHOLAS Larry F; ODEGAARD Billi I; CLAWSON Elyse; COOPER Ginnie; SIMON Barbara M; 'FARVER Bill M'
Cc: GILLETTE Kathy; CLARK Susan L; KLINK Howard A; TINKLE Kathy M; SIMPSON Thomas G; OSWALD Michael L; FRONK Tom R; STEELE Meganne A; COBB Becky; GOODRICH Jeanne; AAB Larry A; BOGSTAD Deborah L; #BUDGET; #CHAIR'S OFFICE; #DISTRICT 1; #DISTRICT 2; #DISTRICT 3; #DISTRICT 4
Subject: Follow Up to 5/22 DCC Budget Meeting
Date: Wednesday, May 22, 1996 12:36PM

Here is a list of items about which the Board of Commissioners would like additional information.

Please prepare responses to the Board's questions. I suggest the responses state the question and then state the response. If appropriate, the response may be a reference to an attached document. Please respond to all the questions by Friday, May 31 except the first item.

Send a copy of the answers to Karyne Dargan (Community Corrections issues) or Keri Hardwick (the DES issue). They will review them (for no more than one working day), perhaps even supplement the response with additional work, and forward it to the Chair's Office;

Taking no more than one working day, Bill will review the responses to see that they answer the question(s) clearly, add anything they feel is needed, and return it to Keri and Karyne;

Keri and Karyne will communicate any proposed changes to you or give you the OK to print;

Deliver 10 copies to Kathy Nash in Budget & Quality. She will package your material with a sequentially numbered cover page and an index so the Board can tell what they receive, tell that it is in response to issues raised and at which hearing, the date they received it, and be assured they have received all the packets.

Budget & Quality will deliver the packets to the Office of the Board Clerk who will distribute them to the Board.

Follow up Items

All Departments

43 At the conclusion of the Board's budget process, provide the Board and your departmental CBAC with responses to the CBAC recommendations that were addressed by Board action.

Environmental Services

44. Review the Metro recycling program for the Board and discuss the pros and cons of adopting it.

Community Corrections

45. Discuss the CBAC recommendation about siting issues. Include in this discussion a review of the process under way to develop a siting policy for the Board to consider. Also include in this discussion, how to sequence community review prior to siting with the need to search for appropriate facilities, and possible mitigation activities using work crews that might make siting more attractive.

46. Discuss the question of whether to use SB 1145 funding or General Fund to pay for substance abuse contractor training.

47. Discuss the implications of amendment DCC 2 transferring the evaluation component (addressing program effectiveness) of substance abuse contracts from Community Corrections to CFS/Behavioral Health.

48. Propose a way for PO's to evaluate the effectiveness of adding Corrections Techs.

49. Discuss the relative cost/benefit of adding 5 or 10 additional work crews (amendments DCC 3a and DCC 3b). Include in this discussion the use of Sheriff's Office work crews. Also include a prioritization of the kinds of work crew participants, both in the current system and if either of the amendments is

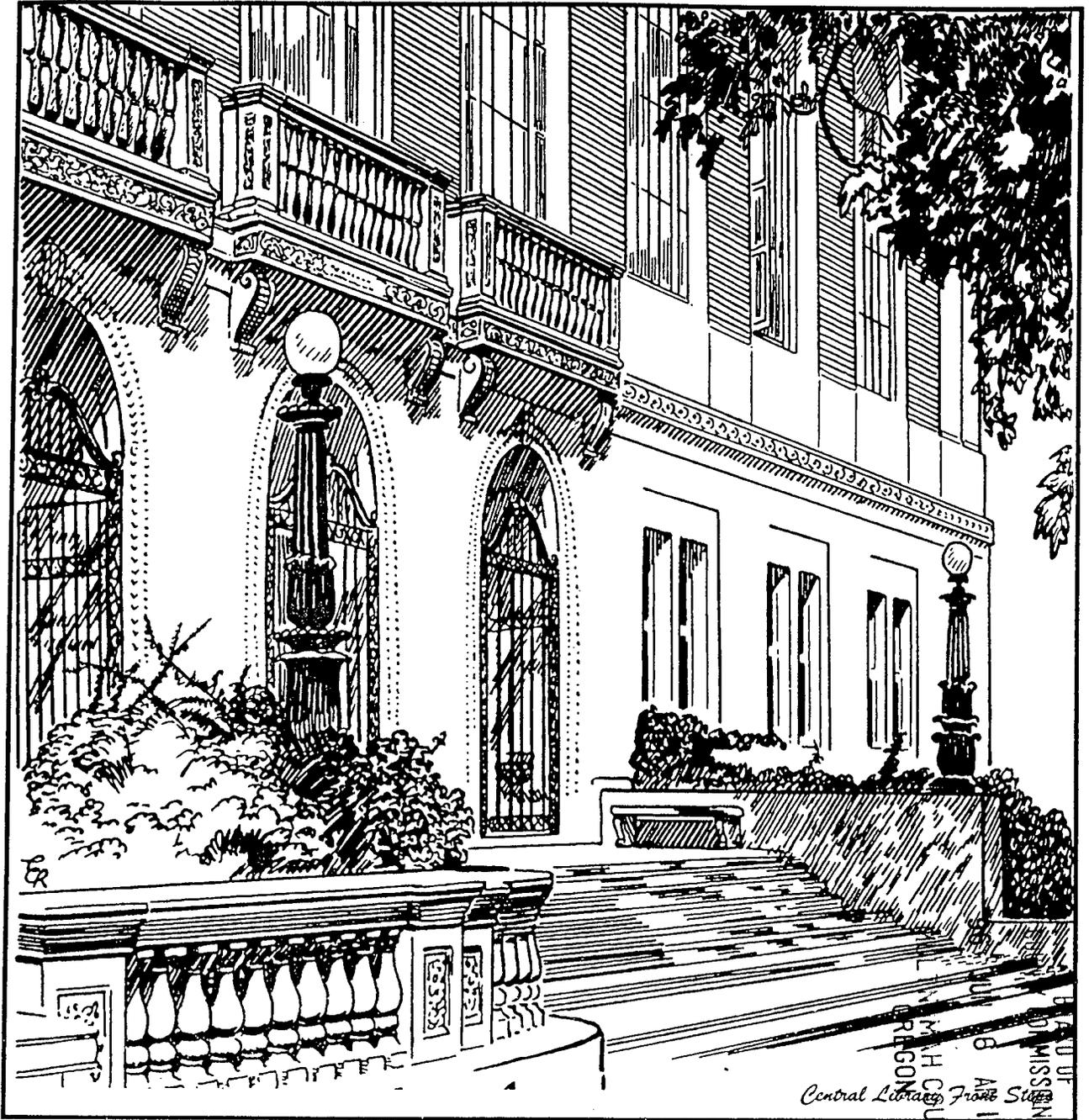
approved.

50.

Review the status of charging for urinalysis.

51.

Summarize and comment on the time study completed by the State earlier this year.



Multnomah County

Dept of Community Corrections

June 6, 1996

Packet #17 - Follow-up

Budget
1996-97

Department of Community Corrections
Follow-up for May 22, 1996 Budget Hearing

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43. At the conclusion of the Board's budget process, provide the Board and your departmental CBAC with responses to the CBAC recommendations that were addressed by Board action.

I shared this proposed process with the DCC CBAC, but they felt that this was not what they had requested. The DCC CBAC would like to know WHY their recommendations were not followed, not just what was approved. They feel they spend many volunteer hours attending CBAC meetings, and that their input is not valued or used by the Board.

DCC will pass on to the DCC CBAC what was and was not approved, but I'm not sure I can tell them what led the Board to approve or not approve their recommendations. I will continue to ensure them that their time and input is valued and appreciated.

45. Discuss the CBAC recommendation about siting issues. Include in this discussion a review of the process under way to develop a siting policy for the Board to consider. Also include in this discussion, how to sequence community review prior to siting with the need to search for appropriate facilities, and possible mitigation activities using work crews that might make siting more attractive.

The CBAC report on DCC's 1996-97 budget request included recognition of the need for the County to adopt "clear policies, procedures and guidelines for the siting of Community Corrections and other facilities." The Citizen Involvement Committee has also been considering the need for such a policy. Their Subcommittee on Siting Process drafted a preliminary report on April 11, 1996. Their recommendations are:

1. Develop an overall siting policy for the guidance of all county managers, staff and public. This policy statement should include citizen participation at all levels, consideration of service requirements and cost effectiveness. Their Subcommittee offered suggested language: "It is the county's policy to site public facilities where the service is convenient and accessible to the public being served, and in the most cost effective location in compliance with land use policies for the area, and providing citizen involvement at all levels of decision-making."
2. Develop a "checklist" for public involvement.
3. Develop a single comprehensive map of county facilities.
4. Develop a siting review board.

This input has helped focus our attention on general siting issues, as well as the issues associated with specific DCC facilities. In collaboration with DCC and other departments, DES solicited proposals for consultant assistance in drafting: 1) an interim strategy applicable to siting decisions that must be made in the near term;

and 2) a final siting policy. Both policies will incorporate provision for public involvement, though that involvement will be much more extensive in the development and operation of the final policy. The firm selected was Barney & Worth, based on the quality of their proposal and their extensive experience in developing public involvement strategies for local government.

DCC's Community Partnership Program has involved the department in planning with neighborhood associations and civic groups to address-specific "quality of life" and "neighborhood livability" problems in our communities. The program has assigned work crews to work side by side with concerned citizens on such projects as neighborhood clean-ups, tree plantings, graffiti paint-overs, and refurbishing low income housing. These efforts have been very well received by neighborhood residents and we anticipate that they will continue to play a major role in our efforts to build community support for community corrections.

46. Discuss the question of whether to use SB 1145 funding or the General Fund to pay for substance abuse contractor training.

DCC believes that such training is essential and that either the General Fund or the SB 1145 monies could be the appropriate source of funding. However, preliminary budget planning for our new responsibilities under SB 1145 indicates that all SB 1145 funding will be needed to fund the incarceration and community based sanctions and treatment for the target population.

47. Discuss the implications of amendment DCC 2 transferring the evaluation component (addressing program effectiveness) of substance abuse contracts from Community Corrections to CFS/Behavioral Health.

We believe that program evaluation is an essential part of our contract management responsibilities and that our contracted services are an integral part of our case management function. We continually collect and monitor contract program output data (referrals, units of service), and adjust service levels and funding accordingly. We also assure timely response to service delivery issues as indicated by the data and staff input. Outcome data measuring effectiveness (treatment completion) is also collected on an ongoing basis.

We recognize the need for periodic evaluations of effectiveness that consider such variables as recidivism, sobriety and employment status. Those evaluations have been done by DCC staff and outside evaluators. We have worked with the RAND Corporation, BOTEC Analysis, and other well known firms to provide us with independent analysis. Aside from the benefits of independent and unbiased evaluation, working with outside evaluators spared staff from the very time

consuming collection and analysis of data drawn from numerous databases and, occasionally, paper files. Recent and planned enhancements of our M.I.S. will allow us to evaluate longer term impacts more efficiently and on a more regular basis, though that will not completely eliminate the need for outside evaluation.

There would not be any budget impact in transferring our evaluation responsibilities to CFS because associated DCC staff are involved with other contract management functions, program development and the integration of treatment with supervision and sanctions. However, we believe that several contracted programs lend themselves to joint evaluation by DCC and CFS. Useful evaluations of the impact of correctional treatment programs should consider dependent variables unique to the justice system, and/or consider them in contexts unique to the justice system. DCC looks forward bringing the justice system perspective, needs, and resources to program evaluation efforts in partnership with CFS and other organizations.

CFS indicated that they would be willing to consider a larger systems based approach regarding the contract evaluation component, however, there would be additional costs. These costs have not been calculated as a result of the short turn around time required for this response.

48. Propose a way for PO's to evaluate the effectiveness of adding Corrections Techs.

We propose to create a RESULTS customer survey to be sent to DCC field staff to evaluate how Corrections Techs are currently being used. The survey will seek input on the appropriateness and effectiveness of the types of functions Corrections Techs are performing.

49. Discuss the relative cost/benefit of adding 5 or 10 additional work crews (amendments DCC 3a and DCC 3b). Include in this discussion the use of Sheriffs Office work crews. Also indicate a prioritization of the kinds of work crew participants, both in the current system and if either of the amendments is approved.

The Alternative Community Service Program (ACS) currently has a backlog of approximately 3000 clients wanting to perform community service. There is also a backlog of requests from community groups for work crews to perform various types of community service. The number of requests and clients continue to increase, but we have been unable to accommodate the demand with current staffing levels.

In addition to regular work crews, the ACS Program and the Donald H. Londer Center for Learning are proposing to develop a work crew and employment opportunity program for unemployed or under-employed community corrections clients doing

community service hours. Men and women assigned to the employment readiness/work crew program will do community service work, undergo vocational and educational assessment, attend employment readiness classes, and begin a job search. They will then have access to job search support groups.

The types of clients coming through ACS are as follows:

Class of Crime	# of Clients	# of Clients
	7/94-6/95	7/95-5/96
Felony	973	1431
Misdemeanor	1618	1684
Violations	112	62

The numbers of clients continue to increase, particularly in the more serious crimes. The number of clients referred for violations (i.e.-non payment of dog licenses), is a small percentage of the people going through this program. With SB 1145 coming into effect, we believe this trend would continue should either of these amendments be approved. Due to the current waiting list to enter the ACS program, DCC has worked with the Courts to discourage them from sending people on minor violations through this program. Should 10 FTE be added to ACS, that trend may reverse and we might start to see more of the violation cases through the program.

DCC agrees that a discussion needs to begin with the Sheriff's Office Work Crew Program to find opportunities for collaboration and coordination, and to ensure that there is no duplication of effort. The limited response time allowed in this portion of the budget process did not allow any serious discussions on this subject to occur. DCC has made initial contact with the Sheriff's Office, and will continue to explore this area.

DCC 3a- ACS feels that the addition of five staff and the needed safety equipment and vans will be sufficient to expand the program to meet the increasing requests for work crews. We would be able to catch up the backlog of requests for work crews in two to three months, and would then be able to respond to most requests much faster.

The addition of five staff will allow DCC to increase community service by adding 572 more work crews per year, allowing 8008 more clients to do community service. DCC currently offers work crews to more than 160 organizations, and has provided thousands of hours of community service to the community. The additional staff will allow us to be able to outreach to even more organizations and community groups. The total cost for the five FTE and the needed equipment is \$316,930.

DCC 3b- The addition of 10 FTE would allow ACS to add 1144 more work crews per year. Although our current numbers would not warrant the addition of 10

staff, we feel that "if we build it, they will come". Due to the current backlog, many organizations and community groups have had to turn elsewhere and have stopped requesting help from us. The additional crews would allow us to greatly expand our service level, and would help to continue to improve relations with the community at large. The cost for adding 10 FTE and the needed equipment would be \$633,860.

50. Review the status of charging for urinalysis.

On May 10, 1995, DCC issued Policy and Procedure #314, pertaining to UA Fees Collection (attached). A system was put into place to collect the fees, but we have not done a good job of following through with the collections. At the same time this policy was put into place, DCC decentralized the collection of UA data, and also had some staff changes. We unfortunately no longer had someone in DCC Administration watching over this process.

We recognize that we have done a poor job in this area, and have taken steps to improve all of our fee collection efforts. Ruth Crossen, a Program Administrator, and Patrick Brun, our Business Services Manager, will be putting together a RESULTS Quality Team from throughout the Department to work on this issue. In addition, effective July 1, 1996, we have transferred an employee from the Finance Division into DCC to enable us to more proactively monitor fee collection. We feel that the combination of these efforts will allow us to improve our collection efforts.

51. Summarize and comment on the time study completed by the State earlier this year.

The recent study by the State found that the number of hours needed for case work had decreased. This caused many people, including the State, to question the validity of the study. In fact, the State withheld the information for sometime, due to their concerns.

The study did not measure all the tasks that Probation/Parole Officers (PPO's) perform. The State measured common tasks to meet the MINIMUM requirements of the job. It DID NOT measure the quality of the job. For instance, a minimum number of client contacts must be made per month. The study did not measure the length of the contact, or whether the contact was meaningful.

The study also revealed that many PPO's have smaller case loads today than in previous years. This is true, but the cases, on average, are for more serious crimes. Due to the creation of special units such as the Centralized Case Bank, the less serious, more routine cases are handled in a production environment. This leaves the average case load of a PPO with the more serious violations.

In addition, the study looked at the whole state of Oregon. Multnomah County is an urban county, and our caseloads tend to have a higher volume of high risk offenders.

DCC believes that we need to conduct our own time study that would more accurately reflect our caseloads, pending SB 1145 and the recommendations of our Case Management Committee relative to case management objectives and standards.