

The Oregon Youth Authority Agency Overview Opportunities and Challenges









House Committee on Human Services and Housing, February 18, 2015

Fariborz Pakseresht Director

Oregon Youth Authority Mission, Vision, and Values

The **mission** of the Oregon Youth Authority is to protect the public and reduce crime by holding youth offenders accountable and providing opportunities for reformation in safe environments.

The **vision** of the Oregon Youth Authority is that youth who leave OYA go on to lead productive, crime-free lives.

The **values** that guide the agency's decisions, actions and priorities are:

- Integrity
- Professionalism
- Accountability
- Respect

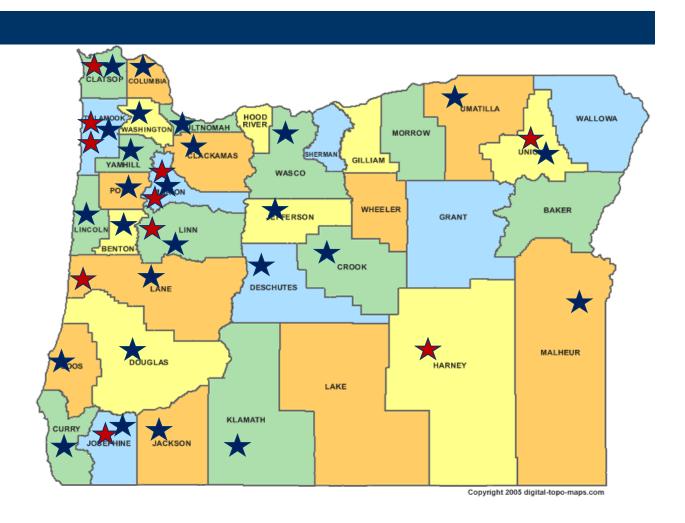


OYA funding and structure

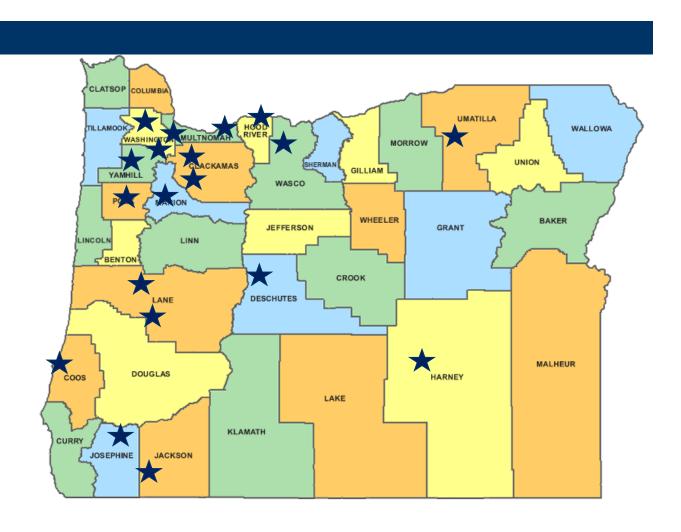
Public Safety Agency committed to education and treatment

- 995 Employees
- 10 Close-Custody Facilities
- 25 Field Offices
- \$ 275.5 Million General Fund (2013-15 LAB)
- \$ 329.9 Million Total Funds (2013-15 LAB)
- 1,524 Youth

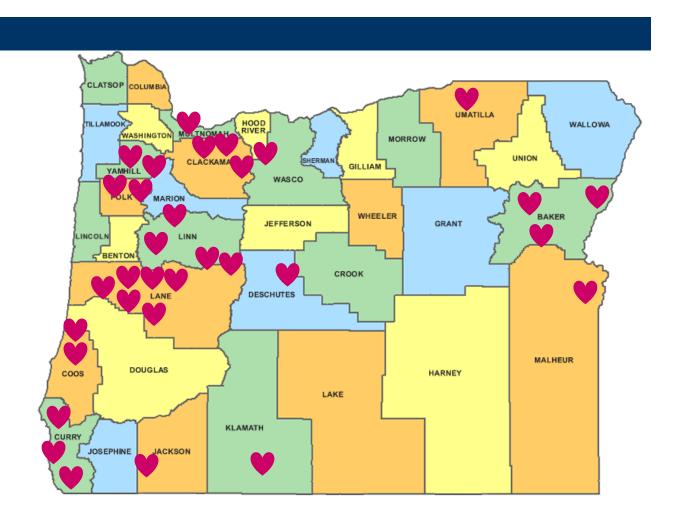
OYA facilities and field offices



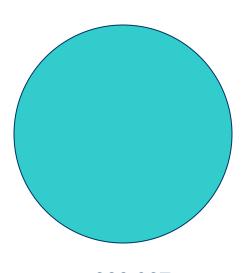
OYA community residential programs



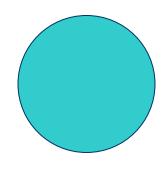
OYA foster and proctor homes



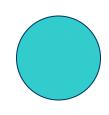
Oregon's juvenile justice system



389,067 youth in Oregon ages10-17



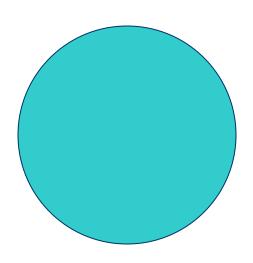
2,807 youth entered county custody



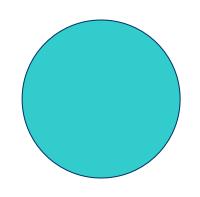
590 youth entered OYA custody

Source: JJIS data for 2013

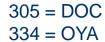
Youth served by OYA



885 youth under OYA community supervision



639 youth under OYA close-custody supervision



1,524 total youth under OYA supervision

Youth: Most serious commitment crimes

- 30%: Sex Offense
- 27%: Property
- 16%: Person-to-Person
- 7%: Robbery
- 8%: Drugs/Alcohol Related
- 3%: Weapons
- 1%: Arson
- 3%: Criminal Other
- 3%: Homicide-Related
- 2%: Public Order

Source: JJIS, July 2014

Youth: Social characteristics

Males	(Facility and Community Placements)	Females
63%	Used Alcohol or Drugs	71%
70%	Diagnosed Mental Health Disorders *^	89%
50%	Diagnosed Conduct Disorder ^	54%
7%	Past Suicidal Behavior	23%
14%	Sexually Abused	45%
32%	Special Education	33%
64%	Parents Use Alcohol or Drugs	79%
12%	Youth is a Parent	9%
16%	Gang Association ⁺	7%

^{*} Excluding Conduct Disorder

[^] Diagnosis within past 12 months

⁺ JJIS Rpt 501 July 2014

Opportunities

- Capitalize on the Juvenile Justice Information System (JJIS)
- Incorporate newly developed research tools into existing statewide juvenile justice system
- Establish, define, conceptualize, and implement a youth reformation system
- Work collaboratively with local and national partners
- Avoid the pendulum effect

Driving questions

- What should the capacity of our system be today and in the future?
- Are we bringing the right youth into the system and placing them in the right environments?
- What should the length-of-stay be in each part of the continuum?
- What interventions are needed to maximize youth success?

Driving questions

- How do we hire and support a workforce that is effective with the youth we serve?
- How do we create environments where youth are viewed as assets and resources to be developed?
- How do we support integration of youth into their communities in ways that support success?
- How do we know our investments are effective and achieving the desired results?

Achieving better outcomes



Our system: The Youth Reformation System

YRS uses:

- Data
- Research
- Predictive analytics

To:

- Inform decision-making
- Support professional discretion
- Reduce future victimization
- Maximize use of resources



Building a data-driven system

Population forecast Placement and treatment Program evaluation Community context

Our Culture: Positive human development

PHD provides:

- Supportive relationships
- Meaningful participation
- Opportunities

To help:

- Encourage accountability
- Support growth
- Increase engagement
- Facilitate learning



Creating a culture of success



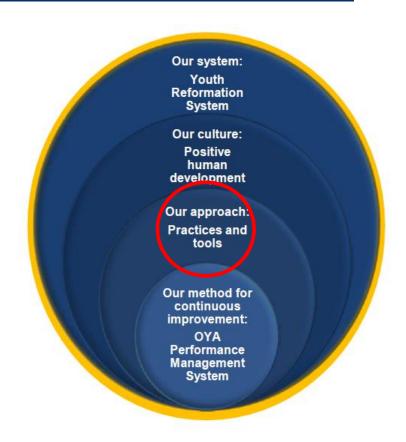
Our approach: Practices and tools

Used to:

- Engage youth
- Meet treatment needs

To support:

- Reformation
- Prosocial skill development



Our method for continuous improvement: OPMS

OYA Performance Management System provides:

 Ongoing monitoring of key processes

To help:

 Determine if we are meeting our desired outcomes



MISSION VALUES REGO VISION OREGON YOUTH AUTHORITY OYA protects the public OYA's core values are: Youth who leave OYA and reduces crime by holding PERFORMANCE MANAGEMENT SYSTEM go on to lead FUNDAMENTALS MAP Accountability crime-free lives Respect safe environments January 1, 2015 Collaborative Highly effective Integrated safety ngaged, culturall Engaged, healthy communicative and efficient security and youth nd productive you and transparent successful organization eformation system leadership workforce SUPPORTING PROCESSES SP 3: Evaluat PC, CM, JD PC, CM PC, CM MA, WV PC, CM, JD, MCH CM, PC, WV, MCH AS, CM, MCH JO, PC, CM, JD JO, PC, CM, JD JD JD JD KK A. Performing physical and Identifying trends and A. Defining baseline (cur-A. Ensuring daily opera-A. Receiving delinquency A. Confirming documenta-Providing food services A. Holding youth account Developing and imple Establishing budgets A. Identifying human A. Determining needs A. Governing IT changing needs Complying with new B. Managing accounting tions are effectively information tion received dental evaluations B. Providing canteen able menting communication rent state of strengths resources needs B Understanding and ap B. Delivering enterprise B. Confirming first-day B. Creating medical care plying ORSs and OARs managed B. Staffing cases with Using assessment strategies and weaknesses) Managing payroll B. Recruiting, hiring and business applications B. Ensuring physical plants partner agencies . Making referrals to legal mandates Defining current state of Managing cash
 Managing accounts retaining a diverse workforce checklists plans Providing mail services information to develop Developing communica-B. Identifying industry specific to contracting (non-JJIS) Assessing criminogenic C. Assessing and treating Delivering and C. Selecting and maintreatment programs risks and needs mental health condition linens and laundry sys. . Initiating case plan Managing internal comagency operations and research-based bes payable Orienting new employ C. Determining appropriate maintaining JJIS Recommending court D. Screening for infectious Providing for good hygiene program delivery practices Managing accounts Optimizing value of taining appropriat D. Providing training. D. Managing external D. Defining the desired equipment and techactions mental and behavioral diseases Providing for family mendations C. Setting outcome and receivable (e.g., purchase order. technology nical systems E. Ensuring proper records E. Educating youth and Delivering case plan future state of agency G. Managing reporting coaching, mentoring E. Providing business D. Preventing self-harm E. Assessing special E. Involving citizens as operations and program Identifying the gaps H. Managing assets and development opmanagement staff on health care visits services three bids) intelligence and and assault of others Validating court orders G. Providing recreation Providing treatment advisors and volunteers Monitoring outcomes delivery Identifying the gaps I. Ensuring compliance portunities D. Contracting and procur-E. Ensuring safe transpor Reviewing youth F. Responding to youth opportunities H. Transferring and . Managing restitution to state and the desired E. Managing worker ing goods and services E. Efficiently operating and and commitment dates tation of youth . Participating in hearings and dispositional hearbehavior during the health care requests between the current and desired future states targets Prioritizing initiatives nsation and SAIF victims Deploying appropriate Assessing and transporting youth claims assessment period (medigrams) maintaining physical staffing Identifying appropriate G. Administering medica- Overseeing community out-of-home placements re-assessing youth progress on an ongoing F. Identifying the financial Implementing process F. Reviewing and evaluatplants Monitoring delivery of G. Managing systems Ensuring youth comply and other resources treatment and placeimprovements ing performance H Administering immuni-G. Managing succession planning resources to maximize with legal requirements and court mandates ment resources J. Making culturally spe needed to close the gap G. Monitoring outcomes services and products youth, staff and public Managing the youth zations cific services available Adjusting case plans G. Developing implementaand adjusting actions as Approving invoices for H. Assessing classification safety H. Preventing and mana Reporting progress to offender population I. Developing and C. Facilitating access to based on assessments tion plans needed H. Developing timelines Conducting program and managing compen-Reporting and closing maintaining health care Meeting case plan Ensuring a system for ging escapees and runaways J. Ensuring victims' rights classification system policies and procedures objectives and measures evaluations sation budget cycles I. Conducting target Managing contracts J. Engaging families in Conducting regular Coordinating bargaining Conducting evaluation grievances and appeals Maintaining sanitation K. Submitting termination tions to the Administra for medical services M. Managing youth behavior reformation reviews and making internal audits to reduce agreements services Meeting PREA stanand products, and with Providing educational J. Recognizing perfortive Review Board viding access to adjustments as required agency risk dards for monitoring Termination cases contracted primary and courts and counsel and vocational services J. Maintaining emergency Responding to reports mance responding and follow M. Exting youth offenders specialty health care O. Identifying and securing . Managing re-entry and/ response plan K. Keeping agency rules of youth and staff K. Coordinating the ing up on sexual abuse providers resource entitlements or transitions misconduct employee exit process P. Managing youth funds M. Closing cases and policies compliant with laws and standards OP 4.1: Suicidal risk OP 5.1: Access to family OP 6.1: Residential program SP 1.1: Executive notifica-SP 6.1: Purchasing SP 7.1: Enterprise OP 1.1: Runaways OP 2.1: Access to commu-OP 3.1: Intake RNA SP 2.1: Breakthrough SP 3.1: Idea implementation SP 4.1: SPOTS card usage SP 5.1: Time loss due to OP 1.2: Escapes OP 1.3: Youth-on-staff nity services – capacity OP 2.2: Access to commu SP 4.2: Payroll accuracy SP 4.3: Collection efforts application uptime SP 7.2: IT customer completion OP 3.2: Case plan rel initiatives SP 3.2: Staff involvement OP 4.2: Treatment service OP 5.2: Access to family OP 6.2: Returns to DOC SP 1.2. Executive com-SP 2.2: Current agency SP 3.3. Process measures SP 5.2: Applicant diversity SP 6.2: Contract processing assaults OP 1.4: Youth-on-youth OP 6.3: Treatment assessmeeting target SP 3.4: Outcome measures Blue indicates nity services - timeliness evance to RNA munications SP 1.3; Message generation SP 4.4: Travel claims SP 5.3: iLearn training OP 2.3: Victims notified OP 4.3: Response to OP 5.3: Participation in SP 4.5: Accounting cor-SP 6.3: Purchase order OP 3.3: Intake length-of-stay SP 7.3: IT project of rights OP 3.4: Access to educapsychology referrals cultural groups OP 6.4: Treatment progress SP 1.4: Public reputation meeting target SP 3.5: Outcome evaluation rections SP 5.4: Hiring and oversight processing - timeliness OP 1.5: Sexual behavior OP 2.4: Victims notified prior timeliness
OP 4.4: Medical examina OP 5.4: Grievance system OP 6.5: School and work SP 1.5: Public engagement SP 1.6: Cultural advisory SP 5.5: Performance ap-SP 6.4: Physical plant work SP 7.4: Information security engagement OP 6.6: Restitution paid allegations to parole OP 3.5: Timely case plan responsiveness effectiveness praisals order responsiveness SP 7.5: Service desk OP 1.6: Facility staff safety tion and care plan SP 3 6: Timely PSO cases efficiency SP 7.6: Completed JJIS OP 3.6: Initial osychological OP 6.7: Treatment fidelity SP 3.7: Investigation dispodevelopment evaluations OP 3.7; ATOD assessments OP 4.5: Dental care OP 6.8 : Initial MDT sition outcomes SP 3.8: Timely response reports SP 7.7; Successful JJIS OP 4.6: Medication adminiscompletion tration errors OP 4.7: Immunization report uploads OP 4.8: Response to sick call requests - timeliness OM 13: OM 18: OM 4: Youth OM 7: Youth OM 14: OM 15: OM 1: Youth OM 2: Youth OM 3: Youth have approengage in positive The agency performs to budget The public Agency Employees are confident in Employees trust leadership Employee receive case have family have few Staff feel safe Staff are safe feel safe priate lengths revocations KPM 4: KPM 7 KPM 12: Parole recidivism **KPM 14:**

Intake

Educationa services

KPM 2:

Challenges

- Implementing YRS and PHD
- Changing culture and mindsets
- Balancing safety/security with a developmental approach
- Aligning our physical structures to the emerging data about the most effective approach to reforming youth
- Modernizing JJIS and leveraging technology to get the most out of our data and research

Questions and Discussion

E-mail: oya.info@oya.state.or.us

Web: www.oregon.gov/OY

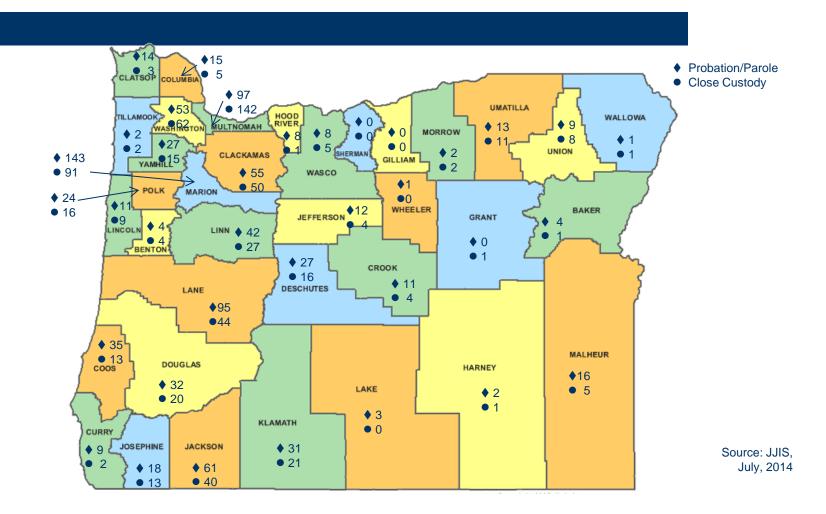
Twitter: @OregonYouth



Additional Demographic Information

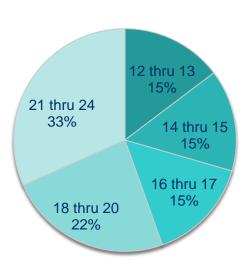
- Youth: Counties of Origin
- Youth: Ages in Oregon and OYA
- Youth: Gender in Oregon and OYA
- Youth: Race and Ethnicity in Oregon and OYA

Youth: Counties of origin

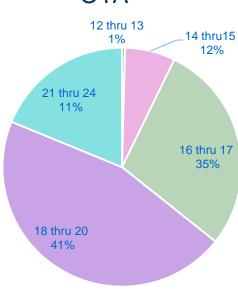


Youth: Ages in Oregon and OYA

Oregon



OYA



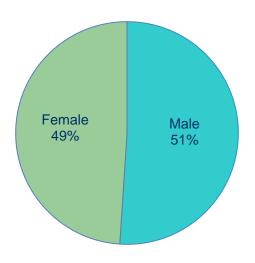
Source: "Easy Access to Juvenile Populations" 2013

Source: JJIS, all youth, July 2014

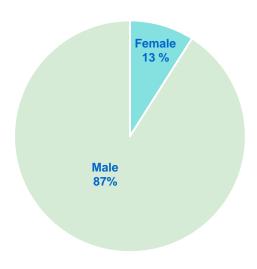
Youth: Genders in Oregon and OYA



Oregon



OYA

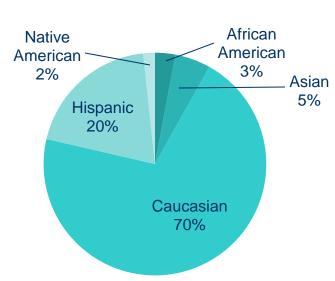


Source: "Easy Access to Juvenile Populations" 2013

Source: JJIS, all youth, July 2014

Youth: Race and ethnicity in Oregon and OYA

Oregon



Source: JJIS, all youth, July 2014

OYA

Other/

Unreported

.2%

Caucasian

57%

Native

American_

5%

Hispanic 25%

African

American

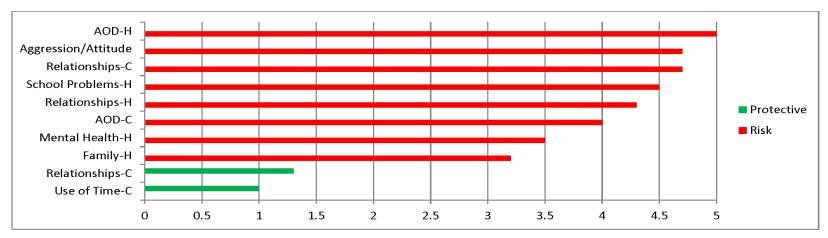
9%

Asian

2%



Typology A



ASSESSMENT CONSIDERATIONS: For males with typology A, the most intense needs center on current and historical drug and alcohol use. Refer for alcohol and drug assessment to determine intervention and treatment needs. These youth should also be referred for a mental health assessment to clarify mental health need and/or further assessment. Assessment areas may include but are not limited to trauma, possible underlying factors triggering behavior, current diagnoses, intellectual functioning (IQ), and medication. Initial treatment/service should focus on stabilization based on the assessed needs of the identified youth.

CASE PLAN ESSENTIALS: Typology A youth are likely to react negatively to being told what to do. Case planning requires a collaborative approach, however, when developing a case plan, one must be direct and honest with the youth about limits to flexibility in planning and clear about why expectations exist. Once the youth understands these, the youth will be better equipped to assist in developing STGs, LTGs, and interventions that he believes will help him successfully achieve these goals. This increases the likelihood of active participation in case plan activities.

TREATMENT APPROACH: These youth tend to respond to punitive interventions with further escalation, reducing the likelihood of positive rapport with staff or desired skill development. These youth can be impulsive and reactive, and are typically skeptical about trusting or relying on others to get their needs met because, from their perspective, they have not been able to rely on others in the past. These youth are frequently angry due to their frustration at not knowing how to get their needs met effectively and/or appropriately and not believing that others are sincere in their willingness to assist. Typology A youth tend to perceive that they have been, and will likely be, treated unfairly. Developing relationships built on trust and respect will be a challenge, but necessary in order for the youth to stabilize and to move forward in treatment. Persons with whom a trusting relationship has been established will be in the best position to model cognitive flexibility and pro social thinking patterns to establish a pattern for positive change.

Person-centered approaches such as Motivational Interviewing, Collaborative Problem Solving, and other specific person-centered CBT models tend to be the most effective interventions and are the most likely to result in the youth's learning the problem solving and other adaptive skills he needs to achieve his case plan goals and to generalize and apply those skills consistently and sustainably.

Thank you

E-mail: oya.info@oya.state.or.us

Web: www.oregon.gov/OY

Twitter: @OregonYouth

