



SB 5541 – Oregon Youth Authority

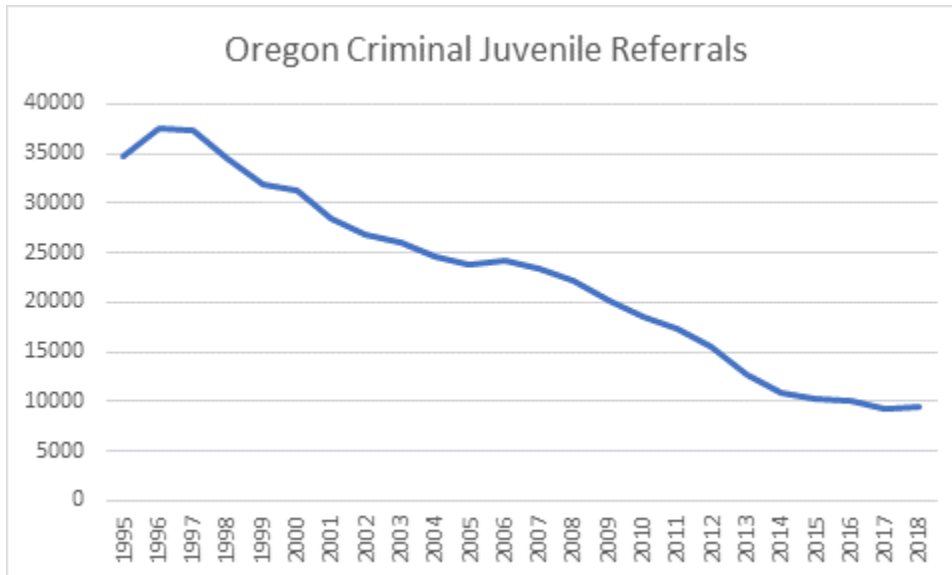
Discussion – Responses to March 4, 2019 Public Hearing

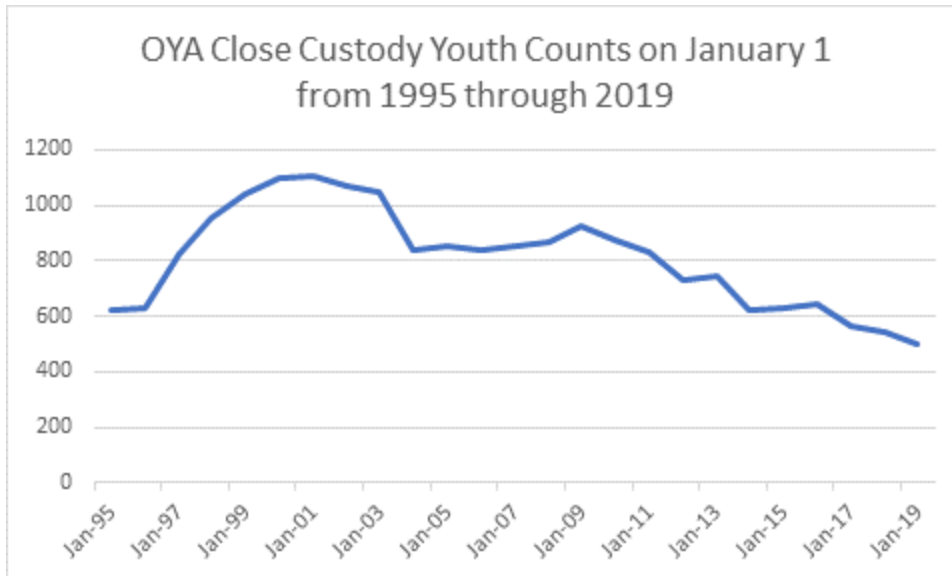
March 5, 2019

1. Data for referrals, incarceration and residential bed use going back further than the year 2000.

See charts below for data on criminal referrals for juveniles in Oregon and youth incarcerated in Oregon, 1995 – 2018. Please note that data in the Juvenile Justice Information System (JJIS) only goes back to 1995, when the system was created; data was inconsistent prior to 2000.

We do not have data on residential bed counts prior to 2000.





2. Staffing ratios in the residential programs

Residential programs are governed by Behavioral Rehabilitation Services (BRS) requirements. The types of programming they provide are varied, but minimum staffing ratios required for programs other than foster/proctor homes range from 1:6 during waking hours and 1:10 during sleeping hours to 1:3.5 during the day and 1:4.5 at night. Foster and proctor homes can host a maximum of 3 BRS clients at a time.

In a youth correctional facility, our staffing ratio for youth during waking hours is 1:8 (though not all staff are on unit at one time); and 1:16 to 1:25 during sleeping hours, depending on the unit. Recent standards set by the federal Prison Rape Elimination Act (PREA) require a ratio of 1:16 on all units during sleeping hours. OYA estimates a possible \$4 million increase in graveyard staff, to meet that standard. Alternatively, we can reach the standard over by continuing to reduce unit sizes from 25 youth to 16 youth while retaining current staffing levels. This would increase overall safety and program effectiveness due to a smaller number of youth per staff, and fewer youth living in open dorm settings.

For more details on the types of BRS programs and staffing, see Attachment 1.

3. OYA’s report, “Females in Oregon’s Juvenile Justice System”

The report can be found online here:

<https://www.oregon.gov/oia/docs/Females-OR-Juvenile-Justice-System.pdf>

It is also reproduced in Attachment 2 for your convenience.

4. OYA youth contact with social service systems and foster care

Please see the information within #8 for a response

5. Most serious crime, broken down by OYA and DOC youth

The three charts below show, respectively:

- youth committed in juvenile court to a Youth Correctional Facility (YCF), or “OYA Youth”, broken down by type of offense;
- youth committed to the Department of Corrections (DOC) and to a YCF, broken down by type of offense; and
- youth committed to OYA probation, broken down by type of offense.

OYA Youth Committed to a YCF		
Commitment Crimes	Number	Percentage
Sex Offense	143	23%
Property	218	36%
Person-to-Person	104	17%
Robbery	36	6%
Drugs/Alcohol-Related	37	6%
Weapon-Related	25	4%
Homicide-Related	8	1%
Criminal Other	24	4%
Arson	9	1%
Public Order	6	1%

DOC Youth Committed to a YCF		
Commitment Crimes	Number	Percentage
Sex Offense	75	33%
Property	1	0%
Person-to-Person	51	22%
Robbery	60	26%
Drugs/Alcohol-Related	0	0%
Weapon-Related	1	0%
Homicide-Related	38	17%
Criminal Other	0	0%
Arson	1	0%
Public Order	0	0%

Committed to OYA Probation		
Commitment Crimes	Number	Percentage
Sex Offense	171	43%
Property	112	28%
Person-to-Person	58	15%
Robbery	9	2%
Drugs/Alcohol-Related	11	3%
Weapon-Related	18	5%
Homicide-Related	0	0%
Criminal Other	14	4%
Arson	2	1%
Public Order	5	1%

6. Recidivism outcomes for African American youth

Generally, looking at all youth, they recidivate at the expected level, based on our risk scores. When looking just at White youth, they do slightly better than the expected level (recidivate less than expected).

- Among youth committed through the **adult** courts to incarceration who serve their time in OYA (DOC youth):

African American youths' recidivism rate was 38% higher than expected (actual=38; expected=27)

- For youth committed through **juvenile** courts to a youth correctional facility (OYA youth):
 - African American youths' recidivism rate was 15% higher than expected (actual=45; expected=39)
- Among youth committed to OYA Probation:
 - African American youth's recidivism rate was 11% higher than expected (actual=26; expected=24)

7. The full and most recent OYA Performance Management System chart

See Attachment 3.

8. OYA did a research study called the Feeder System, which informs previous contact with social services and systems of care, including foster care, prior to coming to OYA. Here are three points in response to the discussion, as well as links to more information.

The Feeder System study found that:

- ✓ 19% of OYA youth have a prior foster care episode.
- ✓ 90% of OYA youth have contact with at least one DHS or OHA program area prior to commitment.
- ✓ Alcohol and Drug Treatment Services, Mental Health Treatment Services, and Foster Care are the strongest predictors of OYA involvement.

For complete information please go to: <https://www.oregon.gov/oia/Pages/YRS.aspx#Reports>

- Research Question 1: Are there opportunities to intervene in the lives of at-risk individuals and prevent later involvement in the justice system?
 - [Prevalence of DHS and OHA Program Access Prior to First OYA Commitment: An Exploratory Analysis](#)
- Research Question 2: Given the opportunities for prevention, which agencies and/or client populations are the best targets for intervention?
 - [Probability of Commitment to OYA from History of Social Service Involvement](#)
- Research Question 3: What are the individual and family characteristics and service utilization patterns associated with increased risk of justice system involvement?
 - [Research Brief - Probability of Oregon Foster Care Childrens Future Involvement with the Oregon Youth Authority](#)

- [Research Brief - Probability of Commitment to the Oregon Youth Authority among Children and Youth Receiving Mental Health Treatment Services](#)
- [Research Brief - Probability of Commitment to the Oregon Youth Authority among Young People Receiving Alcohol and Drug Treatment Services](#)

Attachment 1

Residential Staffing Info

Chart excerpted from BRS Procedure Manual: Appendix G 410-170-0090 BRS Types of Care Requirements by Program Name (see highlighted rows)

Appendix G 410-170-0090 BRS Types of Care Requirements by Program Name

Type of Care	Shelter	Community Step Down	Independent Living Program	Enhanced Structure Independent Living	BRS Proctor	Enhanced Supervision Proctor	Residential, Rehabilitation Services	Assessment and Evaluation	Intensive Residential, Intensive Rehabilitation Services	Short Term Stabilization	Intensive Behavior Support
Models used	Residential care model or therapeutic foster care model	Residential care model or therapeutic foster care model	Residential care model or therapeutic foster care model	Residential care model	Proctor care model	Proctor care model with skills-training in a day treatment setting	Residential care model	Residential care model or therapeutic foster care model	Residential care model	Residential care model	Residential care model
Summary	The <i>BRS client</i> is placed in this <i>BRS type of care</i> as a short term intervention to develop necessary skills	The <i>BRS client</i> is placed in this <i>BRS type of care</i> when the <i>BRS client</i> needs few BRS hours but the same level of BRS structure and support.	The <i>BRS client</i> placed in this <i>BRS type of care</i> requires a structured, supervised setting prior to transitioning to a supported community placement	The <i>BRS client</i> placed in this <i>BRS type of care</i> requires a structured, supervised setting with increased staff supervision and support, prior to transitioning to a supported community placement.	The <i>BRS client</i> placed in these <i>BRS types of care</i> requires structure, behavior management, and support services to develop the skills necessary to be successful in a less restrictive environment	The <i>BRS client</i> placed in this <i>BRS type of care</i> requires enhanced structure during the day time hours. This level of care provides the structure of day treatment for necessary skill development and a less restrictive home setting with an <i>approved provider parent</i> ;	The <i>BRS client</i> placed in these <i>BRS types of care</i> requires the structure, behavior management, and support services of a <i>residential care model</i> for necessary skill development;	The <i>BRS client</i> is placed in this <i>BRS type of care</i> to identify deficiencies and develop necessary skills	The <i>BRS client</i> placed in these <i>BRS types of care</i> requires more intensive structure, behavior management and support services than a <i>BRS client</i> in the <i>BRS types of care</i> described in basic residential	The <i>BRS client</i> placed in this <i>BRS type of care</i> requires short-term intervention to BRS Clients in need of behavioral stabilization	The <i>BRS client</i> placed in this <i>BRS type of care</i> requires skills training and intensive behavioral support to <i>BRS clients</i> who have difficulty re-regulating their emotions due to the presence of complex developmental trauma or other mental health concerns.
Length of placement	30-90 days	Varies based on youth needs	Varies based on youth needs	Varies based on youth needs	Varies based on youth needs	Varies based on youth needs	Varies based on youth needs	30-90 days	Varies based on youth needs	7-90 days	Varies based on youth needs

Appendix G 410-170-0090 BRS Types of Care Requirements by Program Name

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BRS Hours Requirement	6 hours	6 hours	6 hours	6 hours	11 hours	11 hours	11 hours	11 hours	11 hours	11 hours	11 hours
BRS Individual Hours Requirement	One hour of individual counseling or individual skills-training provided by <i>social service staff</i>	One hour of individual counseling or individual skills-training provided by <i>social service staff</i>	One hour of individual counseling or individual skills-training provided by <i>social service staff</i>	One hour of individual counseling or individual skills-training provided by <i>social service staff</i>	Two hours of individual counseling or individual skills-training, one of which is provided by <i>social service staff</i>	Two hours of individual counseling or individual skills-training, one of which is provided by <i>social service staff</i>	Two hours of individual counseling or individual skills-training, one of which is provided by <i>social service staff</i>	Two hours of individual counseling or individual skills-training, one of which is provided by <i>social service staff</i>	Two hours of individual counseling or individual skills-training, one of which is provided by <i>social service staff</i>	Two hours of individual counseling or individual skills-training, one of which is provided by <i>social service staff</i>	Three hours of individual counseling or individual skills-training, two of which are provided by social services staff.
Service Documents Required	Initial Service Plan (due within 2 business days of intake) Assessment and Evaluation Report (due within 30 days of intake) Master Service Plan (due within 45 days of intake) Master Service Plan 90 day	Initial Service Plan (due within 2 business days of intake) Assessment and Evaluation Report (due within 30 days of intake) Master Service Plan (due within 45 days of intake) Master Service Plan 90 day	Master Service Plan – Transition (due within 2 business days of intake) Master Service Plan – Transition Updates (updates due every 30 days) Discharge Summary – Due within 15 days of discharge	Master Service Plan – Transition (due within 2 business days of intake) Master Service Plan – Transition Updates (updates due every 30 days). Including Enhanced Structure ILP check list.	Initial Service Plan (due within 2 business days of intake) Assessment and Evaluation Report (due within 30 days of intake) Master Service Plan (due within 45 days of intake) Master Service Plan 90 day	Initial Service Plan (due within 2 business days of intake) Assessment and Evaluation Report (due within 30 days of intake) Master Service Plan (due within 45 days of intake) Master Service Plan 90 day	Initial Service Plan (due within 2 business days of intake) Assessment and Evaluation Report (due within 30 days of intake) Master Service Plan (due within 45 days of intake) Master Service Plan 90 day	Initial Service Plan (due within 2 business days of intake) Assessment and Evaluation Report (due within 30 days of intake) Master Service Plan (due within 45 days of intake) Master Service Plan 90 day	Initial Service Plan (due within 2 business days of intake) Assessment and Evaluation Report (due within 30 days of intake) Master Service Plan (due within 45 days of intake) Master Service Plan 90 day	Master Service Plan – Stabilization (due within 2 business days of intake) Assessment and Evaluation Report – Stabilization (due within 30 days of placement) Master Service Plan – Stabilization Updates	

Appendix G 410-170-0090 BRS Types of Care Requirements by Program Name

Type of Care	Shelter	Community Step Down	Independent Living Program	Enhanced Structure Independent Living	BRS Proctor	Enhanced Supervision Proctor	Residential, Rehabilitation Services	Assessment and Evaluation	Intensive Residential, Intensive Rehabilitation Services	Short Term Stabilization	Intensive Behavior Support
	updates (due every 90 days during placement)	updates (due every 90 days during placement) Aftercare Transition Plan (due 30 days prior or as close as possible to discharge) Discharge Summary – Due within 15 days of discharge Aftercare Summary – Due 120 days following discharge for youth who received 90 day aftercare		Discharge Summary – Due within 15 days of discharge	updates (due every 90 days during placement) Aftercare Transition Plan (due 30 days prior or as close as possible to discharge) Discharge Summary – Due within 15 days of discharge Aftercare Summary – Due 120 days following discharge for youth who received 90 day aftercare	updates (due every 90 days during placement) Aftercare Transition Plan (due 30 days prior or as close as possible to discharge) Discharge Summary – Due within 15 days of discharge Aftercare Summary – Due 120 days following discharge for youth who received 90 day aftercare	updates (due every 90 days during placement) Aftercare Transition Plan (due 30 days prior or as close as possible to discharge) Discharge Summary – Due within 15 days of discharge Aftercare Summary – Due 120 days following discharge for youth who received 90 day aftercare	updates (due every 90 days during placement)	updates (due every 90 days during placement) Aftercare Transition Plan (due 30 days prior or as close as possible to discharge) Discharge Summary – Due within 15 days of discharge Aftercare Summary – Due 120 days following discharge for youth who received 90 day aftercare	(updates due every 30 days) Aftercare and Transition Plan – Stabilization (Initial completed upon admission and final ATP-s prior to planned discharged) Discharge Summary – Due within 15 days of discharge	
Foster/ Proctor Home ratio	Foster care model – maximum 3 BRS clients	BRS Proctor (OYA) – Based on home certification	Foster care model – maximum 3 BRS clients	N/A	Therapeutic Foster Care (DHS) –	Therapeutic Foster Care (DHS) –	N/A	Foster care model – maximum 3 BRS clients	N/A	N/A	N/A

Appendix G 410-170-0090 BRS Types of Care Requirements by Program Name

Type of Care	Shelter	Community Step Down	Independent Living Program	Enhanced Structure Independent Living	BRS Proctor	Enhanced Supervision Proctor	Residential, Rehabilitation Services	Assessment and Evaluation	Intensive Residential, Intensive Rehabilitation Services	Short Term Stabilization	Intensive Behavior Support
					maximum 2 BRS clients BRS Proctor (OYA) – Based on home certification	maximum 2 BRS clients BRS Proctor (OYA) – Based on home certification					
Residential Minimum Staffing Ratio	Residential care model – Awake hours 1:7; Asleep hours 1:10	Residential care model – Awake hours 1:6; Asleep hours 1:10	Residential care model – Awake hours 1:7; Asleep hours 1:10	Residential care model – Awake hours 1:6; Asleep hours 1:10	N/A	N/A	Residential care model – Awake hours 1:6; Asleep hours 1:10	Residential care model – Awake hours 1:6; Asleep hours 1:10	Residential care model – Awake hours 1:5; Asleep hours 1:10	Residential care model – Awake hours 1:5; Asleep hours 1:10	Residential care model – Awake hours 1:3.5; Asleep hours 1:4.5
Residential Required Weekly Average Staffing Ratio	Residential care model – Awake hours 1:5.5; Asleep hours 1:10	Residential care model – Awake hours 1:4.7; Asleep hours 1:10	Residential care model – Awake hours 1:5.5; Asleep hours 1:10	Residential care model – Awake hours 1:4.7; Asleep hours 1:10	N/A	N/A	Residential care model – Awake hours 1:4.7; Asleep hours 1:10	Residential care model – Awake hours 1:4.7; Asleep hours 1:10	Residential care model – Awake hours 1:3.7; Asleep hours 1:9	Residential care model – Awake hours 1:3.7; Asleep hours 1:9	Residential care model – Awake hours 1:2.8; Asleep hours 1:4.5

Attachment 2

Females in Oregon's Juvenile Justice System Oregon Youth Authority, March 2019



Oregon Youth Authority

Director's Message

March 4, 2019

In February 2016, the Oregon Secretary of State issued an audit report titled *Oregon Youth Authority: Female Youth Offenders Need More Transition Options*. The report made several recommendations related to services and data reporting for female youth, all of which you can read [at this link](#).

Since the audit report's release, OYA and the Oregon Juvenile Department Directors Association have worked collaboratively to identify and understand ways we can better address female youths' needs. I wanted to share a bit of our progress, which includes:

- In 2017, OYA was able to secure permanent funding for the Young Women's Transition Program from the legislature.
- OYA has created a common form and template for counties to report on services provided to youth. We are working to get all county plans for the next biennium moved to this shared form. This will improve data accuracy and consistency in reporting.
- OYA has created an initial report, included on the following pages, titled *Females in the Juvenile Justice System: A Snapshot*. This report documents data on female youth in the system, how female and male youth differ, and what programs and services females receive. We recognize that this first report is far from comprehensive, but we are still in the process of determining how to report on services for males versus females in a meaningful way.

OYA and the counties are committed to serving male and female youth equitably, and to working collaboratively to improve the juvenile justice system at all levels.

Sincerely,

A handwritten signature in blue ink, appearing to read "JO".

Joseph O'Leary
Director
Oregon Youth Authority

A handwritten signature in black ink, appearing to read "Nakeia Daniels".

Nakeia Daniels
Deputy Director
Oregon Youth Authority

Females in Oregon's Juvenile Justice System

A SNAPSHOT

Oregon Youth Authority | February 2019



Overview

Research has shown for some time that female youth who engage in delinquent offending do so for quite different reasons than male youth.

Over the years, we have learned that these gender differences extend to youths' histories of exposure to traumatic events, their relationships with caregivers and peers, differential substance

use, and many other aspects of adolescent functioning.

Gender differences have wide-reaching implications for female youth across the spectrum of the juvenile justice system. OYA is continually working to understand how our programs and services can better address female youths' needs.

How Females Differ

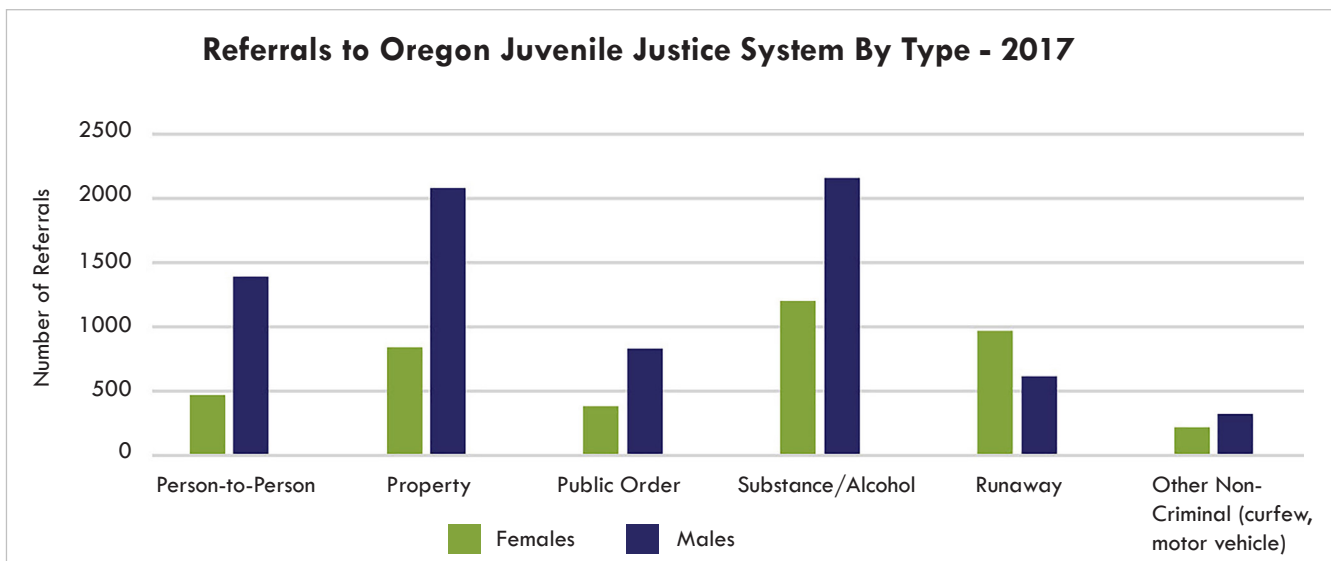
>> Their Offenses are Different

Overall, girls' delinquent acts are typically less chronic and less serious than those committed by boys. However, their offenses tend to mask serious problems they are experiencing.

In Oregon, the second largest percentage of referrals for females is for running away, and females run away at a much higher number than males. Research has shown that girls who

chronically run away often have experienced significant sexual and physical victimization, which, in turn, also makes them more vulnerable to continued victimization.

Data also shows that girls experience certain types of trauma — including sexual abuse and rape — more often than boys (see chart on page 2).



How Females Differ (cont.)

➤➤ **They Have More Mental Health Risk Factors**

Mental health problems that are linked to life stressors and victimization — such as depression, anxiety, and post-traumatic stress disorder — are diagnosed at much higher rates among girls than boys. Female youth frequently turn to harmful coping behaviors, such as self-harm, substance use, or running away, to deal with trauma.

Among OYA youth, 90 percent of females have a diagnosed mental health disorder, and nearly 30 percent have past suicide behavior (see chart at right).

➤➤ **Family is a Bigger Influence**

Researchers have theorized that girls have stronger connections to family than boys do, and that those connections often serve as a protective factor. When those protective bonds are weakened by instability, violence, sexual abuse, or lack of parental supervision, girls may engage in more risk-taking behaviors than boys.

Changing Definition of Gender

In recent years, society has increasingly come to recognize that gender and sex are not binary and static. While many youth may readily categorize themselves as “male” or “female,” there are others who experience gender as malleable and fluid.

Gender is one of a range of variables that also includes race and ethnicity, developmental and intellectual ability, and sexual orientation, among other things. These variables individually or in combination can contribute to a host of life experiences for youth, from childhood abuse or

Social Characteristics of OYA Youth

	FEMALES	MALES
Substance Abuse or Dependence	78%	62%
Parents Used Alcohol or Drugs	82%	65%
Diagnosed Mental Health Disorders	90%	77%
Diagnosed Conduct Disorder	45%	50%
Sexually Abused	43%	16%
Special Education	19%	34%
Past Suicide Behavior	29%	12%

➤➤ **Early Puberty Brings More Risks**

Research shows that early puberty can have big effects for both genders that potentially make their behavioral outcomes worse. However, early puberty creates particular risks for girls when their outward physical development outpaces their cognitive and emotional development.

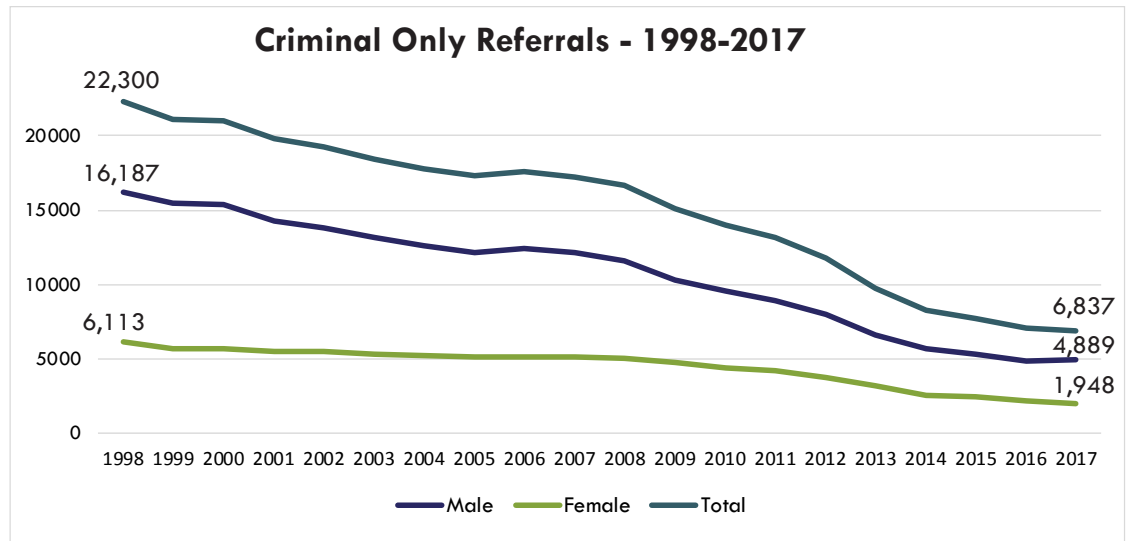
neglect, to peer difficulties, to differential treatment by some components of the justice system. They can also have implications for the individual needs of justice-involved youth and how caseworkers might best address those needs.

OYA is committed to remaining watchful for the influences of each of these variables, including gender. Ultimately, OYA can best fulfill its mission by treating each youth as a unique individual rather than as a collection of traits and groups.

Gender in Oregon's System

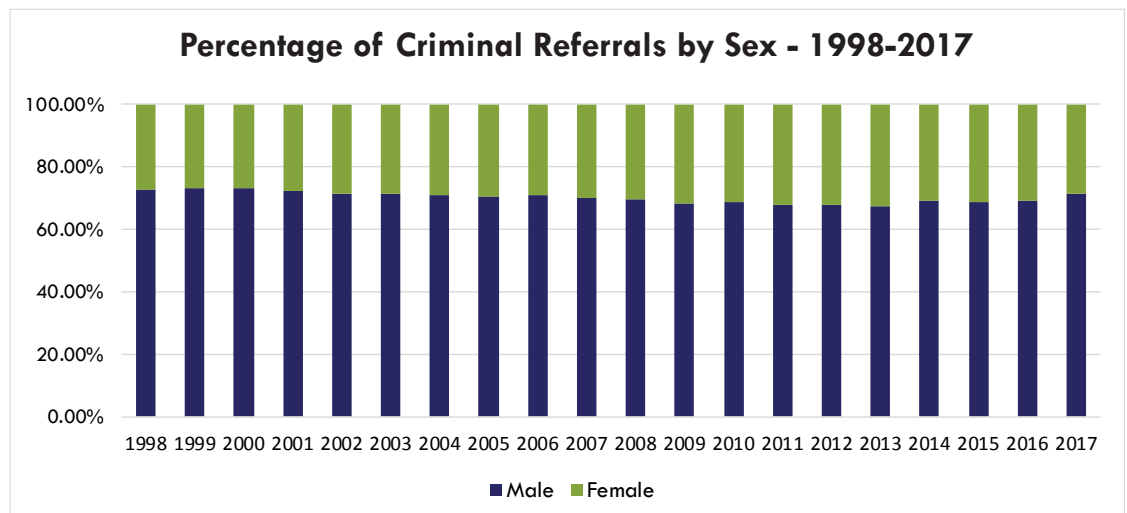
Nationwide, and in Oregon, criminal referrals to the juvenile justice system have been decreasing. From 1998 to 2017:

- **Female** referrals decreased by **68.1%**.
- **Males** referrals decreased by **69.8%**.



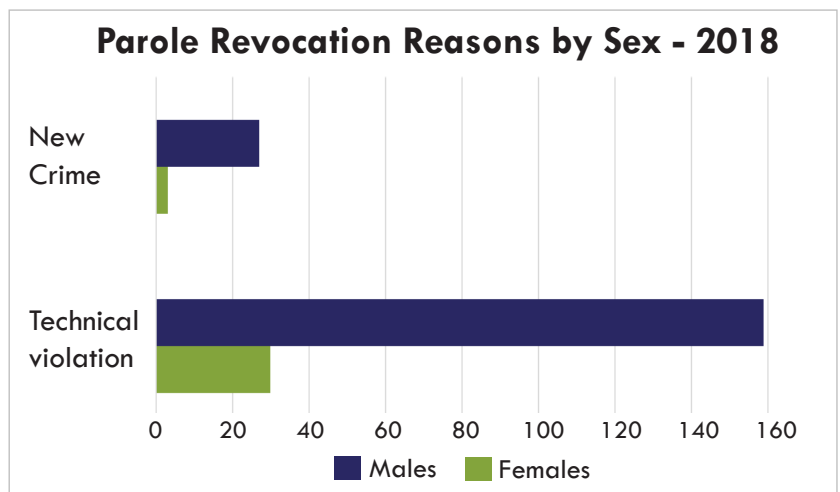
From 1998 to 2017, the proportion of referrals for females changed little.

- **1998: Females** were **27%** of referrals, and **males** were **73%**.
- **2017: Females** were **28%** of referrals, and **males** were **72%**.
- From 2008-2016, **30% or more** of referrals were for females.



Between 2014 and 2018, the overall number of parole revocations for both sexes changed little, but the proportion of revocations for females decreased significantly:

- **The proportion of revocations for females** decreased from **22%** in 2014 to **14.9%** in 2018.



OYA Services for Females on Probation or Parole

» Services Provided

Female youth on OYA probation or parole receive a wide range of services in placements that range from intensive residential programs with greater support services and structure, to independent living programs that teach them how to live on their own, to programs where youth who are mothers may live with their child.

Many of the services OYA provides to female youth address the same issues as for male youth, such as education and substance use treatment. Whenever possible, our providers cater their services to the differing needs of females. Services include:

- Education
- Vocational training and job skills
- Life skills
- Individual and family therapy
- Substance use disorder treatment, including relapse prevention
- Mental health services
- Skill-building and emotion regulation: evidence-based treatments, including Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Collaborative Problem Solving, Aggression Replacement Training, Motivational Interviewing, and trauma-informed approach
- Medication management and medical services
- Parenting skills
- Offense-specific treatment for youth with sexually harming or fire-setting behaviors
- Recreational opportunities
- Gender identity services

Females on OYA Probation/Parole

NUMBER OF BEDS

Contracted Residential Programs	
Female only	52
Female or male	28
OYA Foster Care	10

(For a breakout of types of program beds, see page 6.)

NUMBER OF YOUTH

Female	92
Male	638

Source: OYA Quick Facts, January 2019

» Local Resources for Females

OYA's juvenile parole and probation officers (JPPOs) often seek out already-existing local resources to provide services specific to female youth. Here are a few examples of resources JPPOs have used:

Clackamas County: A treatment group for adolescent girls dealing with post-traumatic stress disorder, substance use, or unsafe behaviors; and nonprofit homes for women recovering from substance use.

Jackson County: A counseling provider that offers an all-female drug and alcohol peer therapy group.

Marion County: Two programs providing services for youth who have been sexually exploited; and a program that assists pregnant women at risk of substance abuse.

Multnomah County: Several programs that offer education, screenings, and life skills services for young parents.

OYA Services for Females in Close Custody

Developmental Approach

OYA's two female facilities — Oak Creek and the Young Women's Transition Program — have different resources and staffing to accommodate the different needs of girls. For example, Oak Creek has four Qualified Mental Health Professionals, plus additional onsite hours provided by agency psychologists, to meet the more acute mental health needs of females.

By taking a positive youth development and trauma-informed approach, Oak Creek staff work to build positive, supportive relationships with youth to make their skill-building, physical health, and treatment programs more effective.

Family and Culture

Knowing that family has an even bigger influence for female youth than for male youth, both facilities make family engagement a priority, with family events, a school open house, and workshops and orientations to help families learn about their youths' treatment. Both facilities also host a variety of events and groups to recognize and support youths' cultures.

Education and Vocational Programs

Oak Creek and YWTP have accredited high schools run by the Multnomah Education Service District. Students can work toward a high school diploma or GED, take college courses, or participate in these vocational programs:

- | | |
|--|---|
| Computer science | Food handler's licenses |
| Construction - Girls Build | Forklift certifications |
| CPR dual-credit courses | Industrial janitorial certifications |
| CTECH | Office assistant and business certification dual-credit courses |
| Culinary dual-credit courses | OSHA and NIOSH certifications |
| Fabrication and Innovation Lab: laser with router, vinyl, heat press, computer-assisted design, 3D printing, virtual driving | Tractor driving |
| First Aid dual-credit courses | Wildland firefighting |
| Flagging certifications | |

Females in OYA Close Custody

Number of Beds

Oak Creek Youth Correctional Facility	50
Young Women's Transition Program	14

Number of Youth (January 2019)

Total Female Youth	62
Committed by juvenile courts	49
Committed by adult courts to Department of Corrections	13

(For data on male youth in OYA close custody, see page 6.)

Young Women's Transition Program

The Young Women's Transition Program (YWTP) serves up to 14 youth moving from Oak Creek back to community living.

Youth learn and practice independence skills and receive continued treatment, ongoing social skill-building, and education and vocational training. Youth also go into the community for supervised work, school, volunteering, and enrichment opportunities.

Recent developments at YWTP have included a variety of work crew and service activities in partnership with Linn County, and an expanding relationship with Linn-Benton Community College where youth can receive more specialized job training. Youth also receive a gym membership to the local YMCA and the chance to participate in a community volleyball league, opportunities that help them stay healthy and develop positive social skills and habits.

Additional Data

Number of Beds: OYA Probation or Parole

	MALE OR FEMALE	FEMALE	MALE
Shelters	3		3
Enhanced Proctor Care (proctor home plus day treatment)			57
Proctor Home	13	3	12
Basic Residential Programs	3	20	120
Intensive Residential Programs (more intensive structure, behavior management, and support services)		8	34
Short-Term Stabilization Programs (parole/probation revocation and diversion)		9	31
Independent Living Program		9	18
Enhanced Independent Living Program (more intensive structure, behavior management, and support services)	9		33
Youth with their Child		3	
Intensive Behavioral Support Program			13
OYA Foster Care (Note: These beds have a separate funding source and governance from the other programs)		10	30
TOTALS	28	62	351

Number of Youth

PAROLE

Female	42
Male	288

PROBATION

Female	50
Male	350

TOTAL - PAROLE/PROBATION

Female	92
Male	638

CLOSE CUSTODY

Total Male Youth	443
Juvenile courts	231
Dept. of Corrections	212

Total Female Youth 62

Juvenile courts	49
Dept. of Corrections	13

OYA Quick Facts: January 2019

Number of Beds: OYA Close Custody

MALE

Youth Correctional Facilities

Eastern Oregon	50
MacLaren	271
Rogue Valley	100
Tillamook	50
Total Correctional Facility Beds	471

Youth Transitional Facilities

Camp Florence	25
Camp Riverbend	25
Camp Tillamook	25
Total Transitional Beds	75

FEMALE

Youth Correctional Facility

Oak Creek	50
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Youth Transitional Facility

Young Women's Transition Program	14
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OREGON YOUTH AUTHORITY

530 Center St. NE, Suite 500
Salem, OR 97301-3777
503-373-7205
www.oregon.gov/oya

Attachment 3

Oregon Youth Authority Performance Management System (OPMS) Map



FOUNDATIONS

KEY GOALS

CORE PROCESSES

PROCESS OWNERS

SUB PROCESSES

PROCESS MEASURES

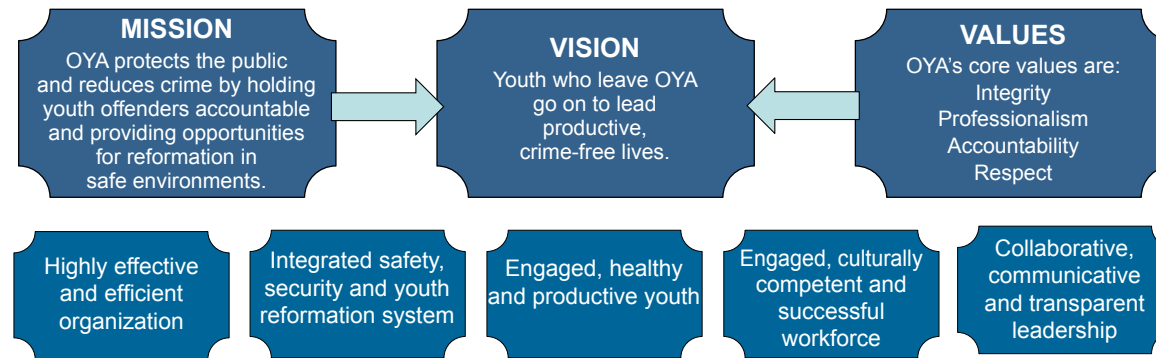
Blue indicates measures with sub-measures

OUTCOME MEASURES

KEY PERFORMANCE MEASURES

OREGON YOUTH AUTHORITY PERFORMANCE MANAGEMENT SYSTEM FUNDAMENTALS MAP

January 3, 2019



OPERATING PROCESSES						SUPPORTING PROCESSES											
OP 1: Managing youth and staff safety	OP 2: Managing the youth commitment process	OP 3: Managing youth intake and assessment	OP 4: Managing youth health care	OP 5: Providing basic youth services	OP 6: Managing youth development and reformation services	SP 1: Communicating with internal and external stakeholders	SP 2: Conducting strategic and operations planning	SP 3: Evaluating and improving performance	SP 4: Managing organizational finances	SP 5: Developing human resources	SP 6: Managing assets	SP 7: Managing data and information technology					
PS, CM, RE	PS, CM	PS, CM, MA	MA, EF, CM	PS, CM, RE	CM, PS, EF, RE	BC, CM, BC, EF	ND, PS, CM, RE, EF, MA	ND, PS, CM, EF, RE, MA	RE, CM, PS, MA, EF, ND	RE, CM, PS, MA, EF, ND	RE, CM, PS, EF	RE, EF, ND					
<ul style="list-style-type: none"> A. Ensuring daily operations are effectively managed B. Ensuring physical plants are safe and secure C. Selecting and maintaining appropriate equipment and technical systems D. Preventing self-harm and assault of others E. Ensuring safe transportation of youth F. Deploying appropriate staffing G. Managing systems resources to maximize youth, staff and public safety H. Preventing and managing escapees and runaways I. Maintaining sanitation J. Meeting PREA standards for monitoring, responding and following up on sexual abuse allegations 	<ul style="list-style-type: none"> A. Receiving delinquency information B. Staffing cases with partner agencies C. Making referrals to treatment programs D. Recommending court actions E. Ensuring proper records management F. Validating court orders and commitment dates G. Participating in hearings and dispositional hearings H. Ensuring youth comply with legal requirements and court mandates I. Reporting progress to courts J. Ensuring victims' rights are met K. Submitting termination documents L. Terminating cases M. Exiting youth offenders 	<ul style="list-style-type: none"> A. Confirming documentation received B. Confirming first-day checklists C. Assessing criminogenic risks and needs D. Assessing physical, mental and behavioral health E. Assessing special needs F. Reviewing youth behavior during the assessment period G. Identifying appropriate treatment and placement resources H. Managing the youth offender population via a validated youth classification system I. Making recommendations to the Administrative Review Board J. Coordinating intake and supervision of ICJ incoming youth 	<ul style="list-style-type: none"> A. Performing physical and dental evaluations B. Creating medical care plans C. Assessing and treating mental health conditions D. Screening for infectious diseases E. Educating youth and staff on health care issues F. Responding to youth health care requests (medigrams) G. Administering immunizations H. Administering immunizations I. Developing and maintaining health care policies and procedures J. Managing contracts for medical services and products, and with contracted primary and specialty health care providers 	<ul style="list-style-type: none"> A. Providing food services B. Providing canteen services C. Providing mail services D. Providing clothing, linens and laundry svcs. E. Providing for good hygiene diseases F. Providing for family communications and visits G. Providing recreation opportunities H. Transferring and transporting youth I. Overseeing community out-of-home placements J. Making culturally specific services available K. Facilitating access to faith services L. Ensuring a system for grievances and appeals M. Managing youth behavior N. Providing access to courts and counsel O. Identifying and securing resource entitlements P. Managing youth funds Q. Coordinating youth travel out-of-state 	<ul style="list-style-type: none"> A. Holding youth accountable B. Using assessment information to develop case plans C. Initiating case plan reformation recommendations D. Delivering case plan services E. Providing treatment F. Managing restitution to victims G. Assessing and re-assessing youth progress on an ongoing basis H. Adjusting case plans based on assessments I. Meeting case plan objectives J. Engaging families in reformation K. Providing educational and vocational services L. Managing re-entry and/or transitions M. Closing cases N. Aligning physical environments to youth reformation 	<ul style="list-style-type: none"> A. Developing and implementing communication strategies B. Developing communication materials C. Managing internal communications D. Managing external communications E. Involving citizens as advisors and volunteers F. Monitoring outcomes 	<ul style="list-style-type: none"> A. Identifying trends and changing needs B. Complying with new legal mandates C. Defining current state of agency operations and program delivery D. Setting the desired future state of agency operations and program delivery E. Identifying the gaps between the current and desired future states F. Identifying the financial and other resources needed to close the gap G. Developing implementation plans H. Developing timelines and measures I. Conducting target reviews and making adjustments as required J. Maintaining emergency response plan K. Keeping agency rules and policies compliant with laws and standards. 	<ul style="list-style-type: none"> A. Defining baseline (current state of strengths and weaknesses) B. Identifying industry benchmarks using research-based best practices C. Setting outcome and process targets D. Identifying the gaps between the current state and the desired targets E. Prioritizing initiatives F. Implementing process improvements G. Monitoring outcomes and adjusting actions as needed H. Conducting program evaluations I. Conducting regular internal audits to reduce agency risk J. Responding to reports of youth and staff misconduct 	<ul style="list-style-type: none"> A. Developing budgets B. Implementing budgets C. Paying obligations (Expenditures) D. Managing revenue E. Reconciling financial information F. Reporting financial information G. Managing employee payroll and benefits H. Ensuring compliance 	<ul style="list-style-type: none"> A. Identifying and addressing human resource needs B. Recruiting, hiring, and onboarding a diverse workforce C. Providing training, coaching, and development opportunities D. Managing employee safety and health E. Reviewing, evaluating, and recognizing performance F. Bargaining and administering CBAs, HR policies, rules, and laws 	<ul style="list-style-type: none"> A. Procuring goods and services B. Operating and maintaining physical assets C. Tracking, monitoring, and reporting assets D. Disposal of assets 	<ul style="list-style-type: none"> A. Providing technical consultation, direction and support B. Developing and acquiring applications C. Maintaining infrastructure and applications D. Ensuring system security E. Providing research 					
<p>OP 1.1: Runaways</p> <p>OP 1.2: Youth-on-staff assaults</p> <p>OP 1.3: Youth-on-youth assaults</p> <p>OP 1.4: Facility staff safety</p> <p>OP 1.5: Use of isolation</p> <p>OP 1.6: Physical plant safety, security, health, and welfare</p>	<p>OP 2.1: Access to community services – residential capacity</p> <p>OP 2.2: Access to community services – timeliness</p> <p>OP 2.3: Victims notified of rights</p> <p>OP 2.4: Victims notified prior to parole</p>	<p>OP 3.1: Intake RNA completion</p> <p>OP 3.2: Case plan relevance to RNA (field)</p> <p>OP 3.3: Intake length-of-stay</p> <p>OP 3.4: Timely case plan audits (field)</p> <p>OP 3.5: Initial psychological evaluations</p> <p>OP 3.6: ATOD assessments</p> <p>OP 3.7: ICJ home evaluations</p>	<p>OP 4.1: Suicidal risk assessment</p> <p>OP 4.2: Treatment service delivery</p> <p>OP 4.3: Medical examination and care plan development</p> <p>OP 4.4: Dental care</p> <p>OP 4.5: Medication administration errors</p> <p>OP 4.6: Immunization administration</p> <p>OP 4.7: Response to sick call requests – timeliness</p>	<p>OP 5.1: Access to family – visits</p> <p>OP 5.2: Access to family – calls</p> <p>OP 5.3: Participation in cultural groups</p> <p>OP 5.4: Grievance system responsiveness</p> <p>OP 5.5: ICJ travel permits</p>	<p>OP 6.1: Residential program performance</p> <p>OP 6.2: Educational services - special programming</p> <p>OP 6.3: Treatment assessment</p> <p>OP 6.4: Treatment progress</p> <p>OP 6.5: School and work engagement - field</p> <p>OP 6.6: Restitution paid</p> <p>OP 6.7: Treatment fidelity</p> <p>OP 6.8: Initial MDT completion</p> <p>OP 6.9: Post-secondary programs - facility</p> <p>OP 6.10: ICJ progress reports</p> <p>OP 6.11: Master plan projects completed</p>	<p>SP 1.1: Executive notifications</p> <p>SP 1.2: Executive communications</p> <p>SP 1.3: Message generation</p> <p>SP 1.4: Public reputation</p> <p>SP 1.5: Public engagement</p>	<p>SP 2.1: Breakthrough initiatives</p> <p>SP 2.2: Current agency policies</p>	<p>SP 3.1: Idea implementation</p> <p>SP 3.2: Staff involvement</p> <p>SP 3.3: Measures showing improvement (pilot)</p> <p>SP 3.4: Measures meeting target (pilot)</p> <p>SP 3.5: Outcome evaluation effectiveness</p> <p>SP 3.6: Timely PSO cases</p> <p>SP 3.7: Investigation disposition outcomes</p> <p>SP 3.8: Timely response to hotline</p>	<p>SP 4.1: SPOTS card usage</p> <p>SP 4.2: Payroll accuracy</p> <p>SP 4.3: Collection efforts</p> <p>SP 4.4: Travel claims</p> <p>SP 4.5: Programs within allocated budget</p> <p>SP 4.6: Budget forecast accuracy</p>	<p>SP 5.1: Time loss due to injury</p> <p>SP 5.2: Applicant diversity</p> <p>SP 5.3: iLearn training completion</p> <p>SP 5.4: Hiring and oversight</p> <p>SP 5.5: Performance appraisals</p>	<p>SP 6.1: Purchasing satisfaction</p> <p>SP 6.2: Contract processing – timeliness</p> <p>SP 6.3: Retroactive purchase orders</p> <p>SP 6.4: Retroactive contracts</p> <p>SP 6.5: Physical plant work order responsiveness</p> <p>SP 6.6: Facility condition index</p> <p>SP 6.7: Energy use</p>	<p>SP 7.1: JJIS/OTIS availability</p> <p>SP 7.2: Email availability</p> <p>SP 7.3: IS customer satisfaction</p> <p>SP 7.4: Security events and incidents</p> <p>SP 7.5: Critical security vulnerabilities for networked devices</p>					
OM 1: Youth feel safe	OM 2: Youth are safe	OM 3: Youth are healthy	OM 4: Youth have transition services	OM 5: Youth engage in positive activities	OM 6: Case plans are up-to-date	OM 7: Youth have family involvement	OM 8: Youth have appropriate lengths of stay	OM 9: Youth have few revocations	OM 10: Staff feel safe	OM 11: Staff are safe	OM 12: Agency supports diversity	OM 13: Employees are confident in leadership	OM 14: Employees trust leadership	OM 15: Employees are engaged	OM 16: Employee overtime use is low	OM 17: The agency performs to budget	OM 18: The public is safe
KPM 1: Youth escapes	KPM 2: Youth runaways	KPM 3: Youth-to-youth injuries	KPM 4: Staff-to-youth injuries	KPM 5: Suicidal behavior	KPM 6: Intake assessment	KPM 7: Case plans are up-to-date	KPM 8: Educational services	KPM 9: Community re-entry services	KPM 10: School and work engagement	KPM 11: Restitution paid	KPM 12: Parole recidivism	KPM 13: Probation recidivism	KPM 14: Customer service				