



**DEPARTMENT OF CORRECTIONS
Programs**



Title: Oregon Corrections Plan	DOC Policy: 90.1.1
Supersedes: N/A	
Applicability: Institutions and Inmate Programs	
Directives Cross-Reference: Rule: Visiting (Inmate) – Div 127 The Oregon Accountability Model	

I. PURPOSE

To establish guidelines for implementing the Oregon Corrections Plan (OCP) in a manner consistent with the Oregon Accountability Model (OAM). The OCP is a tool designed to identify, track and manage the mitigation of offender risk for the benefit of increased public safety for the citizens of Oregon

II. DEFINITIONS

- A. Automated Criminal Risk Score (ACRS): A statistical calculation developed by the ODOC Research Section to predict an offender's risk of re-offending within three years of release.
- B. Corrections Information System (CIS): A computer system dedicated to tracking information critical to the management of inmates/offenders under the custody and/or supervision of the Oregon Department of Corrections.
- C. Criminogenic Risk Assessment: An evaluation of factors that contribute to an offender's risk of future criminal behavior
- D. Criminogenic Domain: One of seven factors associated with increased risk of future criminal behavior by an offender. The seven domains are:
 - 1. Associates
 - 2. Substance Abuse
 - 3. Community Functioning
 - 4. Education and Employment
 - 5. Emotional and Mental Health
 - 6. Marital and Family Life
 - 7. Attitudes
- E. Oregon Accountability Model (OAM): A plan composed of six components that is designed to strengthen the department's ability to hold inmates/offenders accountable for their actions and ODOC staff accountable for achieving the mission and vision of the department. The six components are:
 - 1. Criminal Risk Factor Assessment and Case Planning
 - 2. Staff-Inmate Interactions
 - 3. Work and Programs

4. Children and Families
 5. Re-entry
 6. Community Supervision and Programs
- F. Oregon Corrections Plan (OCP): An automated case management tool incorporated into the Corrections Information System, which serves as the primary tool for tracking an inmate's progress in working to mitigate the identified risk factors.
- G. Universal Waiting List (UWL): A list of inmates having a similar risk factor listed on their individual Oregon Corrections Plans that is compiled on the Corrections Information System and reflects a priority for each inmate to access a specific program designed to mitigate the risk factor identified on the plan.

III. POLICY

A. Agency Resources:

1. When a program at one location has consistent difficulty filling all available slots with high risk inmates, administrators shall give consideration to moving program resources to a location where high risk inmates are housed, or to re-allocating the resources of that specific program to a different program that is not able to accommodate all high risk inmate needs.
2. Multi-issue Programs – Program placement of inmates shall be coordinated in such a way as to avoid repeated delivery of the same program elements to a single inmate.
 - a. Some of the more comprehensive programs within ODOC are designed to address multiple criminogenic risk factors.
 - b. Prudent and efficient use of resources requires that inmates targeted for participation in one of these comprehensive programs should not also be scheduled for participation in a specialized program when similar content is covered in a more comprehensive program. (e.g., Turning Point, which addresses not only A&D issues, but criminal thinking, anger management, conflict resolution, motivation, leisure skills, etc.)
3. In order to make the best use of limited ODOC resources, it is essential that staff coordinate inmate transfers in such a way as to minimize disruption to program participation and/or release planning efforts.
 - a. Staff initiating a transfer for non-security reasons, must confer with the Program Service Manager at the facility where an inmate is currently located before transferring that inmate to another facility.
 - b. When inmates are transferred between facilities during their final year of incarceration, the counselor at the sending facility must confer with the counselor at the receiving facility to assure there is adequate communication about work done toward completion of the release planning process for that inmate.

B. Criminal Risk Factor Assessments:

The first step in determining which programs an inmate will be referred to is a criminogenic risk factor assessment.

1. The Oregon Accountability Model requires a criminogenic risk factor assessment for each inmate processed through the Intake Center.
2. The results of this criminogenic risk factor assessment for each inmate will be recorded on an automated case-planning tool called the Oregon Corrections Plan, which serves as the primary tool for tracking an inmate's progress in working to mitigate the identified risk factors.
3. Only those programs which are designed to mitigate specific criminogenic risk factors, based on evidence based practices, shall be listed on an inmate's Oregon Corrections Plan.
4. In order to assure consistency and reliability of data, criminogenic assessments and updates to such assessments will continue to be the responsibility of staff at the Intake Center.

C. Priority for Program Placement:

Inmates posing the highest risk to re-offend shall be prioritized for placement in programs.

1. Inmates with a high or moderate criminogenic rating in any domain as a result of the criminogenic assessment shall have a problem area listed on their OCP that corresponds to the driving factor behind their risk to re-offend.
2. Problems identified on an inmate's OCP, as result of a high or moderate criminogenic domain rating, will generate a referral to a universal waiting list for interventions specific to the identified areas of risk. These waiting lists are compiled on the Corrections Information System and reflect a priority for each inmate to access programs designed to mitigate the risk factors identified on the plan.
3. From each universal waiting list inmates with the highest risk of recidivism, as measured by the Automated Criminal Risk Score (ACRS), will be selected to participate in programs designed to mitigate specific risk factors identified during the inmates' criminogenic risk assessment (when they are within the appropriate time-frame criteria for each program).
4. Inmates who lack motivation to change are less likely to benefit from participation in programs designed to mitigate other criminogenic risk factors, than those inmates who are more highly motivated. However, inmates will not be excluded from programs based on their level of motivation. When waiting lists are crowded and a choice must be made between inmates of equal risk the more highly motivated inmate may be selected. In such instances motivation to change should be assessed by use of a standardized assessment instrument.
5. When ever possible, DOC staff shall give consideration to transferring high-risk inmates to a facility where appropriate program slots are available so that inmates have opportunity to mitigate their risk factors by participating in the programs listed on the inmates' OCP in the proper timeframe and sequence prior to release.

6. The CIS table linking criminogenic risk factors to specific interventions shall be maintained to reflect current curriculum contents and to minimize delivery of duplicate program content to the same inmate(s).
7. Staff will continue to explore viable options for delivering program content to high-risk inmates who are housed in high custody settings, in order to take advantage of the opportunity for significant risk mitigation.

D. Sequencing of Interventions (Programs):

The following criteria shall be used to determine the sequence in which inmates are admitted ODOC programs:

1. Mental Health and Medical Treatment - This is always the highest priority for all inmates, irrespective of other risk factors.
2. Education – The ability to read and write, at minimally an 8th grade level, is a prerequisite for placement in any program that requires an inmate to read course material and prepare written work, unless that program is able to make accommodations for the inmate's lower skill level.
3. Alcohol & Drug Treatment – These programs are designed to focus on transitional issues related to recovery/sobriety, so it is essential that inmates participate in these programs at the very end of their sentence or when eligible for an alternative incarceration program in preparation for release.
4. Cognitive Programs – ODOC offers a series of cognitive programs in a sequence designed to build upon skills/information learned in the preceding courses. Inmates will not be permitted to enter the next program in this sequence without successfully completing the previous course.
5. Sex Offender Treatment – At this time, the need for sex offender treatment is addressed in the community when the offender is placed on post-prison supervision.
6. Parenting Skills – ODOC offers parenting skills classes to inmates who have children and/or will likely function in a parenting role upon release.
 - a. Inmates must complete the parenting skills program or be on a waiting list for parenting classes in order to interact with their children in other programs that allow inmate parents to interact with their children outside of the normal visiting process.
 - b. Refusal to participate in parenting classes will prohibit an inmate from participating in any activity or program which involves interaction with children, except for visits allowed by the rule on **Visiting (Inmate)** (OAR 291-127).
7. Repetition of Programs – Offenders who have completed a program within the last three years, which may include a previous cycle of incarceration, will not be permitted to repeat the same program again.

E. Case Management Principles:

Staff members who function in case management roles (e.g., correctional counselor, program staff, etc.) are required to provide specific services related to each of the six key OAM components. These staff members shall be guided by the following principles:

1. The day-to-day use of staff resources for managing inmate caseloads shall be targeted to support the six key components of the Oregon Accountability Model.
2. A correctional counselor's priorities as to which inmates receive more time and attention shall be based on the counselor's opportunity to work with the inmate on risk factors rated as high on the inmate's criminogenic risk assessment and on those specific issues in the OAM associated with reducing the potential to recidivate.
3. Consideration shall be given to modifying department rules, policies and/or practices in order to reduce or eliminate the expenditure of resources on efforts that do not yield a significant impact on offender risk.
4. Counselor contacts with an inmate may decrease in proportion to an inmate's involvement with intensive programs where the staff members of that program have regular contact with the inmate, working to address that inmate's risk factors.
5. Counselors working within the OAM framework need to possess a broad understanding of the many criminogenic risk factors inmates present, and the strategies and resources available for mitigating those risk factors.
 - a. When case management functions related to a specific area of risk generate a heavy workload, then it may be appropriate and necessary for select counselors to specialize in that work (e.g. release planning, Static 99 assessments, etc.).
 - b. Specialists must still maintain a comprehensive range of knowledge and skills in order to assist the larger team in meeting all its objectives.
6. Counselors must work to nurture and participate in strong inter-disciplinary team relationships as part of the case management process in order to bring the greatest level of expertise to bear on individual inmate risk factors.

IV. IMPLEMENTATION

This policy will be adopted immediately without further modification.

Certified: _____
Birdie Worley, Rules Coordinator

Approved: _____
Mitch Morrow, Deputy Director

Examples of Service Level in Relation to Risk Factors

In order to help ODOC staff to make a paradigm shift to the risk based practices inherent to OAM, it is necessary to clarify how these service levels should vary between high risk and low risk inmates. Here are some examples as to how the service levels for each of the OAM components might vary depending on the inmate's risk factors:

- ❖ Criminal Risk Factor Assessment & Case Planning
 - Low Risk: All Inmates receive a complete criminal risk assessment and OCP
 - High Risk: These inmates may receive more intensive/specialized assessments related to their specific risk factors as well as more detailed case plans with closer oversight of their compliance.
- ❖ Staff-Inmate Interactions
 - Low Risk: All staff-inmate interactions will be guided by the 3 Rs (Role-model, Re-direct, Reinforce) and will comply with all ODOC standards, rules and policies.
 - High Risk: These inmates will have more frequent interaction with staff and with a greater number of staff since they will be involved in programs designed to mitigate risk levels.
- ❖ Work & Programs
 - Low Risk: These inmates will have limited access to programs. M-17 compliance will be the primary focus of their OCP. Institution activities will occupy the remainder of their free time.
 - High Risk: M-17 will be required in addition to participation in those programs designed to mitigate their specific risk factors.
- ❖ Children & Families
 - Low Risk: In addition to visiting, these inmates will have access to programs and activities involving their children if they are willing to participate in parenting classes. Case managers will consider family involvement/resources when developing the inmate's release/transition plan.
 - High Risk: In addition to the above, these inmates will have priority for the parenting program and will be targeted for programs to mitigate specific criminogenic risk factors related to their family relationships. (i.e., Domestic violence, Criminal Family)
- ❖ Re-Entry
 - Low Risk: Case managers must submit a completed release plan to the Parole Board and to community corrections within specific time frames prior to release. Case managers will work to facilitate transportation arrangements for the offender upon release. Case managers will communicate significant issues related to the offender's potential for success to community corrections.
 - High Risk: In addition to the above, case managers will work to identify and secure critical community resources necessary for the offender's successful re-entry, working closely with community corrections and community resource agencies.
- ❖ Community Supervision & Programs
 - Low Risk: The OCP will provide for continuity between the institution and supervision in the community. These inmates will have low priority for referral to community programs, depending on available resources.
 - High Risk: These inmates will be subject to intensive supervision in the community and will be prioritized for referral to programs that target their specific criminal risk factors.