



## Governor's Re-entry Council, Steering Committee Minutes – Meeting #33 – January 4, 2012

Steering Committee Members Attending: Paula Bauer, Cindy D. Booth, Mark Cadotte, Karen Cellarius, Greg Hamann, Linda Hammond, Sam Ko, Faith Love, Ginger Martin, Pegge McGuire, Tim Moore, Jay Scroggin, Scott Taylor, Patrick Vance,

Guests: Megan Churchill, Jim Keller, Craig Keyston,

Item	Discussion	Action
Welcome and Introductions		
Review of Minutes	Copies of the draft minutes of the November 2, 2011 meeting were distributed electronically with this meeting's agenda. Copies were available for review. The minutes were accepted as submitted.	
Re-entry Roundtable: Announcements and Updates from Members	<p>Ginger Martin reported that the DOC food services administrator was successful working with the Public Health Division to develop an agreement to get food handler certifications for qualified inmates at no cost to the inmate. The certifications are recognized statewide for jobs in the food services industry</p> <p>Ms Martin said on January 6th, a meeting is scheduled with the signers of the Memorandum of Understanding that addresses transition for people with mental illness to update the agreement where necessary. The signers are the community mental health directors, community corrections directors, DOC behavioral health administrators, and DOC Transitional Services Division administrators. The original agreement was for the signers to meet every two years to discuss how things are working and decide on any changes that may be needed to improve on the process. (NOTE: This meeting needed to be rescheduled because of the illness of a key attendee.)</p> <p>Ms Martin reported that the Washington County Re-entry Council newsletter reported Washington County received a Smart Grant worth \$150,000 for emergency housing and recovery mentors for sex offenders and a \$600,000 for dual-diagnosis individuals with physical health and drug and alcohol issues.</p>	

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	<p>The governor's office has directed the department to not start any new programs, which means that the re-entry pilot programs that were about to begin in Lane, Marion, Washington and Jackson counties are on hold for now.</p> <p>Cindy Booth reported that the US Department of Labor has funded the Prisoner Re-entry Initiative Grant for a 6th year and Portland's Southeast Works was successful in obtaining a continuation of funding the Portland Prisoner Re-entry Initiative (PPRI). Southeast Works conducts orientation sessions for those releasing to Multnomah County at Coffee Creek Correctional Facility, Columbia River Correctional Institution, Oregon State Correctional Institution and Oregon State Penitentiary. Inmates who are potentially eligible are asked if they would like to continue post-release services through Volunteers of America, Metropolitan Family Services, and others. This program was begun in 2006 and the partnership between DOC and Southeast Works and their partner agencies was recognized at the federal level as a model for other states to replicate. No other states were able to replicate this model, so Southeast Works was funded again, based on not only their performance developing and maintaining partnerships, but serving target populations. They were able to assist individuals in obtaining jobs, employment-based services and having a significant number advance in those jobs.</p>	
OYA Re-entry Demonstration Project: Second Chance Act Grant	<p>Faith Love reported that all of the regional models are up and running. They are at the point now where the system is experiencing growing pains. They are looking closely at what is feasible, sustainable in reality and what is sustainable in the ideal and in documenting the re-entry experience. Some of the things they thought would work well turned out to not be as practical as expected. Ms. Martin asked Ms. Love to site some examples. Ms. Love said each region has its own characteristics and unique highlights. In the Portland Metro Region, one of the sustainable practices is the Community Accountability Panel. Community members meet with the juvenile parole and probation officer (JPPO) and the youth to talk about their challenges, successes and needs. The community members are learning a great deal through the process, since they aren't familiar with the juvenile justice system, seeing the youth face-to-face and finding them to be not really what they expected; having the youth talk about their families and be really responsive to the community members. The one thing that is always true about the youth is that they are thrilled to have someone who is interested in them. Initially, there was concern that the youth may be intimidated by the panel, but that has proven to not be the case.</p>	

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	<p>In Lane County, they are doing Welcome Home Celebrations at which the team makes a public statement to the youth about what their role and responsibility is in helping the youth with their transition. This opportunity has enabled the inclusion of the residential program staff.</p> <p>The CEOJJC Region (Central and Eastern Oregon Juvenile Justice Consortium) tends to be a bit more technical in some ways and have come up with a family readiness assessment to enable the JPPOs to determine exactly what each youth specifically needs. What does the family need prior to the returning youth's arrival? How can we strengthen the family when it was previously thought that the youth couldn't be returned to their families? They have developed guidelines for information transfer when the youth comes into the OYA system. Treatment history and placement history are documented as they come into the system. As the youth release to the community, their custody treatment has been documented well and helps with the continuity of treatment. Ms. Martin asked if there are barriers they have discovered. Ms. Love said that, surprisingly, when what had been considered impressive barriers were brought to the regional panels and discussed, solutions are usually found to be available.</p>	
Revised Process for Data Collection	<p>Karen Cellarius reported on the evaluation update as collected by Portland State University. They are beginning the second round of data collection for the fidelity assessment for the project. They examine how each region is implementing their project and how it corresponds with what they had planned. The data collection process revealed that there is no centralized data collection for services youth receive post-release in the community that is not funded directly by OYA. Ms. Cellarius and her colleagues have developed a process to collect that data directly from the JPPOs when the youth releases to the community. The JPPO can enter the data into a website, onto a form or by telephone.</p>	
Community Engagement Process.	<p>Ms. Bauer reported that Dick Withnell, a local community activist and retired businessman, has volunteered to go to communities throughout the state and speak to groups of local leaders explaining why he believes it is important to teach our young people how to be good employees; the importance of apprenticeships; and how to obtain entry level jobs. Mr. Withnell is passionate about his beliefs and as a successful businessman, he has the ability to influence and energize people who can make a difference in the lives of young people. Mr. Withnell is familiar with a number of business people in Eastern Oregon, so he will begin his presentations in the CEOJJC Region. Mr. Withnell is working with Jeff Milligan, OYA Re-entry Grant Coordinator for the Eastern Region, to arrange meetings with local juvenile department directors, OYA supervisors</p>	

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	to target their audience and schedule Mr. Withnell's presentations.	
Continue Review of Draft Juvenile System Re-entry Gaps Analysis	Ms. Martin distributed copies of the document (attached), which this committee began reviewing at a previous meeting. Several questions that are embedded in the document have been answered by OYA staff and sent to Ms. Martin. She will gather additional changes and incorporate those into the document. The next review can determine the gaps or barriers identified and prioritization of which barriers to address. The issues can then be sent to the appropriate workgroup and for those issues not pertinent for a currently established workgroup, additional workgroup(s) will be created.	
Workgroup Updates  Education and Employment Workgroup  Continuity of Care Workgroup	<p>Cindy Booth reported that they had met consistently through December and are meeting again in January. They identified 3 separate focused discussions to have with outside partners. One is a regional idea concept for re-entry employment services; the second is very clearly linked to the budget note of Oregon Department of Community Colleges and Workforce Development (CCWD); the third is examining vocational and educational services DOC youth housed at OYA because they do not have the same access to paying for higher education services that adjudicated juveniles have available. The iLearn system is one that will be considered. The CCWD budget note is priority #1 and is moving forward; the workgroup also completed the employer survey on hiring people with a criminal history</p> <p>Patrick Vance reported they have been working closely with Marion County Commissioner Janet Carlson and Dick Withnell because so much of what Marion County Re-entry Initiative is doing mirrors what the DOC is doing at the large releasing prisons in Salem. The workgroup has been meeting on a regular basis with Commissioner Carlson, Marion County re-entry people and community clinic people. We're working with the local clinics to expand their services to help DOC released individuals. The workgroup has provided expanded availability of information for the clinics; several internal changes with the release counselors have been developed. The workgroup is working with the DOC Transition and Release Unit to address voids in the release planning process and provide medical information to health care and mental health care providers in the community. The department has 2 registered nurses who are responsible for preparing the releases for those with high need mental health issues and high need physical health issues. The workgroup has been working to increase the options available to these high need individuals and progress is being made. One issue that the workgroup was charged with improving for inmates and releasing individuals is dental care. This at first seemed like an</p>	

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Housing Workgroup	<p>insurmountable challenge, but the issue has been reinvigorated through several avenues in Marion County. DOC Health Services has gotten the head dentist and some of his staff involved in workgroup meetings and several community connections have been made. Not only does poor dental care impact physical health, but emotional and psychological health, as well. Replacing a missing front tooth can often mean the difference of being hired for a job or not being considered.</p> <p>Pegge McGuire reported that they held a joint session with the Employment and Education Workgroup. They are working on Certificates of Rehabilitation and Certificates of Relief. The concept is that after someone has earned one of these certifications, a housing provider or employer will have some modicum of security that the individual has done a lot of good work to change their life and are worthy of someone taking a risk to rent to them or hire them. The survey taken indicated that housing providers and employers were willing to provide people with a criminal history a chance on a case-by-case basis, but were against being mandated to take every single person with a criminal history. The workgroup plans to talk to some people from the National Employment Law Project, as well as people from states that have been using these certificates. We want to know what land mines they encountered when they put them in place; how the process of getting the certificates established was structured; and specifically who issues the certificates and how they are able to be revoked, should that need arise. David Rogers of the Partnership for Safety and Justice is arranging the teleconference. Ms. Booth added that there were representatives from the Sex Offender Supervision Network at that meeting to talk about the barriers the people they supervise encounter and what can be done to educate the housing providers and employers about those individuals.</p>	
Next Meeting	<p>Scott Taylor initiated a discussion that led to the decision to develop a Lessons Learned in grant-funded re-entry programs document that can be posted to the Governor's Re-entry Council website. The decision was made to invite the Criminal Justice Commission to a future meeting to present their method/formula to determine the cost of doing/not doing re-entry programs. The next meeting will be held on February 1, 2012</p>	

## **Re-entry Practices in the Oregon Juvenile Justice System, June 2011**

The Governor's Re-entry Council set as a goal for this year understanding and improving re-entry from Oregon Youth Authority (OYA) custody to community. On June 29, 2011, a group of individuals representing OYA, Department of Corrections, the Second Chance Act re-entry pilot programs, the juvenile directors, and the community corrections directors met to begin a strengths and gaps analysis of re-entry in the juvenile justice system. The group used the National Institute of Corrections Transition from Prison to Community (TPC) Model to guide them through the analysis.

### **PHASE 1: GETTING READY (THE INSTITUTIONAL PHASE)**

***1. Intake Procedures: Establish comprehensive, standardized, objective, and validated intake procedures that can be used to assess the individuals' strengths, risks, and needs.***

#### **STRENGTHS**

All youth are assessed for violent risk, community risk, and institutional risk. The Oregon Risk and Needs Assessment (RNA) also provides an assessment of needs. These risk tools are comprehensive, standardized, objective and validated.

The quality of the assessment is improved for youth in the juvenile system because these youth generally exhaust community resources before being committed to OYA. The juvenile probation parole officer (JPPO) is part of community staffings prior to custody. Information about alcohol and drug problems, mental health problems, family history, and responsivity factors like English proficiency and motivation to change are known to the JPPO and help inform the assessment process.

Assessments in addition to risk assessment include mental status, psychological evaluation, medical assessment, educational assessment, substance abuse assessment, English proficiency, sexual offending assessment, fire setting assessment, and Office of Minority Youth assessment.

## GAPS

For youth sentenced in the adult system, there is generally no information sent with or known about these youth. This impacts the quality of the assessment.

## QUESTIONS:

Are staff properly trained and re-trained to administer these tests?

Is there a risk assessment instrument used for classification?

Are assessments updated during the period of incarceration?

Is there an assessment of family issues, needs, strengths?

Are vocational aptitudes assessed?

***2. Development of Programming Plan: Develop an individualized plan that explains what programming should be provided during the period of incarceration to ensure that the person's return to the community is safe and successful.***

## STRENGTHS

The assessment is tied to case plan development. Every incarcerated youth has a case plan that includes strengths, risk factors, and treatment needs.

Youth committed through either the adult or the juvenile systems are assigned a JPPPO who acts as a case manager during the period of incarceration. This case manager maintains a relationship even if the youth is transferred to another facility, a community placement, or parole.

The Multi-Disciplinary Team consists of the youth, parents or guardians, OYA case manager, and treatment providers. Others may be added as needed. The meetings of the team are used to design and monitor the case plan. The first team meeting occurs within the first 30 days of incarceration and every 90 days thereafter, or important points in a youth's treatment.

GAPS  
None

QUESTIONS:

Is the program planning model adapted for shorter-term periods of incarceration?

Are there provisions for periodic reassessment and for changes to be made in the plan during incarceration?

**3. Programs: Availability of Programs to Address Risk Factors and Needs**

- ***Cognitive behavioral therapy, peer support, mentoring, and basic living skills programs that improve offender behavior, attitudes, motivation, and ability to live independently, succeed in the community, and maintain a crime-free life***
- ***Programs meet the physical health care, mental health care, and educational, vocational needs of offenders in custody***
- ***Substance abuse treatment and family programs are provided***

STRENGTHS

The following programs are available

Alcohol and drug treatment

Mental health treatment

Education: k-12 is prioritized. Staff assists with financial aid applications and college courses

Aggression replacement therapy (ART)

Sex offender treatment

Trauma and substance abuse (for girls)

Interpersonal skills

Gang intervention

Cognitive behavioral restructuring

Stress/depression

Emotional regulation

Work experiences available: trades, grounds crew, kitchen, laundry, greenhouse, work crews in the community

Vocational assistance: records are kept showing training received, certificates earned and hours worked

JJPO's are receiving skills training (EPICS) to increase effectiveness in reducing recidivism through interactions targeted at criminal risk factors.

GAPS

Dental care is provided, but cosmetic work that might affect employability is not provided.

Tattoo removal is very limited. This can also affect employability.

The role of the facility is to reduce the risk to re-offend. As soon as risk is reduced, the incarcerated youth can be released. Release is not dependent on completing a program and youth are released without completing needed programming.

Proficiency and training of staff that provide programs, turnover, role conflict

Treatment effect needs to be evaluated

QUESTIONS:

Do all youth have access to vocational programs?

What kind of encouragement is used to increase participation?

Are vocational programs providing skills matching the needs of the job market?

Are there kids with unserved needs leaving an OYA facility? What is the reason they weren't served?

Is there continuity of care as needed from a facility to the community?

Does each youth have an individual education plan?

Is literacy adequately addressed?

Are youth making skill gains and/or completing high school credentials at high rates?

Is education integrated with other facility programming?

***4. Family Services and Programs: To establish, re-establish, expand, and strengthen relationships between adjudicated youth and their families.***

**STRENGTHS**

Bus passes and gas cards can be provided to family members to support travel to a facility for services or visiting.

Families are sometimes included in multi-disciplinary staffing; this is always a goal. (what is the main barrier preventing this?)

**GAPS**

Little family counseling is provided. A community provider might be working with the family when OYA is not, both before and after release.

Families receive little preparation prior to release. Sometimes the JPPO will assist them.

Youth are not assigned to facilities based on proximity to families; travel distances can be a barrier to visiting and to receiving family counseling.

Youth need more time to practice new skills, such as in a step-down or halfway back setting (or families need more skills to support change)

## **PHASE 2: GOING HOME (RELEASE PREPARATION)**

***1. Develop a Re-entry Plan: an individualized plan based on information from assessments and which explains what programming should be provided after release to ensure that the offender's return to the community is safe and successful***

### STRENGTHS

Multi-disciplinary teams meet within 45 days of the planned release to coordinate release planning. The teams consist of youth, parents or guardians, OYA staff, and community treatment providers. For youth releasing to adult supervision, the community corrections representative will be engaged. A transition case plan is developed for each releasing person.

The multi-disciplinary team reviews assessed risks and needs, determines what treatment should continue after release, the relapse programs needed, and reviews where the released will live and job plans.

A re-assessment risk and need tool is being developed which will assist with transition planning

For youth adjudicated as adults, there are some counties that reach-in to the OYA facility to begin working with the youth prior to release

### GAPS

The transition case plan is not used in the field (why not?)

The RNA is supposed to be updated prior to release. It often is not, but it is not helpful in any case. The measures are static and relatively unchanging from intake to release.

For DOC kids, there are minimal contacts in the community and with community corrections prior to release.

Treatment manager communicates with the DOC release counselor, who sends the release plan out to community corrections.

#### QUESTIONS

Is there a centralized record-keeping system and a system for regular communication among program planners and others?

Is there a connection between the release planning process and the needs and risk assessment? What is it?

To what extent are community-based providers, community corrections (for those convicted as adults) and family members engaged in the re-entry planning process?

***2. Continuity of Care Planning: community-based health and treatment providers are prepared to receive releasees and to ensure that service delivery is uninterrupted.***

#### STRENGTHS

There are community resources to address alcohol and drug problems

DHS involvement is sometimes a safety factor, but engaging DHS can be difficult since this population is not a priority

#### GAPS

Community providers are not knowledgeable about the population

Lack of Spanish language service providers

Medications may be switched after release

The goal is to schedule an appointment with a care provider and send summary records to the continuing care provider, but this does not happen now.

#### QUESTIONS

Do service providers in the community receive a summary treatment record to support continuity of services?

Are youth released with prescription medications?

### ***3. Housing: Stable housing is available upon re-entry***

#### STRENGTHS

#### GAPS

Kids stay in custody longer because there is no safe home to go to

A family can lose housing when a child who is also a felon returns home

QUESTIONS: Do these things happen?

Evaluate the feasibility, safety, and appropriateness of an individual living with family members after release

Identify the appropriate housing option for each incarcerated person well in advance of release

Develop re-entry housing to meet the specific and unique needs of youth being released from custody

Educate releasees about strategies for finding and maintaining housing and teach them about their legal rights as tenants.

Provide housing assistance or a stipend for the period immediately after custody

***4. Employment Upon Release: Connect releasees to employment, including supportive employment and employment services prior to release***

STRENGTHS

GAPS

Undocumented youth with restitution orders: they can't be discharged until they pay and they can't legally work

Transportation to work

Need for advocacy with some school districts. Notification must be made to the school, and transcripts, IEP, classes and credits are provided to the school. However, there is a stigma associated with having been in a correctional institution and some schools are reluctant to enroll releasees.

Financial aid for college courses is not provided by some colleges to "wards of the state"

No work release programs

QUESTIONS: Do these things happen?

Documentation of skills, experience, and credentials are provided

Job searches are initiated prior to release

JJPPPO's or community based service providers act as intermediaries between employers and job-seeking individuals

Do releasees have information about potential employers and/or community employment service providers at release?  
Are they prepared to look for work?

***5. Identification and Benefits: Individuals released from custody have identification and those eligible for public benefits receive those immediately upon release***

STRENGTHS

For youth under age 18, OYA employs a disability analyst who screens youth for eligibility for benefits. (Does this person assist in the application for benefits?)

Working with DMV to transport kids prior to release so that they will have a photo ID card

GAPS

No process for pre-application of benefits for those youth over age 18

OYA staff does not assist with applications to the Oregon Health Plan

Identification documents are requested inconsistently from facility to facility

A class on independent living is planned, but not in place yet

#### QUESTIONS:

Are all releasees screened for eligibility for state or federal benefits?

Are applications for benefits completed prior to release for individuals identified as eligible through the screening process?

#### ***6. Release Preparation for Families: Provide family members protection, counseling, services and support as needed and appropriate***

#### STRENGTHS

Family members receive adequate notification and information regarding the youth's release

#### GAPS

Need to build community networks to provide counseling, safety planning, and other services to help the family cope with the emotional, financial, and interpersonal issues surrounding the youth's return.

#### QUESTIONS

Is information for families available on the web or elsewhere in plain language?

Are there staff positions responsible for interfacing with families and answering questions?

To what extent are families involved in release planning and in the community supervision process?

#### ***7. Release Decision-Making***

#### STRENGTHS

OYA is the release authority for youth committed through the juvenile justice system. The multi-disciplinary team makes the decision about the release date, or moves the decision to higher organizational levels if they cannot agree.

In the re-entry pilot counties, community transition teams that include service providers and DHS meet to plan for release and coordinate care after release

#### GAPS

The transition MDT is supposed to occur 45 days prior to release. It is sometimes skipped if there was an MDT meeting on the case within that time period, even if it was not focused on re-entry planning. In this case, there will not be the same level of re-entry planning. Release decisions can be made by default if there are capacity issues rather than based on good release planning. This has not happened recently.

Working on consistent decision-making regarding length of stay; not consistent now

Youth may be incarcerated longer waiting for a community placement bed to open, even after a release plan has been approved by the MDT

Sex offenders are held too long because no placement can be found, there is prejudice against them, anxiety about them, or they didn't finish treatment

DOC youth are not the highest risk youth, but they may stay longer because of a determinate sentence

### **PHASE 3: STAYING HOME (COMMUNITY SUPERVISION AND SERVICES)**

***A supervision and treatment strategy is developed that corresponds to the resources available to the supervising agency, reflects the likelihood of recidivism, and employs incentives to encourage compliance with the conditions of release.***

***Supervision and community treatment resources are concentrated on the period immediately following the person's release from custody.***

***A range of options are available to reinforce positive behavior and to address failures, swiftly and certainly, to comply with conditions of release***

#### STRENGTHS

Family therapy provided after release (does OYA arrange, contract for?)

#### GAPS

High level of unemployment

Day programming for youth is needed when the family can't provide more than shelter

Lack of knowledge between facility staff and field staff

For DOC kids, there is no job development or resource development by community corrections (JPPO's do this for youth in the juvenile system)

DOC youth are not eligible for community placements that are available for youth in the juvenile justice system

Revocations are not necessarily a safety risk, but they will go back through the entire system

For those who are incarcerated for stabilization, consider a stabilization unit

Consider a revocation unit—a different process and/or alternative to revocation, place in a separate facility

Young women with trauma: Look good in the facility, but fall apart in the community. Need treatment for trauma

Need to help youth connect with non-criminal community members, strength based, re-entry support group that includes community members

Idea: create local team that includes the treatment manager and the JPPO

For youth released to the adult system, PO's may not be assigned prior to release

QUESTIONS:

Are supervision and treatment resources concentrated in the period just after release?

Is supervision intensity related to risk to re-offend?

How well are mental health, physical health, and housing needs addressed after release?