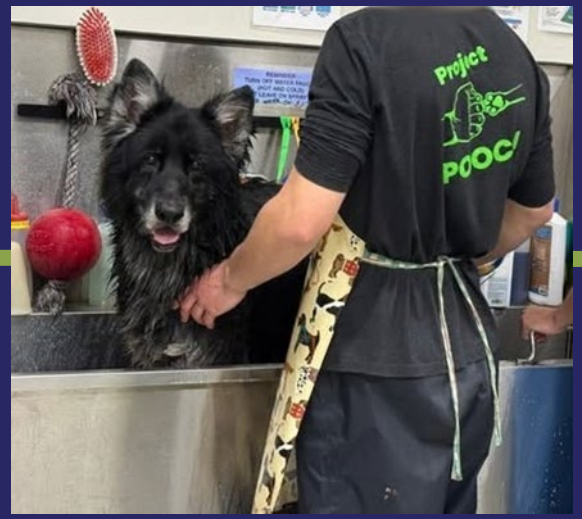






Treatment Services

within Development Services

IMPACT Statistics

Lani Williams, Behavioral Health Services Coordinator

10/8/2026

Oregon Youth Authority

The Developmental Approach



SKILLS FOR CREATING A CULTURE OF DEVELOPMENT

Oregon Youth Authority

Insights into Action

Our Data Culture Framework



Hard on Data, Intentional with People

We challenge the information, not the individual.

Healthy tension strengthens our thinking.



If You Don't Know Your Data, You Don't Know Your Business

Understanding our metrics is a shared responsibility.

Knowing your data builds credibility and informs better decisions.



Transparency Builds Trust

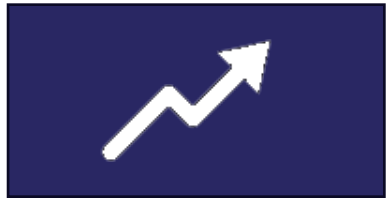
Sharing successes and struggles strengthens our collective effectiveness.



Can't Manage a Secret

No one has to carry the issues alone.

Open communication enables accountability and shared solutions.



Complexity is the Enemy of Execution

Simplicity and clarity accelerate progress.

Keep it understandable, actionable, and measurable.



Collective Accountability

We rise together. Data ownership matters, but improvement is a team sport.

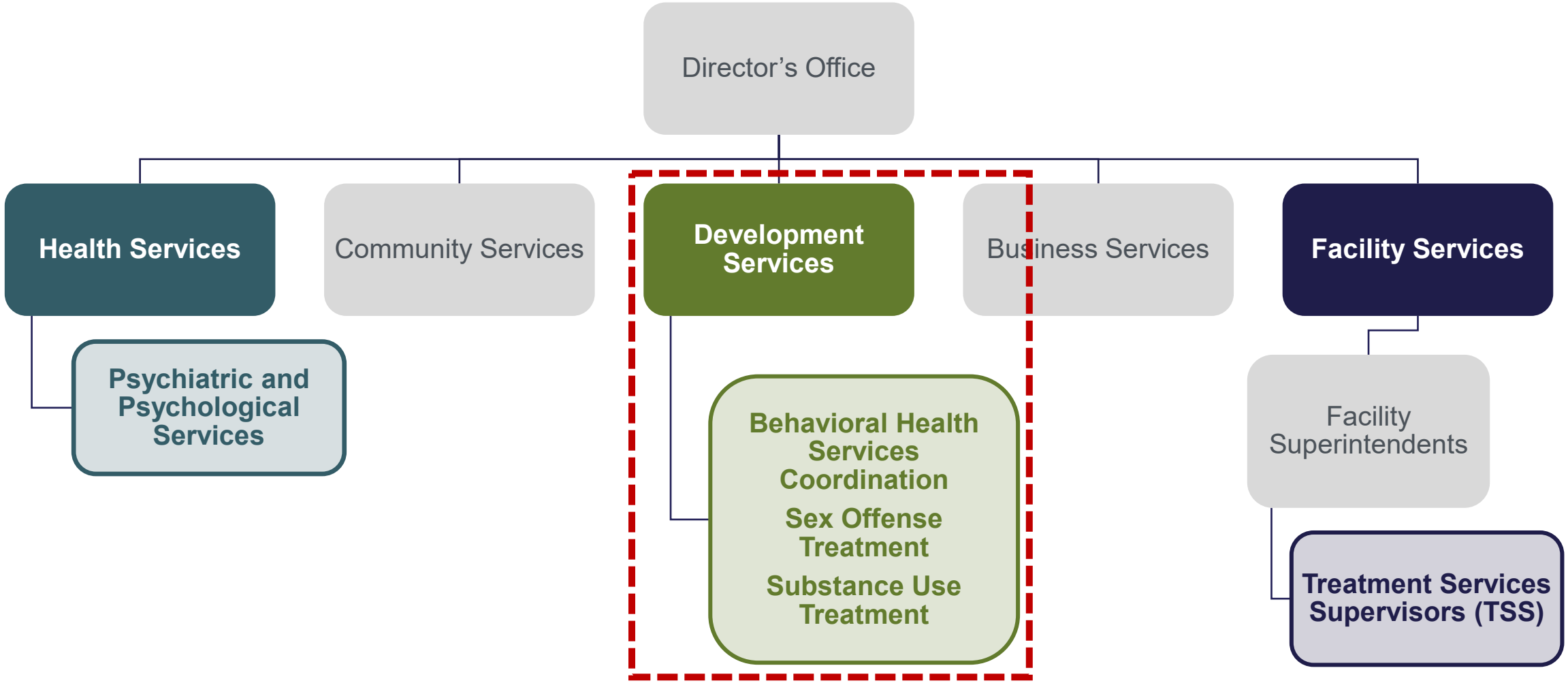
We turn data into direction — not just to report, but to refine, learn, and improve

Definitions

Term	Definition
American Society of Addiction Medicine (ASAM) levels	Levels of Care that determine the amount of recommended treatment hours that a youth should receive. This is based on a comprehensive assessment, which includes a DSM-5-TR diagnosis for a substance use disorder.
Certified Drug and Alcohol Counselor (CADC)	Staff who meet the requirements of MHACBO (Mental Health and Addictions Counseling Board of Oregon) to provide Substance Use Treatment. This can be a CADC-R (registrant), a CADC I, a CADC II, or a CADC III, which all require different levels of education and experience. All staff providing substance use treatment in OYA are required to have some level of CADC certification and receive clinical supervision.
Evidence Informed (EI)	Draws from research-supported principles (e.g. CBT, MI), uses theoretical models, incorporates professional judgement, adapts to cultural, community or organizational context, uses data and feedback to refine the approach, and blends science/practice/context.
Evidence-Based Practice (EBP)	Formal evaluation has occurred, consistent positive outcomes across multiple studies or populations, peer-reviewed research, clear implementation guidelines that can be replicated, recognition by national registries.
Practice-Based Evidence (PB)	Used consistently in real-world settings, shows positive outcomes through practice, are supported by data collected by practitioners (not randomized controlled trials, come from community-driven culturally grounded, or innovative programs.
Fidelity Monitoring	The Substance Abuse and Mental Health Services Administration (SAMHSA) defines **fidelity monitoring** as the ongoing measurement and analysis of how closely a real-world program or evidence-based practice (EBP) is implemented compared to its original, researched model. It tracks whether core principles, structures, and service standards are maintained without drifting from the effective design.
POWER Source	An evidence-based, trauma-informed, social and emotional learning program for systems-impacted adolescents focused on increasing self-regulation and decreasing risk-taking behaviors.
Treatment Services Supervisor (TSS)	Supervisors who provide administrative and clinical supervision of QMHP staff at facilities (part of Facility Services).
Sex Offense Treatment Continuum	Document which describes how OYA delivers SOT in the facilities with the purpose of improving public safety, by providing youth with opportunities to understand and be accountable for the impact of their behavior and build skills to develop healthy relationships, repair harm and become healthy, successful community members.

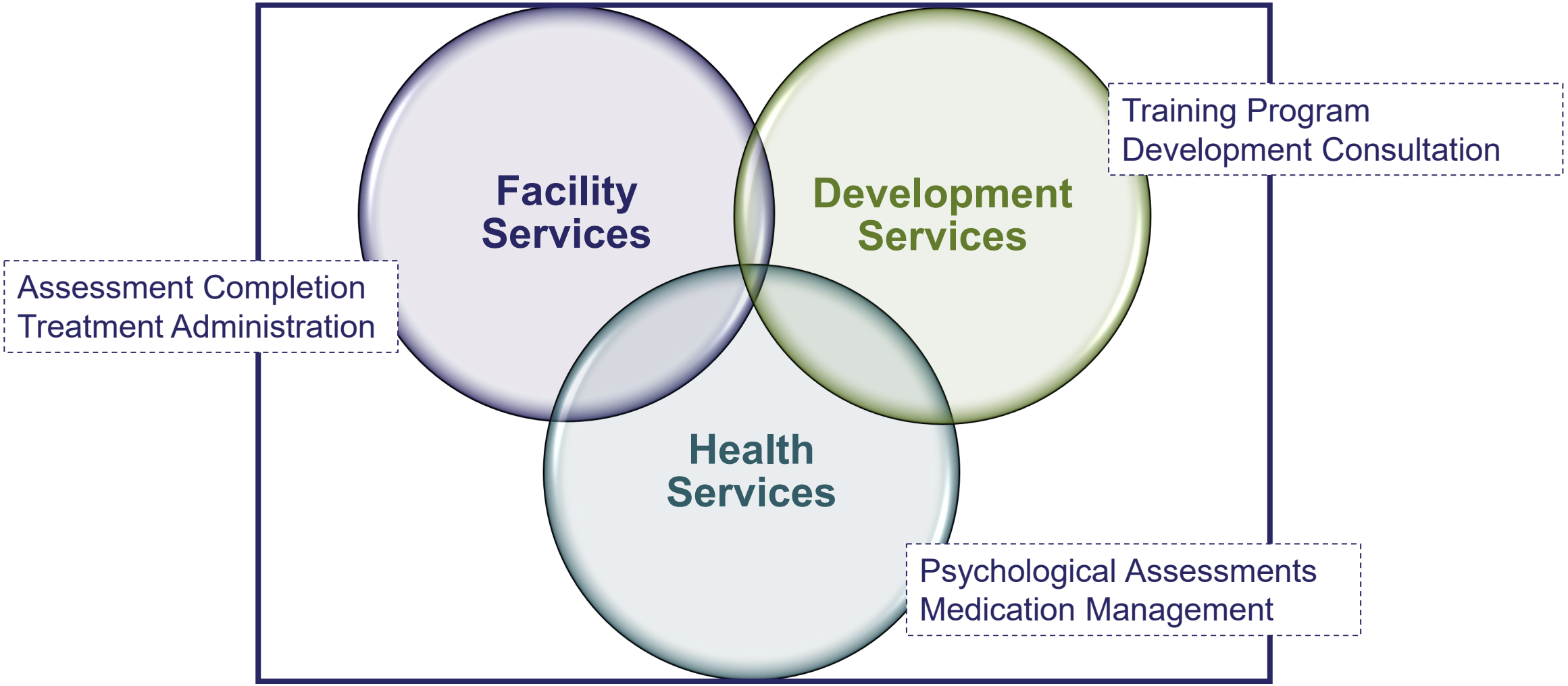
Behavioral Health Programming

Three primary areas are responsible for behavioral health programming within OYA.



Behavioral Health Programming

While all responsible for treatment, each area has different tasks.



What We Do

Behavioral health is defined as “the promotion of mental health, resilience, and well-being; the treatment of mental and substance use disorders; and the support of those who experience or are in recovery from these conditions, along with their families and communities. It encompasses a state of emotional, psychological, and social functioning, focusing on how behaviors and actions affect overall physical health and wellness.”

-*SAMHSA, adopted by OYA*

- Program development and fidelity monitoring
- Case consultation and technical assistance
- Training and clinical supervision
- Policy work
- BRS placement medical necessity review
- Contract administration
- Intra- and inter-agency collaboration
- Documentation review

Community and Facility Case Consultation and Technical Assistance

Escalation Prevention to OYA Close Custody

OYA / County Probation

- Diversion
- Advocacy
- Prevention

OYA Close Custody

- Coordinate Psychological Evaluations
- Attend MDTs
- Consultation with TSSs/JPPOs
- Complex Cases
- UA interpretation
- ASAM decisions

Transition to Community*

- Specialized Services
- Resources for Youth and Family

*Collaborative efforts with many staff from many OYA departments

OYA Treatment Services Inventory

Violent Offense

- **Power Source**
- **Power Source CORE**
- **Victim Awareness interactive journaling**
- Victim Engagement Program Support
- Individual Treatment Services
- Power Source Peer Leader Program

Sex Offense Treatment

- Stages of Accomplishment
- **PROFESOR and Individual treatment**
- **Pathways**
- Becoming Who I Want to Be
- Sex Addicts Anonymous (TYCF)

Substance Use Treatment

- **A New Direction**
- **Anger Management for SUD & MH**
- **Gender-specific programming**
- Individual Treatment Services
- Certified Recovery Mentor education
- Peer-delivered Services

Skill-Based

- Safe Community Skill Development (FP5)
- Youth & Family Transition Guides
- Orientation Guide
- **Skillstreaming the Adolescent**

Mental Health

- **Seeking Safety**
- **Coping with Stress**
- **Coping with Depression**
- **Dialectical Behavior Therapy (DBT)**

Additional

- Vocational Training
- Educational Assistance
- Specialized reintegration programming
- **Restorative Justice Programs**
- Trauma-informed care approach
- H.E.A.T.
- **Individual therapy (CBT, DBT, MI)**
- Multidisciplinary treatment approach
- **Psychological and Psychosexual Evaluations**

Transition

- **Juvenile Drug Treatment Court**
- Transition JPPO services

** Programs in **bold** font meet Oregon 'Evidence-Based Program' standards.*

Youth in OYA's Care Are Never "Treatment Complete"

There is an important difference between completing a program or curriculum and being engaged in ongoing treatment.

Program Complete

Youth has finished a specific program or curriculum.

Defined Curriculum

Youth completes all required sessions, activities, and assessments.

Measurable Milestone

Completion is based on clear criteria and is documented in JJIS.

Time-Limited

Program has a defined beginning and end.

Examples

Power Source, Joven Noble, CORE, FP5, A New Direction, vocational training, etc.

Engaged in Treatment

A long-term process, not a final endpoint.

Ongoing Process

Behavioral health, substance use, and mental health needs may be chronic and can change over time.

Focus on Growth, Not Finality

Youth continue to develop skills, build insight, and apply what they've learned in new situations.

Multiple Touchpoints

We continually assess needs and connect youth to services across settings (YCF, camp, residential, and community).

Individualized and Ongoing

Services adjust to each youth's evolving needs and continue as part of a lifelong process of skill-building and support.

Youth may complete one or more programs, but "treatment complete" isn't a thing.

Training and Clinical Supervision

Behavioral Health Coordinator

- Group facilitation
- Trauma-informed care
- Suicide prevention in facilities
- Co-facilitator of Power Source consultation group
- Field in-service training
- Arranging training

Sex Offense Coordinator

- Biweekly individual & group supervision of SOT clinicians
  - Certification supervision
- Development and implementation of SO treatment services
- Providing ongoing training for SOT

Substance Use Coordinator

- Train four of six core courses for CADC
- A New Direction module training
- Clinical SUD Supervisor for Oak Creek, JWTP, Tillamook YCF
- Group supervision for all transition camps
- Substance Use Screen training supervision for other SUD Coordinators at facilities

Individual Clinical Supervision Tracking

SUD Supervision Document

Oregon Youth Authority Substance Use Treatment

Individual Clinical Supervision Form

Counselor & Credentials:	**Supervisor & Credentials:**
Date:	
Start Time: **End Time:**	**If there was no supervision this month, indicate why:**
TAP-21 Competencies being addressed:	☐ **Didn't schedule** ☐ **Staff Unavailable**
Description of Competency:	
Application of Competency:	

Topics discussed this month:	**Plans to address concerns or other notes:**

Additional thoughts from meeting or things to address prior to next meeting:

SOT Case Records Review Document

OYA Sex Offense Treatment
CLINICAL CASE RECORD REVIEW

Client name: Age:
Date of Review: Q(s):
Reviewer:

Rating Scale
0 - no information presented
1 - some information but does not meet program standards
2 - minimally meets program standards
3 - detailed, thorough, and clearly meets program standards
NA - not applicable

ASSESSMENT	
PROFESOR Assessments are completed on time.	
PROFESOR findings are clearly outlined and reflected in MSP and progress notes.	
Comments: •	
MASTER SERVICE PLAN	
Includes Offense Specific Domain	
Includes objectives and interventions that are individualized.	
Service plan clearly aligns with areas identified in the PROFESOR.	
Comments: •	

Group Fidelity Monitoring

Action Item 1.4

- Group Fidelity Monitoring
  - No current in-person fidelity monitoring for groups (in DS)
    - Power Source monitoring and tracking
  - Focus of current work with TSS
    - Overlapping duties and coordination
    - Depends on group type

- Individual fidelity monitoring within DS
  - Individual supervision, case staffing, documentation review

Next

Future planning

- EOYCF tool to capture fidelity

Power Source Facilitator Debrief

Date:	**Number of Youth present:**
Facilitator(s):	
Facility/Unit:	

Module:	
Total amount of time it took to complete the entire module:	
Meditation exercise used:	**Notes:**
Exercise Completed:	**Notes** *(what went well? What were challenges? What adjustments might you make in the future?):*
Exercise Completed:	**Notes** *(what went well? What were challenges? What adjustments might you make in the future?):*

Contract Administration



Contract Formats and Gaps

- Youth specific
- Residential treatment providing service
- No SUD contracts
- Over 18/young adult transition programs

Barriers

- Contract process
- Lack of ability to negotiate rates

Works in Progress

- Music/Art therapy
- Cultural and linguistic services
- SOT provider recruitment

IMPACT

Insight | Measurement | Performance | Accountability
Continuous Improvement | Transparency

Performance Metrics



Administrative and Clinical Supervision Structure

	ADMINISTRATIVE SUPERVISION	CLINICAL SUPERVISION	
GENERAL QMHP	TSS	TSS	
SOT QMHP	TSS	JOHN (SOT)	TSS GENERAL
SUD QMHP	TSS	MIKE'S TEAM SUD	TSS GENERAL
GLC SUD	FACILITY	MIKE'S TEAM SUD	

TSS = Treatment Services Supervisor | **SOT** = Sex Offense Treatment
SUD = Substance Use Disorder | **QMHP** = Qualified Mental Health Professional

Proposed Changes to Treatment Services
Action Item 1.0

- **Utilization of behavioral health team**
  - As needed → to quarterly meeting
  - New structure: Curriculum review, BH, SOT, SUD

- **Monthly meeting proposal:**
  - High level case consultation
  - Community feedback
  - Impacts to all staff/programming
  - Managerial updates

- Clinical check-in structure/collaboration

- Examine reporting structure carefully – differs by facility



PROFESOR Assessment Completion in OYA Close Custody Facilities was at 86% Compliance (10/1/2026)

The **Current Assessments** column presents data for August 2026.

The **Compliance** column captures the percentage of youth at that location that have a current PROFESOR according to policy for that month.

Data for September 2026

FACILITY	CURRENT ASSESSMENTS	COMPLIANCE	LAST MONTH (8/31/26)	COMPLIANCE
EOYCF	**2/3**	**66%**	**3/3**	**100%**
MYCF	**10/13**	**77%**	**12/14**	**85%**
** BOULDER	1/1	100%	2/2	100%
** HAYSTACK	0/0	0%	0/1	0%
** OAK	3/5	60%	4/4	100%
** PACIFIC	6/6	100%	6/6	100%
** SUMMIT	0/1	0%	0/1	0%
OC/JWTP	**1/2**	**50%**	**1/2**	**50%**
RVYCF	**8/9**	**89%**	**8/8**	**100%**
** ALPHA	3/3	100%	4/4	100%
** BRAVO	4/4	100%	3/3	100%
** CHARLIE	1/2	50%	1/1	100%
TYCF	**16/17**	**94%**	**16/18**	**89%**
** ORCA	6/6	100%	5/6	83%
** TRASK	10/11	90%	11/12	92%
CAMP FLORENCE	**1/2**	**50%**	**1/1**	**100%**
CAMP RIVERBEND	**1/1**	**100%**	**1/1**	**100%**
CAMP TILLAMOOK	**10/10**	**100%**	**10/11**	**91%**
OYA WORLD	**49/57**	**86%**	**52/58**	**90%**

** Living unit

-- Not applicable

90–100% 50–89% 0–49%

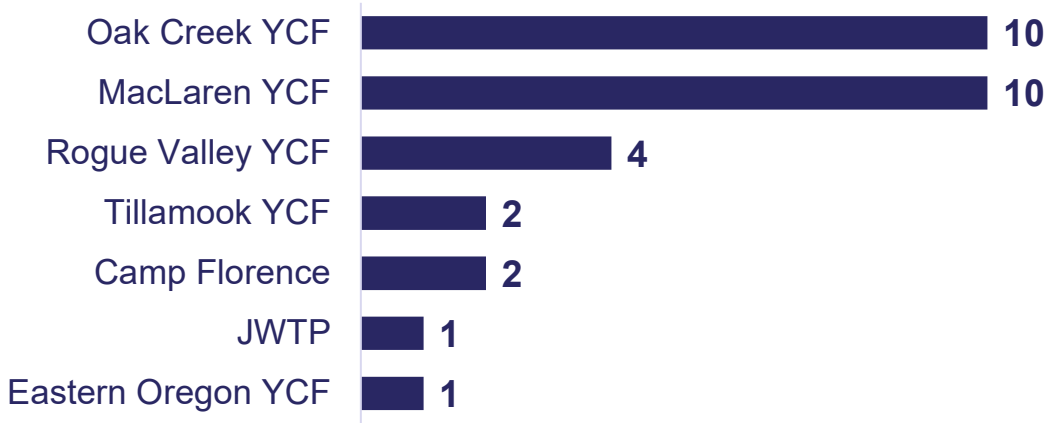
OYA Research & Data Analytics Team

318 OYA 4460 Substance Screen Reports Administered in September

Intake Screens

Total Screens	30
Unique Youth	30
# Completed	24
# Pending Lab Result	6

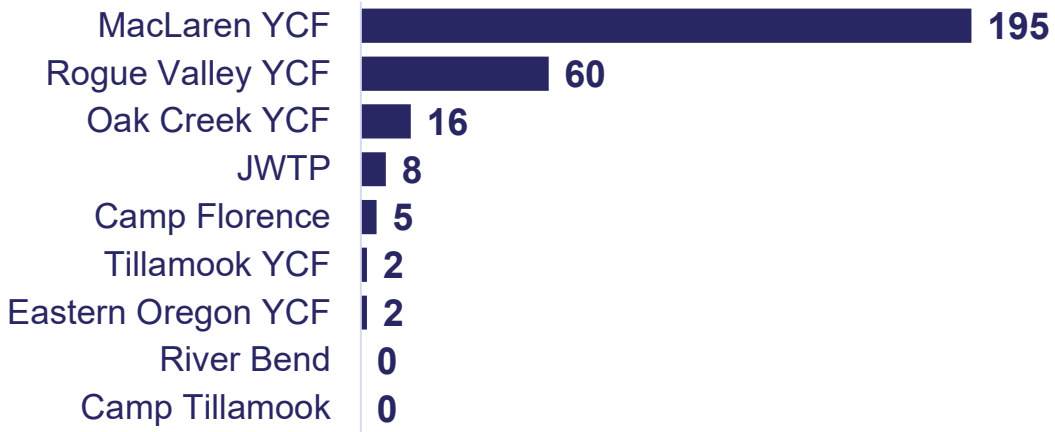
Total Intake Screens by Facility



All Reasons for Screen (except Intake)

Total Screens	288
Unique Youth	159
# Completed	247
# Pending Lab Result	41

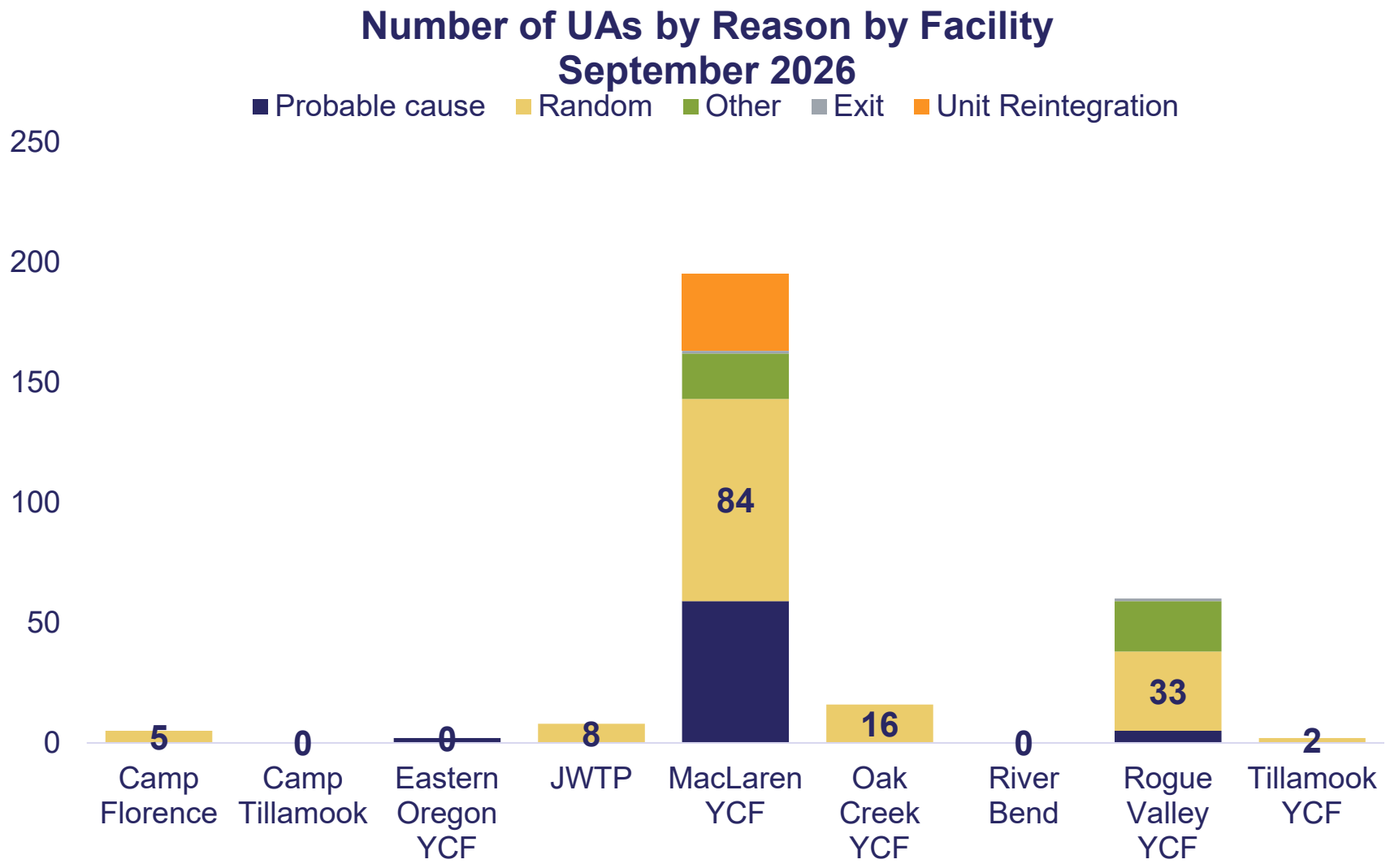
Total Screens by Facility (except Intake)



"Completed" means that the lab has returned the results and staff has locked the screener.

Each Facility Has A Local Operating Protocol For "Random" Urine Analysis (UA)

- Random UA requirement
  - Specifications vary by facility
- Youth randomly selected through random number generator
  - Roster
  - Count
  - Selection

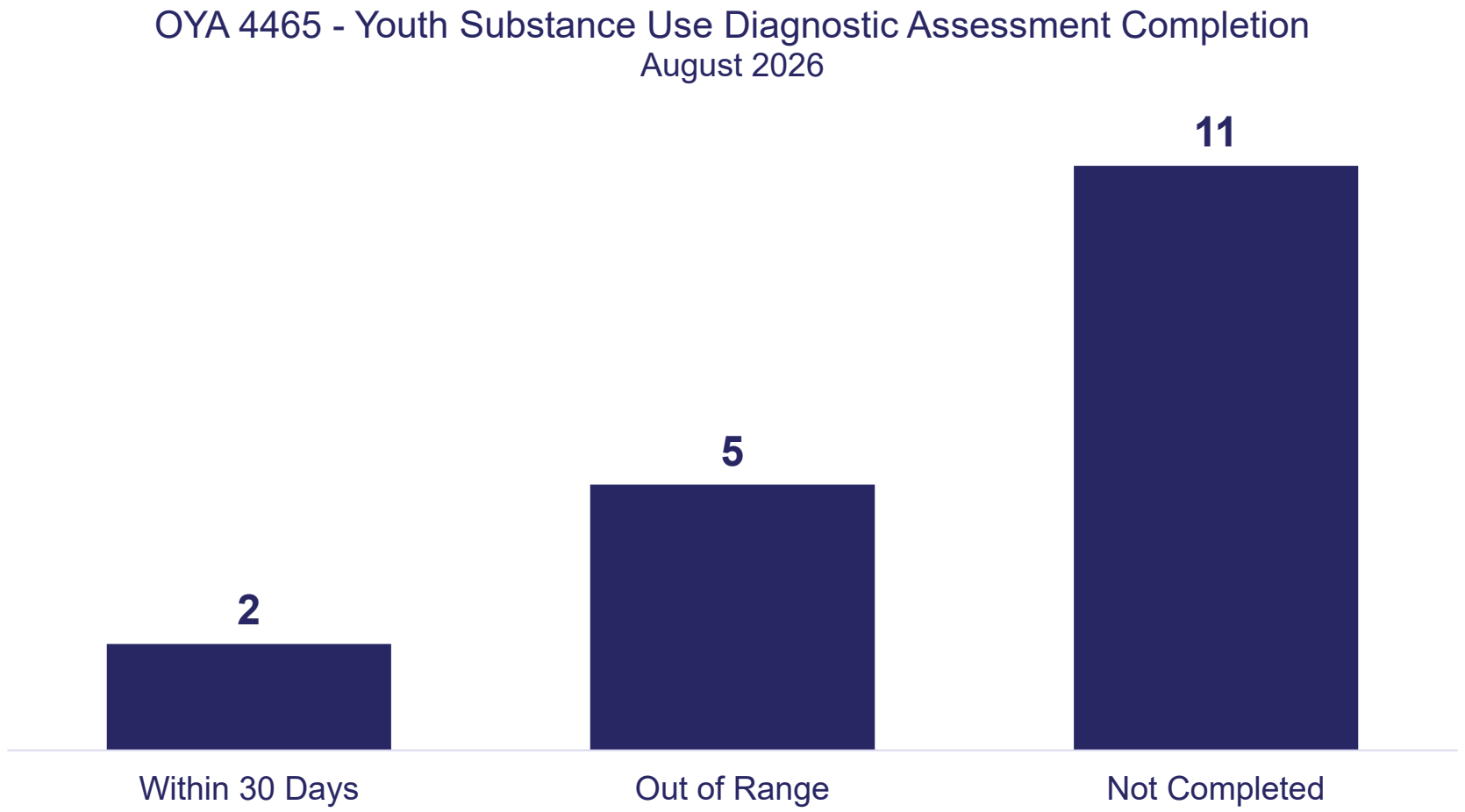


Data labels represent the number of **random** UAs as that is the only LOP requirement for facilities.

11% of OYA 4465 Assessments Completed within 30 Days of Youth's Facility Status Start

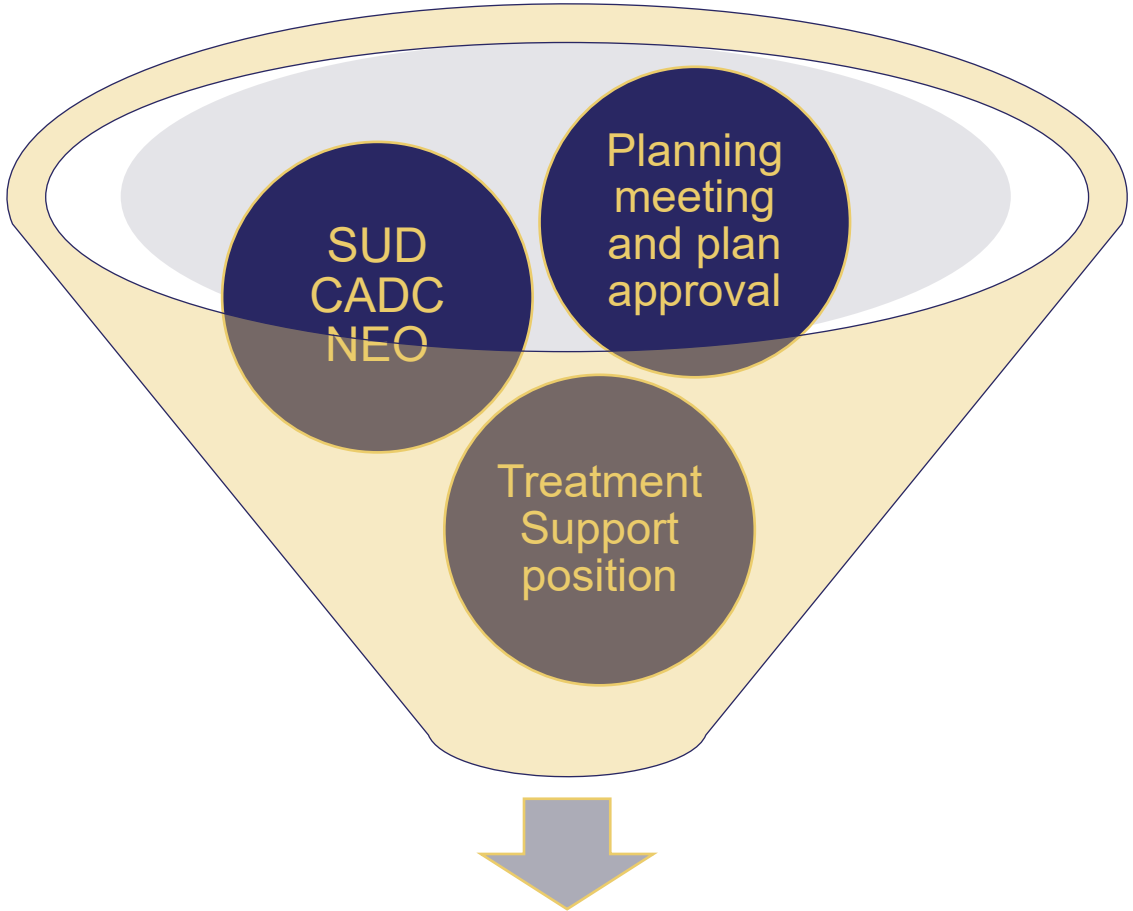
- To ensure there is an equal 30-day tracking period:
  - Status starts are two months before current month
  - Days between Status Start and Status End must also be greater than 30

A total of 18 youth had a facility status start in August 2026.



Proposed SUD Assessment 4465 Compliance Plan
Action item 1.11

- Compliance barriers
  - Timeliness (not required to be completed at MacLaren)
  - Staffing
- Ongoing efforts for improvement and timeline



Improved SUD Assessment Compliance

DS Treatment Services Projects

Curriculum

- EQ2 (pending)
- Power Source CORE
- Gender/Culture Responsive SUD
  - White Bison – Oak Creek
- Enhancements to SOT

Assessment Development

- ASAM Version 4 Compliance

Collaborative (TSS, DS, HS)

- Clinical supervision
- Documentation improvements
- Fidelity and in-person monitoring

Contracts

- Bilingual SOT provider
- Bilingual Polygrapher
- Gender diverse providers



Functional Family Therapy (FFT)
Multisystemic Therapy (MST)

Closing Updates

High-Priority Work

Is there any high-priority work happening in your department that we don't see reflected in some way in these slides?

Employee Engagement

Updates on employee engagement efforts and areas of focus.

IMPACT

Insight | Measurement | Performance | Accountability
Continuous Improvement | Transparency

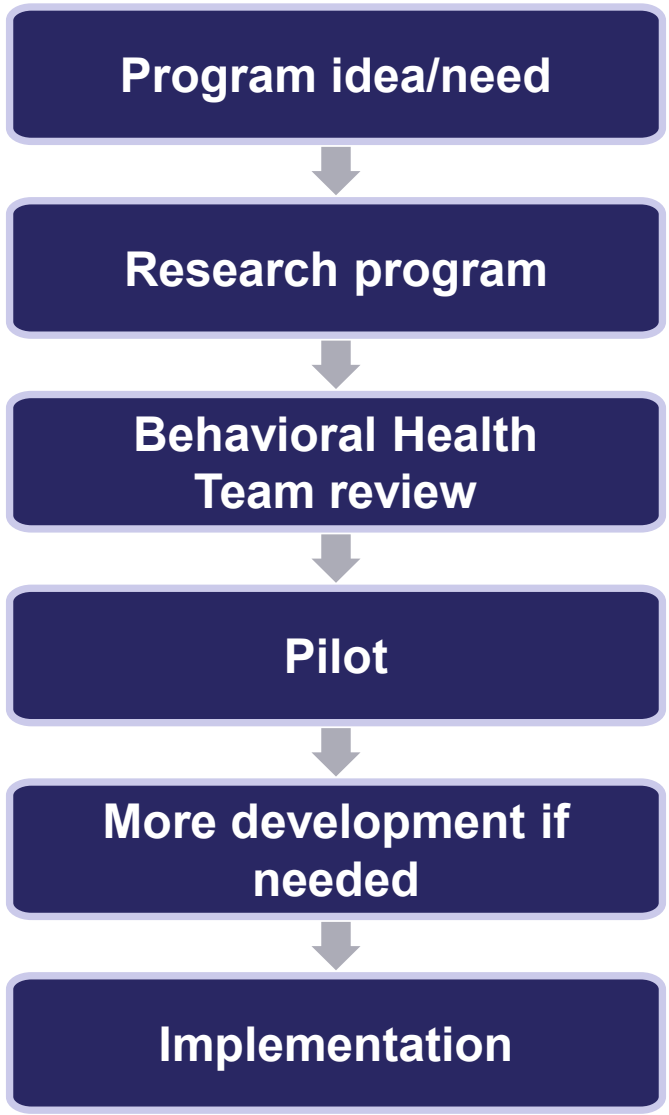
v20260107

Help us improve

To share your insights, ask questions, or provide feedback, scan the QR code or enter this link into your browser:
bit.ly/oyaimpactsurvey

Supplemental Slides

Program/Curriculum Development Process



Internal and External Policy Work

Behavioral Health Coordinator

- I/DD Non-Discrimination Rule Changing Work Group
- Fitness to Proceed Work Group
- Treatment Court Advisory Committee
- III-D-3.4 Suicide Prevention in Community Placements
- Policy work related to commercially and sexually exploited children and training with Department of Justice

Sex Offense Coordinator

- I-A-12.0: Assessment & Treatment Eligibility for Youth Who Have Committed Sexual Offenses
- II-E-5.0: Youth Assessment for Sex Offense Risk & Protective Factors
- II-E-2.2: Polygraph Use with Youth Who Have Committed Sexual Offenses

Substance Use Coordinator

- II-D-2.1: Youth Substance Use Screening in OYA Facilities
- II-E-6.0: Substance Use Assessment and Treatment in OYA Facilities
- III-C-3.1: Substance Use Disorder Screening, Assessment, and Treatment in Community Settings
- III-D-3.3: Substance Use Screening Youth - Community

Contracts and Authorizations

Behavior Rehabilitation Services Authorization



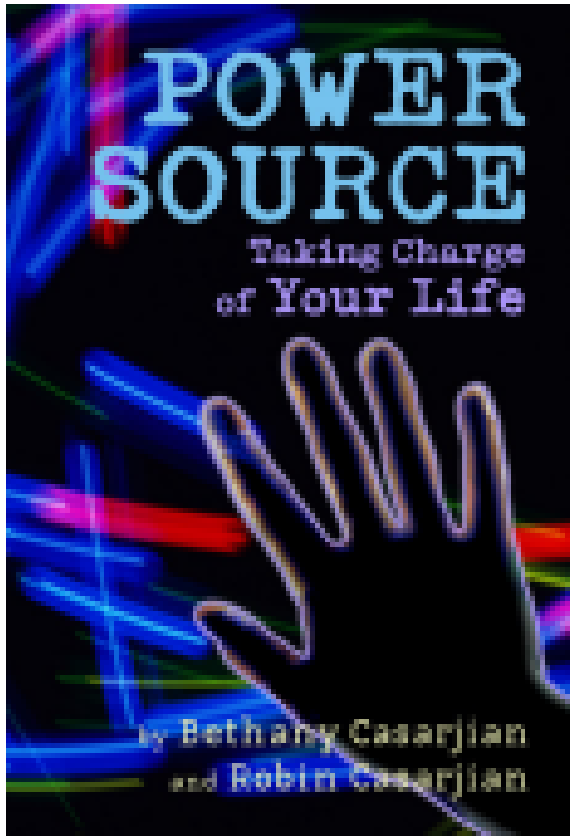
- Requires Licensed Practitioner of Healing Arts
- Reviews packets completed by JPPOs for medical necessity
- Coordinates with Oregon Health Authority
- Requires frequent review and renewal
  - ~10-13 hours per week

Contract Administration

- Seek out and respond to potential contractors
  - Assess for culturally and linguistically specific services
- Networking and relationship building
- Service coordination for field and facility
- Fidelity monitoring



Readiness Criteria for Power Source



The MDT will determine readiness based on the following:

- Demonstrated skill and willingness to be an active participant in assigned groups.
- Able to articulate thoughts and feelings.
- Can participate in group conversations (takes turns, offers feedback, receives feedback).
- Manage frustration/anger with minimal coaching from staff.
- Concurrently engaging in other recommended treatment, if applicable.
- Youth is not experiencing acute mental health symptoms that would impact their ability to benefit from group.
- Cognitive or learning disabilities have been addressed proactively and necessary accommodations are planned.