



Yamhill County Department of Community Justice

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**Yamhill County Department of Community Justice (YCDCJ)
DOC M57 2023-25 Supplemental Funds for Drug Addicted Persons Application**

APPLICATION COVER PAGE

Appendix A

COUNTY NAME: Yamhill County

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Participant population to be served:

All medium/high risk Adults on Supervision (AOS) currently serving Measure 57 property offenses that have a substance abuse addiction. Yamhill County Department of Community Justice (YCDCJ) has a dedicated M57 caseload Parole and Probation Officer (PPO) although a portion of the M57 population is enrolled in specialty courts and are then supervised by the specialty court PPO (i.e., Adult Recovery Court and Court Coordinated Services (Behavioral Health Court)).

Number of individuals who will participate in the program:

At any given time (program capacity): 50

Number of participants per year: 80

Accepted by Yamhill County
Board of Commissioners on
10-26-23 by Board Order
B.O. 23-403

III. Application Content

A. Description of Services

Describe the intervention your county proposes to provide by answering the following questions. Be sure to integrate into your responses how the standards for intervention described in Section II will be addressed.

1. Describe your intervention approach. How will you use supervision, treatment, interventions, and sanctions to reduce drug abuse and criminal behavior?

Yamhill County Department of Community Justice (YCDCJ) understands the importance of swift and certain consequences, as well as regularly assessing offender needs to make effective interventions. This is especially true when addressing a difficult and high-risk Adults on Supervision (AOS) population. In addition, YCDCJ recognizes that without community-based treatment services offered and the appropriate level of supervision, we cannot effectively achieve our mission to uphold community safety and promote prosocial behavior change. Therefore, the following proposal for supervision, treatment, and immediate sanctions outlines a collaborative approach to target motivation, and other responsivity issues, as necessary to produce successful outcomes.

YCDCJ will work in partnership with the Yamhill County Sheriff's Office (YCSO) and the Yamhill County Health and Human Services (HHS) to provide:

Intensive supervision with cognitive and motivational interventions for approximate 50 medium/high risk AOS (all measure 57 offenses, including felony predicate offenses). (If, and when, we reach capacity, all individuals will be prioritized by highest risk to re-offend.)

- Levels of Service Case Management Inventory (LS/CMI) for our male population, Women's Risk Needs Assessment (WRNA) for our female population and case planning pre-release from jail in the form of a reach-in conducted by Parole and Probation Officer (PPO)
- Case plans that address criminogenic needs, stage of change, short and long-term goals, responsivity issues, risk, and AOS strengths.
- University of Rhode Island Change Assessment (URICA) stage of change assessment is administered upon intake into community supervision.
- Texas Christian University (TCU) level of addiction severity screening tool will be used to identify alcohol and drug issues.
- Referrals by the PPO to specialized program options based upon risk assessment, criminogenic needs, stage of change assessment, and severity of the addiction.

Program options include motivation-to-change programs, Thinking 4 a Change for our male population, Moving On for our female populations, outpatient alcohol and drug treatment services, outpatient mental health services, and intensive supervision with interactive journaling through the Carey Guides and BITS. Journaling and homework will target the highest areas of criminogenic need as identified by the LS/CMI and WRNA. All sanctions will be imposed in accordance with Oregon state-structured sanctions grid. Quick and appropriate intermediate sanctions and interventions will be graduated and include program referral, additional journal/homework assignments, electronic monitoring, community service, work crew, curfew, and jail.

- Incentives will be clearly identified and used to reinforce desired prosocial behaviors. Research clearly indicates that incentives should be used at a ratio of 8:1 versus sanctions.
- Treatment groups will be organized by gender.
- Data will be collected via CIS and participants will sign a consent allowing data to be shared from PRISM and CPMS.

2. Describe the treatment program design, including expected duration and intensity.

- DCJ will be utilizing several treatment options depending on the AOS' criminogenic and clinical needs. When possible, all eligible AOS will be identified while still in custody to allow for a reach-in. Ideally, both the supervising PPO and the alcohol and drug counselor will meet with the AOS prior to release. The purpose of this "re-entry" meeting will be to administer risk assessments, sign conditions, establish a case plan, and develop an appropriate referral for treatment. In addition, these meetings will serve as a platform to build motivation, engage with the AOS, develop rapport, and select mutual goals for supervision and treatment. In such case planning, we see this process as dynamic and beneficial when developed in partnership with the AOS, also including regular updates with sanction imposition as well as celebration of achievements. Jail services will also be offered if the AOS is serving a longer sentence. Jail services may include interactive journaling, motivational classes, and/or passes for community-based treatment at YCCD. If the AOS has identified mental health needs, a screening will be done by the jail diversion mental health social worker to assist appropriate service referral. Any eligible AOS with high mental health treatment needs will be able to continue with outpatient psychiatric services at the same time they received alcohol and drug and motivational services. In summary, the overall spectrum of services will include:

- Reach-in services to determine AOS needs prior to release from either jail and prison.
- URICA motivational assessment to determine stage of change and, if indicated, further ASAM evaluation to determine level of care needed
- Emphasis will be on smooth transitions from jail and prison to the community and between program areas, including a re-entry planning to be completed by the AOS with guidance from YCDCJ staff.
- Jail-based services, such as motivational classes, may be offered to increase level of motivation.
- Re-entry planning will include structure, support persons, resources, housing, employment, and treatment activities including relapse prevention strategies.
- Referral to treatment services is based upon stage of change and ASAM PPC 2 placement criteria may include:
 - *Yamhill County Chemical Dependency:*
 - Level outpatient services
 - Level II intensive outpatient services
 - Level III or above residential or medical detoxification services
 - Advanced Motivation to Change Program
 - Drug Court Program Referral
 - The Day Management Center (DMC) motivational and cognitive behavioral programming
 - It should be noted that while there is a full spectrum of services available to each AOS based on risk, need and responsivity issues, YCDCJ will primarily fund the intensive supervision with these supplemental funds. AOS who enter Level I or Level I outpatient care and/or the Drug Court program will be funded through other existing resources.
 - Intake and orientation forms will be completed for all programs to include program description, criteria for successful completion, expectations, and rules for participation

Additional services provided by HHS will be targeted in dosage, duration, and intensity to address level of risk and clinical need. HHS is a state-licensed program and offers a spectrum of services, delivered by senior staff who specialize in treating criminal AOS. Services are available 6-days a week, from early in the morning to late in the evening and can be structured around the AOS' schedule in case they are employed during the day. Treatment groups are gender-specific. Bilingual and bicultural staff are available to serve Spanish-speaking populations. HHS also partners with Yamhill County Mental Health (YCMH) to address co-occurring disorders if clinically necessary.

The intensive outpatient program provides intensive outpatient services to a difficult client population. HHS is hopeful about this program's ability to positively impact the motivated chemically dependent medium or high-risk AOS. Program staff understand the importance of role playing with increased difficulty and targeting associates to change criminal behavior. Service delivery is grounded in cognitive behavioral interventions and social learning theory; staff routinely model respect, responsibility, and values-driven decision making when they interact with offenders.

The intensive outpatient program also uses a standard system for AOS incentives. Research has demonstrated that the effective use of client incentives can increase treatment engagement, retention, and drug-free results in abstinence monitoring during treatment. Further, duration of abstinence during treatment is a powerful predictor of abstinence one year after discharge from treatment. Substance Abuse and Mental-Health Services Administration (SAMHSA) guidelines allow use of AOS incentives to: (1) encourage program enrollment; (2) retain individuals in the program and encourage them to meet treatment benchmarks; and (3) encourage individuals to return for follow-up evaluation and data collection.

The Day Management Center (DMC):

The mission of the DMC is to target individuals who are high risk for re-offense as determined by the LS/CMI and WRNA risk assessment. In addition, it is understood that not all individuals with high need for substance abuse treatment are internally motivated at the time of referral. These services include the administration of the URICA. Phase I includes an initial motivational group. Phase II includes individual and group participation for 3-9 months in T4C for male AOS and Moving On for our AOS, depending on their criminogenic need. At the end of phase II, clients strengthen their commitment to change and prepare to transition to community-based recovery support systems. Upon successful completion, offenders are re-assessed with the URICA and LS/CMI. Our incentive program allows for the allotment of a variety of incentives throughout program participation. In addition, the DMC program is developing a system of graduated incentives to reinforce prosocial behavior. This is being done in concert with our chemical dependency staff to build upon the fishbowl model that is already being utilized at HHS.

Our DMC Programming targets motivation as a key determinant to achieving successful outcomes. Groups are short-term, open, and aimed at one primary population: our highest risk, pre-contemplative group of AOS who are routinely system involved, but in need of an effective alcohol and drug and cognitive intervention. Some of these individuals have sustained periods of abstinence and/or have even completed multiple treatment episodes and, while not formally entering treatment currently, they benefit from the increased structure, accountability, peer support, and strengthening motivation for change. All AOS also receive regular drug testing, also available on weekends in partnership with the Sheriff's Office at the Yamhill County Corrections Facility. DMC program

participants regularly role play new skills with increasing difficulty as they progress through the program.

All services described above are located at DMC. Some persons are involved with the structured job search component of the DMC including a University of Cincinnati Ready to Work curriculum, while others only attend the offered cognitive and motivational programs. DMC classes utilize EBP curricula such as TCI Getting Motivated to Change, Ann Fields' Curriculum Based Motivational Group, Change Directions (cognitive restructuring) and Moral Reconciliation Therapy (MRT). At any point in program participation, HHS staff may recommend that a client enter regular outpatient services at HHS if motivation is high and treatment needs will be better addressed through one of the traditional service sites.

Once a AOS completes a motivational group session the primary counselor makes a determination as to the number of groups needed per week and designs a "change plan" with input from the AOS. The change plan targets key areas of criminogenic need and clearly identifies what classes and activities the AOS will complete in Phase II. Regular monthly case staffings are conducted between DMC staff and PPO of record to address AOS progress.

3. Describe any collaboration in your approach, including local criminal justice system and local services' providers.

Yamhill County is fortunate to have an excellent team of stakeholders who regularly collaborate on community justice issues. There are regular Local Public Coordinating Committee Meetings focused on solving operations issues, as well as designing policy.

These members currently include:

Ladd Wiles, Presiding Circuit Court Judge
Lindsey Manfrin, Health and Human Services Director
Jason Henness, Health and Human Services Deputy Director
Jessica Beach, YCDCJ Director
Lindsey Berschauer, Commissioner
Brad Berry, District Attorney
Tim Svenson, Sheriff
Cecelia Martinez, DA Victim Advocate and Business Manager

Overall, our project is built upon systems overlap and relies upon partnership. All AOS will be engaged in services and supervision with at least two agencies, at a minimum, as well as the court system, jail, and other alternative sanction options. The primary treatment provider with HHS and supervision team will consist of a PPO and a certified addictions counselor who will work together to balance offender change with accountability to ensure positive outcomes for our community. Mentoring services are also provided through partnership with Provoking Hope and HHS for those in need of additional support. Local sober housing is also available through Helping Hand and our local Oxford Houses.

4. What research or evidence is there that supports the approach? If the approach has been in operation for at least a year, what have been the outcomes of the approach? If the approach has been in operation for at least a year, how do participants rate on the community corrections performance measures (recidivism, successful completion of supervision, employment, benefit from treatment, payment of restitution and/or community service work)?

All the intervention strategies described in this narrative are evidence-based. DMC programs have been in place for many years but modified as newer curriculum and evidence-based practices have emerged such as T4C, Moving On and Ready to Work Programs. Outcome measures as gathered and via regular Department of Corrections Community Corrections Plans show our evidence-based programs and balanced use of sanctions, incentives and program referrals is producing behavior change. In addition, there are several other strategies used that are evidence based such as:

Interactive Journaling and homework assignments used with the AOS by the PPO, following curricula developed by Carey Group. This cognitive behavioral system allows the PPO to address the highest areas of criminogenic needs identified in the LS/CMI and WRNA. The same products are being use by in Oregon and many states nationally.

Motivational Interviewing (MI) skills in conjunction with the Stages of Change (SOC) model is employed. Both motivational interviewing and stages of change with motivational interviewing are found as best practices in the enhancing motivation for change in substance abuse and addiction. Role playing has also emerged as a interview technique to allow AOS the opportunity to practice new prosocial skills.

Incentives and sanctions have been demonstrated to be an integral element of community supervision. Research indicates that incentives are often more effective in supporting behavior change, but sanctions are frequently necessary to support the development of accountability of AOS and protect the community. Incentives and sanctions are individualized for each participant in this project and will be determined through case staffing with the clinician, case manager, and parole/probation officer as well as partnership with the AOS.

The Yamhill County Adult Drug Court (ARC) and Court Coordinating Services (CCS- Behavioral Health Court) will continue to play an important role in the continuum and continuity of care for program participants. Although ARC has been successful within the county for many years our Judges are very interested in expanding our activities to a more specialized "high" risk population, especially in light of our recent 2023-25 Criminal Justice Commission Specialty Court grant finds.

ATTACHMENT B
2023-2025 M57 Supplemental Funds
Intervention Program Budget Summary

Program Expenses (please be detailed)	2021-2023 M57 Supplemental Funds Carryover	2023-2025 M57 Supplemental Funds	Other State Funds	County/Local Funds	Total
<i>A. Supervision Related Personnel Costs</i> Salaries and wages (include position FTE and type) Payroll taxes and benefits		.92 FTE - Parole & Probation Officer \$251,063	.08 FTE - Parole & Probation Officer \$20,922		\$271,985
<i>B. Materials and Services (be detailed)</i>		Transitional Housing \$32,000			\$32,000
<i>C. Treatment Provider and/or Contracted Professional Services (be detailed)</i>					
<i>D. Sanction Costs (by type)</i>					
<i>E. Capital Outlay and StartUp Costs</i>					
<i>Total</i>		\$238,063	\$20,922		\$303,985



Yamhill County Local Public Safety Coordinating Council

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October 26, 2023

Acting Director
Oregon Department of Corrections (ODOC)
2575 Center Street NE
Salem, Oregon 97301-4667

Dear ODOC Director,

This letter is included with the 2023-2025 ODOC M57 application submitted by Yamhill County Department of Community Justice (YCDCJ). This year represents over 45 years of collaborative partnership with the State of Oregon in the administration of local community corrections since 1977. It should be noted that Yamhill County was the second county in Oregon to choose full participation in a then newly emerging design of county operated correctional programs.

The YCDCJ 2023-25 ODOC M57 application was presented to and approved by our Local Public Safety Coordinating Council on 10/17/23 for submission to ODOC with the final approval of the Yamhill County Board of Commissioners on 10/26/23.

YCDCJ continues to strive for implementation of the most evidence-based correctional practices as is mandated by law and associated with best supervision outcomes. YCDCJ staff continue to receive regular trainings regarding the most innovative and best practices. In partnership with local criminal justice stakeholders, Yamhill County is focusing on integrating evidence-based decision making throughout our local criminal justice system to reduce recidivism rates and the use of state prison beds. As a team, our current areas of focus continue to be sentencing reform, pretrial justice and gender specific services with consideration of input and improvement of service delivery to our local historically underserved communities.

I believe our long history of collaboration in a criminal justice system at the county level continues to promote partnership and system enhancements. When we work together, we find the most efficiency and success for community supervision, services, and sanctions. We offer our thanks for accepting and reviewing our ODOC M57 application for the 2023-2025 biennium.

Cordially,

Russell Mark
Juliette's House, President/CEO
LPSCC Chair