

MULTNOMAH COUNTY  
FY 2025 Budget Work Session Follow Up

**Department of Community Justice**

**April 30, 2024**

**Due May 8th**



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**Commissioner Stegmann (District 4)**

- 1. How was Supportive Housing Funds (SHS) funding allocated?**

**Response:** Will be addressed during the Joint Office Worksession

- 2. What are the reasons/guidelines for the proposed allocations?**

**Response:** Will be addressed during the Joint Office Worksession

- 3. How does the Stabilization and Readiness Program ([50041 - SARP](#)) connect to the work of the Homelessness Response Plan and the Supportive Housing Services Local Implementation Plan?**

**Response:**

The prioritization of housing, outreach, and health services for this population is aligned with Section 4.2 of the [Metro Supportive Housing Services Workplan](#).

SARP is aligned with the following strategies from the Homeless Response Action Plan:

- Goal 4: Establish rapid and long-term interventions aimed at preventing homelessness among specific populations: individuals exiting the criminal justice system
  - Strategy 2: Improve access to behavioral health treatment in corrections systems
  - Strategy 3: Improved navigation for those exiting corrections to gain housing

The individuals accessing SARP:

- On active supervision (probation or post-prison)
- Experiencing homelessness or housing instability
- Have significant diagnosed mental health needs

More specifics on how the program connects to specific strategies:

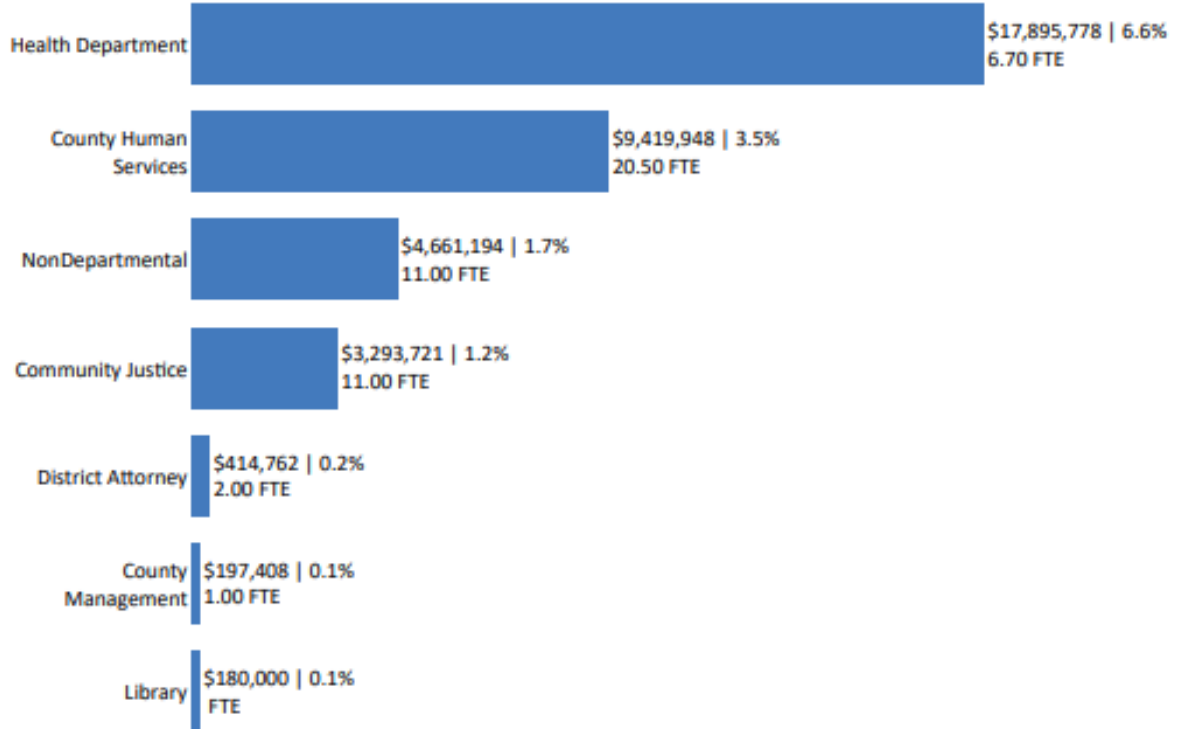
- Understand and resolve barriers to the current delivery system within correctional health services.
  - We are working with OHSU nursing students and Corrections Health and CHAT to increase pathways for individuals to be connected to medical treatment (both preventative and for existing needs)
- Leverage tele-psychiatry services to improve psychiatric care access and continuity.
  - We connect participants to existing mental health services and case management through on-site and tele-visits. Our contracted mental health services also meet with participants on-site and work with individuals to engage them in treatment.

- Develop policy framework and program to ensure discharge medication continuity with longitudinal followup.
  - Case management through SARP and MHU regularly coordinates with both DOC and jail release for medication continuity and connection to on-going psychiatric care.
- Place 500 individuals currently in shelter or transitional housing in a WIB employment program per year.
  - SARP and MHU work with individuals who can work to enroll in employment readiness services.
- Develop a plan to increase and retain employees currently working in the system.
  - SARP has started an internship site for OHSU nursing students. We look to increase this capacity to students in psychology and social work to help build the clinical mental health workforce, particularly focusing on increasing the workforce interested in working with a forensic population.
  - DCJ has a volunteer and internship program that supports workforce development.
  - Stable funding for programming supports hiring and retention of employees.

**4. Will JOHS be cross referencing this funding when they do their budget presentation? If not, it would be great to see a slide that shows all of the SHS and/or JOHS funding that has been allocated to each division/department.**

**Response:** Will be addressed during the Joint Office Worksession and there is a summary view of the [SHS allocations by department](#) in the FY 2025 Budget Director's

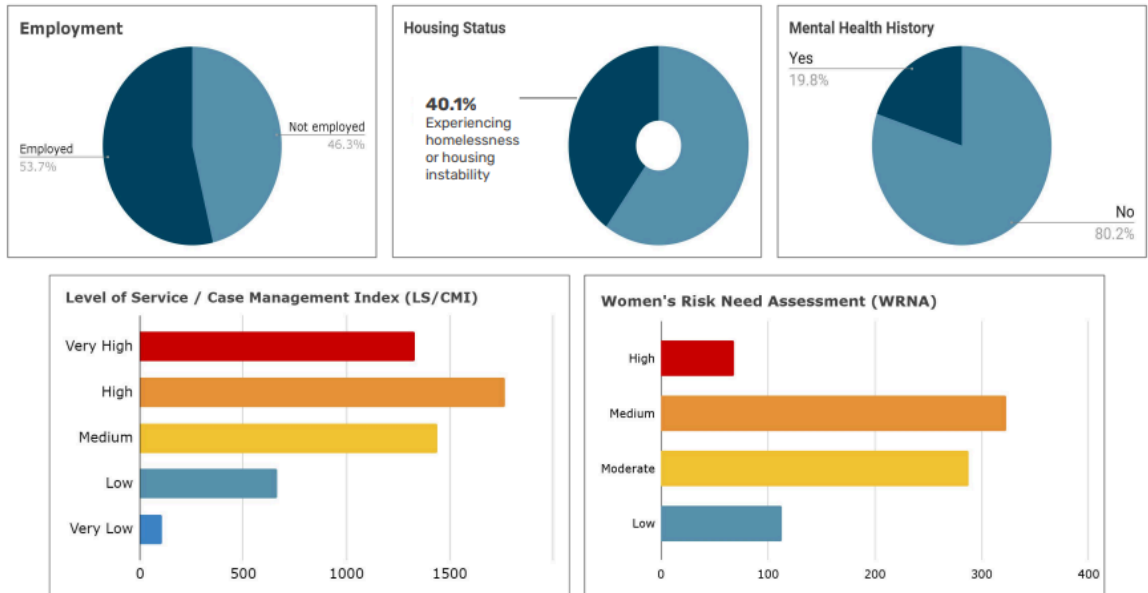
Message on page 38-39. The below chart shows the total SHS investments by Department for FY 2025.



**5. Slide #18 shows 46% of individuals not employed. What number/percentage of those are people with disabilities and/or beyond working age?**

**Response:** Employment data comes from the States DOC 400 system which only captures the percentage of employment. It does not indicate what the reason for the unemployment is although there has been some suggestions to enter a unique percentage number that would indicate disability or retirement. However, this practice is not practical nor reliable statewide. We will look into our intake process paperwork to see if this information can be better captured there.

# Adult Services Division: Population



**6. Slide #21 - What is the difference between the African American Program and the 9 month HEAT program? Are they connected?**

## Adult Services: Significant Program Changes

### Culturally Responsive Supervision (50013)

- African American Program
- Latino Program
- HEAT Stipends (50032)

### Stabilization and Readiness (50041)

- \$1,524,834 Supportive Housing Services Fund
- 8.00 FTE

### DCJ SB 1145 Backfill (50046)

- \$974,605 County General Fund
- 4.47 FTE

### General Fund Reductions

- (\$1,262,660)
- (4.00) FTE



**Response:** The African American **Program** (AAP) is a specialty unit. It now lives in the Culturally Responsive Supervision (50013) program with a newly created Latino specialty unit.

Commons: [Showcasing Success of DCJ's African American Program](#)

[Habilitation, Empowerment, Accountability Therapy \(HEAT\)](#) is a culturally specific, cognitive behavioral **curriculum** that we hope to have all new AAP probations and prison releases participate in. HEAT is also offered to clients in the Gang Unit, and youth in Juvenile Detention.

**7. Slide #26 - How do the funding allocations for the Homelessness Response Action Plan feed up to the larger Plan to create holistic outcomes (maybe better question for JOHS?) Seems like many of the program offers already exist. Why aren't we creating new programs to align more specifically with the HRAP?**

Homelessness Response Action Plan

**Goal 1: Establish system-wide housing navigation, care coordination, and crisis intervention capability**

**Goal 4: Establish rapid and long-term interventions among individuals exiting the criminal justice system**

**Goal 7: Improve data collection and analytics across the system to measure progress and enhance use of physical and financial resources.**

Programming

- Assessment and Referral Center (50021 & 50034)
  - Transition Services Unit
  - Health Assessment and Treatment
- Adult Mental Health Unit (50024)
- Diane Wade Program (50028)
- Flip the Script (50035)
- Stabilization and Readiness Program (50041)
- Juvenile Restorative Practices Team (50066)

Administration

- Policy and communication (50000)
- Contract compliance (50001)
- Data analysis and reporting (50002 & 50004)
- Adult Records and Admin Services (50017)
- Juvenile Records and Admin Services (50051)



**Response:** Will be addressed during the Joint Office Worksession

These are the DCJ work units that we believe will experience the most workload impacts and / or contribute directly to the plan.

**8. Please provide an update on the Diane Wade program (50028).**

**Response:** After a lengthy RFP and contract negotiation process the Diane Wade Program re-opened on 10/17/23. The program currently has 8 residents. As a comparison, the final year of Diane Wade with our prior model and provider hovered around 2 or 1 residents. The residence can accommodate up to 12 participants. Since opening, there have been 22 women referred to the program and a total of 18 placed. Nearly one third of the referrals resulted in successful completion of the program.

**9. Discuss early intervention/violence prevention programming and the impact that pro-social activities have for youth and how we can embed that in our youth violence prevention efforts, i.e. PlayEast!.**

**Response:**

PlayEast funding was one-time-only for FY 2024. Funding ends on June 30, 2024. Per criteria Play East reports receiving:

- 30 referrals from DCJ
- 30 From Sun Schools

Approximately half of the referrals have followed through with registration for Spring and Summer programming. There are 23 unique participants who have enrolled in our programs.

Notably, some individuals have registered for multiple classes or camps, resulting in a total of 31 registrations. Among these registrations, the distribution between DCJ and SUN participants are approximately equal.

It's worth noting that the majority of our registered participants are currently engaged in our ongoing spring



program. The remaining participants have enrolled for our upcoming summer camps, with the first session scheduled to commence during the last week of June.

Referrals to PlayEast currently go through the Adult Women and Family Services Unit to support children of individuals on supervision. Program expansion could include youth on supervision and children of DCJ's Victim and Survivor Services clients.

The Juvenile Services Division is collaborating with the City of Portland and the City of Gresham on a coordinated response/resource plan to address youth violence in the community. Raffaele Timarchi has supported efforts with the coordinated effort.

Juvenile Services, WorkSystems, and POIC were selected as one of 9 sites across the country from the US Department of Labor to create employment opportunities specific for justice impacted youth. We co-created the Youth Systems Building Academy to fund and create employment opportunities for youth in Multnomah County.

DCJ partners with Ceasefire Portland to address gun violence. Additional pro-social activities that we have are restorative initiatives such as mural projects, circles, Hands of Wonder Garden, Culinary Arts, Wrap Around Care, and referrals to community providers for FUSE, CHI, and Mentorship.

We are in the early stages of partnering with Oregon Department of Human Services on a project to bring college courses to youth in our detention center in addition to Career

and Technical Education opportunities through Multnomah Education Service District.

**10. Discuss the reasons why Clackamas County terminated their 8 detention beds contract with us. What impact will that have on us long term, what if we lose the Washington County contract? What is our current bed rate and do we have the ability to adjust?**

**Response:** Clackamas County terminated their eight bed detention contract due to fiscal reasons.

The bed rates were negotiated by Clackamas and Washington County last fiscal year. The contracts had not been negotiated in over five years prior to the re-negotiation despite the increasing costs for nutrition services, medical services, and other supplies.

The budgetary impact for 9 months of lost revenue is approximately \$1.1 million. While we are still evaluating the overall impact of this change, we understand that we need to prepare for the impending change.

Detention services will continue for Washington County (11 beds) and Multnomah County (29 beds) for a total of 40 budgeted beds. The significant reduction will require staffing realignment, the closure of a Detention living unit, and the restructuring of the Assessment & Evaluation Residential Program. Detention and Assessment & Evaluation share resources, therefore the budget reduction impacts both programs.

The closure of programs initiates a rebidding of schedules for all Juvenile Custody Support Specialist (JCSS) positions. Restructuring and bidding the new staff schedules is a collaborative Labor/Management process.

Detention will close a male living unit, leaving two male units (32 beds) and a female living unit (8 beds). This will eliminate 7.00 vacant JCSS positions. A&E will combine units and manage as one coed living unit. This will eliminate 2 vacant JCSS positions.

Other vacant positions in JSD may be considered as we move through the process of evaluating the needs and resources.

The reductions target vacant positions in order to lessen the impact on staff and avoid layoffs. The loss of 9.00 JCSS positions is an estimated cost savings of \$1,179,000.

FY 2024 bed rate for both counties is \$477.01.

FY 2025 bed rate for both counties is \$543.79.

Washington County has not indicated they will terminate their contract, however, we are planning for all scenarios. If we were to lose the Washington County Contract, we will need to ensure funding can support Multnomah County youth in detention which is currently occurring. The Multnomah portion of the budget reflects our costs of operating detention facilities. The goal with the glide path was to ensure each county was supporting the costs of detention use within Donald E. Long.

Currently we do not have the ability to reduce bed rates as they are based on the costs of operations.

- Program #50063 - Juvenile Behavioral Rehabilitation (BRS) Assessment & Evaluation
- Program #50054B - Juvenile Detention Services - 16 Beds
- Program #50054A - Juvenile Detention Services - 32 Beds

**11. Is there a difference between deflection and diversion, if so, what is it?**

**Response:**

**Diversion** is a model to expunge or stall a defendant from continuing through the Court process, but is almost entirely operated from the Court. (DUII diversion is the most common example of this.)

**Deflection** tries to accomplish the same outcome but is done pre Judicial process (Jail Booking, arraignment, etc.) Deflection is initiated on scene by the responding officer, and if successful, the defendant will never begin the court process like arrest/jail booking/arraignment.

**12. Expand on the OSHA & Safety Project Manager role ([50000 DCJ Director's Office](#)) and outcomes. What specific issues will they be addressing?**

**Response:** This position ensures we are meeting OSHA regulations and requirements. This position is responsible for building and maintaining response plans, building, delivering, and tracking required training, which can vary by job as determined by OSHA, County or DCJ department policies (ex:

DCJ COOP, Heat illness prevention, workplace violence prevention, etc). This position works closely with County Risk Management.

In addition, this position also ensures that DCJ is in compliance with Criminal Justice Information System (CJIS) and Law Enforcement Database (LEDS) requirements, to include staff and contractors. CJIS certification is annual and LEDS is currently every two years.

### **Commissioner Beason (District 2)**

- 1. I saw in the budget it says that the county departments will begin receiving SHS funding directly instead of through the Joint Office. Is there a technical reason for that change? Is there a functional reason?**

**Response:** Will be addressed during the Joint Office Worksession

- 2. One of the goals you all lifted up is evidence based practices, and I'm wondering as we engage with community based partners in developing and implementing their programs, how are we supporting them to measure their efficacy and develop evidence of success over time? I think we have large longitudinal studies about all kinds of community based interventions and we have a big study that shows that there's a direct correlation between the number of nonprofits engaged in violence prevention and the actual reduction in violence. So we know structurally,**

**but I guess I'm wondering how we're supporting groups over time to develop that evidence case.**

**Response:**

We are developing dashboards that will show the number of referrals parole-probation officers make to community treatment/programming. From this, we hope to gather trends and data for explaining program success as well as how participation correlates to individual success (e.g. recidivism, pro-social engagement, housing, stability, etc.).

- 3. How do you take feedback from your clients about the services or resources they could have used to prevent them from getting too involved in the criminal justice system? What is that feedback loop that you've developed?**

**Response:**

DCJ has consulted several client feedback surveys, including in-person interviews, anonymous surveys, and focus groups in partnership with community partners.

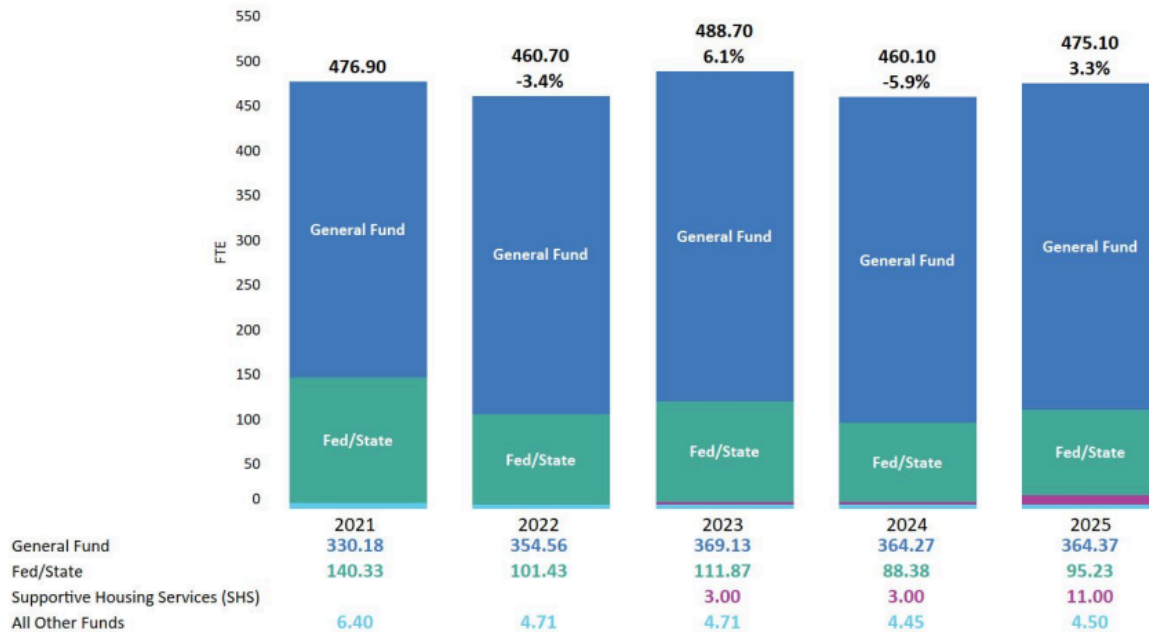
Beginning FY24, DCJ will conduct a biannual adult and biannual youth and family services client feedback survey to measure and document procedural fairness.

Additionally, DCJ is working to incorporate a visit feedback loop - quick questions, post-PO follow up - in both adult and juvenile. This will help evaluate the model of practice for JCCs and POs (that is, an increase in perception of procedural fairness increases likelihood to complete).

## Commissioner Brim-Edwards (District 3)

- Slide 13 FTE trend What's not happening because of the overall reduction in staffing?

### FTE - 5 Year Trend



\*18.00 FTE held in contingency in FY 2024

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### Response:

While we are seeing an increase from FY 2024 to FY 2025, DCJ has reduced by 47.95 FTE in the past 10 years.

FY 2015 - 523.05

FY 2020 - 496.57

FY 2025 - 475.10

Closed programming & significant reductions since FY 2020:

- Assessment & Treatment for Youth & Families
- Change Center - Education & Employment Services
- Day Reporting Center - Cognitive Behavioral Therapy
- Detention beds
- Digital Forensics Lab
- STOP Court
- Treatment First
- Vacating Multnomah Building - Director's Office
- Reduced administrative services:
  - Admin and clerical support
  - Business Services
  - Business Applications and Technology
  - Research and Planning
- Notable FTE reductions:
  - 4.00 Administrative Analysts
  - 5.00 Data Analyst/Senior
  - 7.00 Parole-Probation Officers
  - 5.00 Mental Health Consultants
  - 5.00 Records Technicians

Juvenile: We are required to do more with less. We are seeing youth with a lot of needs, including mental health dynamics that are different from pre-pandemic mental health issues impacting young adults under 18.

Furthermore, with the changes of SB 1008 and higher risk youth being supervised by Juvenile Probation in the community we need more resources, especially in house options. There is a lack of placements in the community and resources, so we are needing to find options for youth that sometimes don't exist.



Adult: Like Juvenile, we have to do more with less. Ideal case management is linked to the amount of time and energy we put into our cases, specifically if the case is HIGH risk. Fewer FTE translates to less time and effort into case management.

Beginning May 1, 2024 the State implemented increased contact standards, which requires a higher standard for adequate supervision services.

Regarding community programming, as budgets reduce, we need to balance reducing staff with reducing our services. Typically, we look for community providers who historically spend less than their allocated amount yearly, or we look at providers who can bill Medicaid for clinical services.

The problem with both of those options, is that the reduction the provider takes may be key in that organization's infrastructure stability, therefore they might not be able to continue the entire program as designed.

## **2. What projections are you making for HB 4002?**

**Response:** Prior to the passing of BM110, we supervised approximately 400 individuals at any given time who were solely on for the crime of Possession of Controlled Substance (PCS). We are preparing for a return to this level, while considering the following variables that were not present pre-BM110:

- The prevalence and persistence of Fentanyl addiction
- The statewide policy and funding to support a deflection model

We hope for successful deflection, and also want to be prepared. We have begun preparing for caseloads to support these populations to be ready by September 1.

**3. Juvenile detention population trend - Is the change because there are fewer individuals involved in the system or that detention is a sanction being used less often?**

**Response:** The decrease in the juvenile detention population could be due to a combination of factors, including law enforcement shortages, legislative changes, the increased use of alternative initiatives such as electronic and community monitoring, and efforts to reduce incarceration for youth. We have seen an increase in the number of youth firearm referrals, and youth who are both high risk and high need based on our screening assessment.

**Commissioner Meieran (District 1)**

**1. 2nd request for more info on SHS funds (see D4 request above) - while they have a lot of flexibility, also just using them to fund a program is not integration or coordination. Please provide an understanding of the technical details of this funding.**

**Response:** Will be addressed during the Joint Office Worksession

**2. 2nd request (see D4 request above) Stabilization and Readiness Program ([50041 - SARP](#)) to understand how the program links to the Homelessness Response Action Plan. This is an incredible program, how do we think about**

**potential reimbursement from medicaid? How are we connecting this to FUSE?**

**Response:** We are looking at how some services in this program could be reimbursed by Medicaid through our participation in the County's workgroup focused on the Medicaid Community Capacity Building Funds. So far, the work in SARP has not been directly connected to the work in FUSE though this is a good opportunity as FUSE capacity grows.

**3. What do we expect to happen in terms of outcomes, some of the changes you made (CHI-EI and detention)?**

**Response:** We intend to collaborate with community partners, impacted youth and families, juvenile partner agencies, and staff to evaluate the current model for early intervention.

We are hoping to utilize more in-house programming such as the Hands of Wonder Program and our Culinary Program for restorative practices to yield longer term outcomes.

**4. Slide 33 - revenue - looks like the price per bed is different for each county. Can you explain the difference and provide more detailed analysis of the costs?**

# Juvenile: Partner County Revenue Reduction

## Detention Services (50054 A/B)

County	FY 25 Proposed Budget Revenues	Beds As of Oct. 4, 2024	FY 25 Budget Estimated Actual Revenues*	Bed Change As of Oct. 5, 2024	Revenue Loss
<b>Clackamas County</b>	<b>\$1,587,867</b>	<b>8</b>	<b>\$396,967</b>	<b>(8)</b>	<b>(\$1,190,900)</b>
Multnomah County	\$6,583,827	29	\$6,583,827	29	0
Washington County	\$2,081,119	11	\$2,081,119	11	0
<b>Total</b>	<b>\$11,325,902</b>	<b>48</b>	<b>\$9,061,913</b>	<b>40</b>	<b>(\$1,190,900)</b>

\*Future Board action will be required to adjust revenue

**Response:** The cost per bed is \$477.01 per day for FY 2024 and \$543.79 per bed for FY 2025. The difference in the chart is the reduction of Corrections Health required revenue from the Washington County portion. Revenues within the DCJ budget from Washington County is the \$2,183,317 less the \$102,198 that is shown in the Health Department’s program offer #40049.

The increase in bed rates over the 3-year contract was developed in collaboration with the other two counties. After analysis of the true operations costs in 2022, this plan was implemented to catch up to the total costs per bed based on line item detail reviewed and agreed upon with both county partners.

**5. Please provide more details about the Diane Wade program (50028).**

**Response:**

See page 7 & 8 of this document.

**6. Priority has been addressing disproportionate representation of BIPOC communities in the justice system - we've been prioritizing it and directing our efforts to reducing disparity and yet I see them worsening in many situations - can you provide DCJ's data on perspective on the disparities?**

**Response:**

**Juvenile Services**

While Multnomah County has decreased its overall juvenile detention admissions over time, racial and ethnic disparities have increased. The majority of detention admissions were for Black youth (52%). An additional 20% of admissions were for Latine youth, followed by White youth (16%) and a small number of admissions were for Native (5%), Asian (2%), and Multicultural (2%) youth.

Black youth were significantly more likely than White youth to return to detention for a second stay during the study period. Latine youth returned to detention at approximately the same rate as White youth. We are partnering with Annie E. Casey and Georgetown to revitalize our model and we are advocating for changes from a policy standpoint for the ways that youth and families move through the system. This includes collaborating with ODHS and school districts to provide front-end support.

## **Adult Services**

We have prioritized growing and strengthening our programming and housing for BIPOC communities.

This is represented by HEAT expansion, Heat Cash Stipends, a Latino Caseload, and continuing to support the Diane Wade Program, which has increased the housing capacity for African American Females on Supervision.

We analyze dashboards for our sanction practices on individuals of color. The relative rate index when we started collecting data in 2019 showed a 1.3 RRI for Black/African American. The most recent data for the same group is 1.0. For Hispanic it is 0.9 today 0.5

## **7. How is DCJ leaning into the County's WESP plan and values?**

### **Response:**

DCJ's Equity Team is responsible for coordinating DCJ's planning, compliance, and implementation of WESP requirements. The team includes 1.00 Equity & Inclusion Manager and 1.00 WESP Project Manager.

The WESP Project Manager facilitates DCJ's WESP Advisory Group, a cross-section of staff that meets twice monthly. DCJ prioritizes inclusion utilizing this cross section of staff to hold accountable and advise to the initiatives of the WESP to ensure timely progress for equity work. They've already begun the planning process to implement WESP 2.0.

DCJ's longstanding Diversity & Equity Steering Committee promotes respect, access, and equity in our services and provides a venue for employees to influence DCJ policies, practices, and procedures in order to ensure they reflect respect and inclusion for both staff and clients.

DCJ's Equity & Inclusion Manager is a member of DCJ's Executive Team and participates in all phases of DCJ's budget development process.

[DCJ's Equity Team Homebase](#)

**8. Victims Services - how are you connecting with the City of Portland's Office of Violence Prevention?**

**Response:**

DCJ is actively engaged with the Office of Violence Prevention through shooting reviews and monthly program staff meetings.

Directors for both Adult and Juvenile Services meet monthly with the Office of Violence Prevention Director to coordinate services and support.

Victim and Survivor Services refers to OVP programs when appropriate.

**9. How does the [Adult Residential Treatment program \(50012\)](#) - fit into the substance use disorder continuum of care**

**Response:**

Many of the individuals receiving services through DCJ's Adult Services Division have significant substance use disorder

needs. In addition, many individuals also reside in environments lacking stability. Services provided through the Adult Residential Treatment program supplement services covered by insurance to allow programs to serve justice-involved individuals with high needs.

**10. Are the services provided by the [Adult Mental Health Unit \(50024\)](#) reimbursable by medicaid?**

**Response:**

Many of the services provided by the Mental Health Unit (i.e. case management, support for treatment, etc.) could be considered for reimbursement by Medicaid dollars. DCJ is participating in the County's focus on the Community Capacity Building Funding offered by Medicaid.

**11. In general, does DCJ receive any medicaid reimbursement? If not, have you reached out to the Health Department to explore the possibility?**

**Response:**

**Juvenile:**

The Assessment & Evaluation (50063) program does participate in a Behavior Rehabilitation Services (BRS) program.

**Adult:**

We currently do not receive reimbursement from Medicaid, but are exploring it as we are participating in the County's focus on Community Capacity Building Funding offered by Medicaid.



**12. A key metric for DCJ is Recidivism Rates: can you help us understand if the metric is based on a time frame post treatment or supervision of not being convicted of a felony - how is that measured? How long does it take to convict someone of a felony? What are baseline crime metrics? Can you speak specifically to the recidivism performance measure in the [Adult Residential Treatment program \(50012\)](#)?**

**Response:**

There are a couple ways we can look at recidivism. The most up to date metrics currently sit at the Criminal Justice Commission website and from there you can also compare our metrics with other counties.

Recidivism is measured in three areas:

1. Arrests for any crime.
2. Convictions for any crime.
3. Incarceration (usually meaning a revoked probation that results in a prison sentence).

You can look at either one year or three year rates.

Generally speaking, Multnomah County is lower than both the State average and lower than the Metro area counties.

We are developing dashboards that show the recidivism rates for each program offer that is assigned to a caseload.

**Criminal Justice Commission data:**

*Arrest 3-year 2020 first quarter cohort*

- State - 44.9%
- Metro - 43.7%
- MultCo - 36.4%

#### Arrest 1-year

- State 26.4%
- Metro 24.2%
- MultCo 20.0%

#### 1 year conviction

- State 14.9%
- Metro 12.5%
- MultCo 11.7%