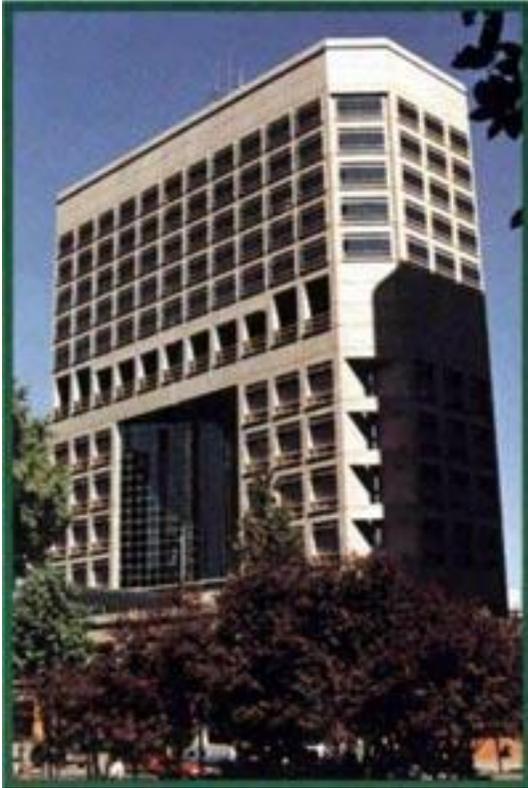


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Multnomah County Sheriff's Office



Programs Unit Report: Jail Re-Entry

Programs Unit Manager Byron Moore
Multnomah County Sheriff's Office
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MCSO Corrections Counselors: Introduction



Multnomah County Corrections Counselors within MCSO are assigned to the Programs Unit. **Corrections Counselors employed by the Sheriff's Office are in the identical job classification as those employed by the Department of Community Justice. Joint recruitment to fill vacancies in either agency has historically occurred and is the case at present.** A number of lateral transfers have occurred between the two agencies as well over the years.

Note: The connection between Corrections Counselors and the jail has existed in Multnomah County since the late 1960's. The functions they performed transferred from the city and state to the county in 1972, following the closure of the Portland City Jail. Corrections Counselors were initially assigned to the Multnomah County Correctional Institution (MCCI), then to Claire Argow Center and Rocky Butte Jail, and have been part of all county jail facilities since). (1)

Multnomah County job announcements for recruitment of Corrections Counselors, whether for MCSO or DCJ, include a general description of providing intensive case management and counseling to adult offenders. **Basic duties are indicated to include: 1:1 and group counseling, alcohol/drug evaluation, needs assessments, facilitating skill-building groups, and coordinating with other agencies and program providers involved in the offender's care.**

Corrections Counselors hired by either MCSO or DCJ must meet the same requirements (*Minimum of two years of counseling and case management experience, specific experience with the criminal justice system, and a Bachelor's degree with major course work in fields related to criminal justice or social work*). In many cases, these have been exceeded. **Of the MCSO Corrections Counselors on staff, 9 have Master's degrees in either counseling or social work, 1 has a Ph.D, and 13 hold certifications in alcohol/drug, crisis intervention, cognitive behavior, education, etc. On average, they have 5 years of community and 12 years of institutional experience in social service or criminal justice related fields.**

The number of MCSO Corrections Counselor positions has remained fairly unchanged over the past five years, primarily due to budget constraints. **Approximately 23 budgeted FTE positions continue to provide programs and services to the inmate population confined in MCSO jail facilities.**

(1) MCSO Programs Unit Crucial Functions, March 2003

MCSO Programs Unit: Mission, Primary Goals, Crucial Functions

The Mission Statement of the unit is “to provide services to the inmate population, which satisfy constitutional and statutory requirements and **to provide programs to assist inmates in their transition/integration back into the community and in becoming productive, law-abiding citizens.**

The Counseling Unit provides liaison services between offenders and justice system representatives, treatment providers and in-jail service providers. Counselors assist inmates with personal problems, **provide pre-release planning and community resource referral, conduct in-jail educational programs, and screen inmates for participation in-jail and community programs**”. (2)

In the March 2003 Programs Unit “Crucial Functions” publication, **Managing Inmate Behaviors, Ensuring Public Safety, and Reducing Recidivism** were identified as primary goals of the MCSO Programs Unit. The objectives and functions identified as relative to these goals included:

Inmate Management: Provide direct supervision within jail facilities to **maintain safety and security** and to ensure compliance of statutory mandates: *Assisting in determining appropriate housing and program placement; Addressing requests for assistance with questions, problems, and needs; Conducting individual and group counseling; Providing educational services; Providing legal access.*

Jail Population Management: Maximize efficient use of jail beds by **appropriately placing offenders in the community without compromising public safety**: *Assessing, Referring, and Placing inmates in internal and external programs; Tracking/Intervening in length of stay issues.*

Public Safety Management: Enhance public safety by **providing resources which ultimately decrease the offender’s frequency of bookings**: *Coordinating services with criminal justice and community partners; Participating in work groups and advisory councils; Promoting image of agency via public contacts.*

The above is a reiteration of longstanding principles and practices pertaining to documented Corrections Counselor roles and functions in Multnomah County jail facilities over the past twenty years. Further detail of these Corrections Counselor Re-Entry activities are provided in the following segments.

(2) FY 99-00 MCSO budget document pertaining to Corrections Programs Division

Reentry: Prison vs. Jail

While the Federal Second Chance Act was enacted in 2004 following its signing by President Bush, interest in jail reentry has just recently gained impetus nationally. Agencies such as the federal Bureau of Justice Assistance (BJA) turned its attention to the issue by spearheading the “[Jail Reentry and Roundtable Initiative](#)” in 2005, which provided a forum for academics and practitioners to begin to identify and implement what works in jail reentry. This effort culminated in the March 2008 publication by the Urban Institute, in conjunction with BJA and others, of the “[Life After Lockup](#)” book and its companion piece “[Toolkit for Reentry](#)”. Both of these publications have recently come to Multnomah County’s attention.

Formal reentry efforts have existed in a prison setting for some time. However, there are unique differences between prisons and jails. Unlike prisons, nationally, more than 80% of jail inmates are incarcerated for less than a month and many for only a few hours or days. **The brevity of the length of incarceration** constrains the ability to address the multitude of problems faced by these offenders. Another difference is **the vast number of admissions and releases**. U.S. jails process an estimated 12 million admissions and releases annually, which equates to as many offenders in a month as prisons in a year. (3) A third difference equates to **the size and therefore structure of prison systems compared to jail systems**. Typically county jails are one or several in the jurisdiction and as such provide all functions associated with reentry at each facility to a “mixed” population. The exception being when the jurisdiction is large enough to operate a separate vocational or work release program (*historically, the most common type of reentry program*), or is a major metropolitan area. In prison systems, it is quite common for there to be an “intake” facility to conduct assessment functions and make facility assignment decisions, specific facilities where programs or specific types of programs are offered, and a “transition” facility where prisoners complete their final months and efforts are dedicated to discharge planning.

How are these differences reflected in Multnomah County? **The overall length of stay in MCSO facilities historically has averaged approximately 18 days. Bookings last year totaled approximately 45,000.** Within MCSO, there has never been a dedicated area for intake/assessment (*outside of booking*). Program operations have historically been specific to the facility. With the exception of when the Restitution Center (MCRC), the Work Release Center (MWRC) and the In-Jail Intervention Program (IJIP) operated, there has been no dedicated transition area. (*However, with upcoming changes pertaining to the Classification Unit redesign and inmate housing designations, Assessment Modules and Re-Entry Modules may become a reality*).

(3) *Detention Reporter, June 2008*

Re-entry: Evidence Based & Best Practices – What Works

“The use of evidence-based practices in the criminal justice system has gained increased attention among practitioners seeking to reduce recidivism and enhance public safety through proven programs. Although there are gaps in knowledge there have been substantial strides in the development of an evidence base...” (4)

“Evidence Based Practices” use current scientific evidence to guide and inform efficient and effective correctional services. It has measurable, specific outcomes, rather than value-oriented standards.

Note: Research has shown there are attributes of offenders directly linked to criminal behavior, called criminogenic needs. Research identified the top six criminogenic needs as criminal peers, antisocial attitudes, substance abuse, low self-control, life skills (education/employment) and dysfunctional family relationships. Effective correctional intervention targets these needs in the development of a comprehensive case plan and matches the dynamic factors with appropriate services. Research has also shown that targeting offenders with a higher probability of recidivism is where agencies can most effectively utilize their resources. In fact, targeting lower risk offenders may actually increase recidivism among that group. Therefore proper assessment is the engine that drives effective correctional programs and reentry.

“Best Practices” are promising practices, generally agreed upon to be important and beneficial based on collective experience and wisdom of working in the field. Unlike EBP’s, these practices have not been empirically tested.

EBP’s resulted from research conducted on prison populations and data gathered from the meta-analysis of prisoner release and their performance on parole. As indicated above, there are gaps in knowledge and efforts are underway to develop EBP’s for jail settings. But presently, **there has been insufficient research conducted to validate EBP’s for jail populations. (5) This is not to say existing EBP’s should not be incorporated into reentry practices at the local jail level. However in doing so, we must use the lessons from the research and measure identified outcomes to ensure we are working towards the goal of reducing the likelihood of the offender to fail in the community upon release.**

MCSO Corrections Counselors have utilized Best Practices in their correctional interventions, including: Assessment of risk and criminogenic needs, providing institutional programming, conducting proactive release planning, making informed decisions pertaining to referral and placement into release programs or community programs.

(4) *“Life Afer Lockup, Urban Institute, May 2008, Page 37*

(5) *Strategy and Tactics for Successful Correctional Reform and Reentry, Joyfields Institute, April 2008*

Evidence-Based Principles for Effective (Correctional) Interventions

*

1. **Assess Actuarial Risk/Needs**

Further develop and maintain a complete system of ongoing offender risk and needs assessment, utilizing technology to incorporate information pertaining to these in an inmate management system.

2. **Enhance Intrinsic Motivation**

Utilize Motivational Interviewing Techniques in the assessment process and in daily interactions with the offenders (individually or groups).

3. **Target Interventions**

Risk Principle: Prioritize treatment resources for higher risk offenders

Need Principle: Target interventions to criminogenic needs

Responsivity Principle: Be responsive to temperament, learning style, motivation, culture , and gender when assigning programs

Dosage Principle: Structure 40-70% of high risk offenders' time for 3-9 months

Treatment Principle: Integrate treatment into the full sentence/sanction requirements.

4. **Provide Skills Training Using Cognitive Behavioral Treatment Methods**

Provide evidenced-based programming emphasizing cognitive-behavioral strategies, delivered by professional staff.

5. **Increase Positive Reinforcement**

Sustained behavioral change is better achieved when individuals receive a higher ration of positive to negative reinforcements (Modeling/4-1 Theory).

6. **Engage in On-going Support in Natural Communities**

Realign and engage pro-social supports for offenders in their communities.

7. **Measure Relevant Processes/Practices**

Create a formal and valid mechanism for measuring outcomes (accurate and detailed) as this is the foundation of Evidence Based Practices.

8. **Provide Measurement Feedback**

Once a method of measuring relevant process/practices is in place, this information must be used to monitor process and change.

Reentry: MCSO Programs Unit Enhanced Efforts

In the past several years, the MCSO Programs Unit has undergone a restructuring of its Reentry related activities. This was undertaken with the goal of centralizing services to increase efficiency in delivery and enhancing services, so a broader segment of the inmate population could access them and at an early period in their incarceration. The restructuring process was precipitated by the on-going limitations associated to limited human resources. *(As previously mentioned, there are 23 Corrections Counselor FTE's and 45,000 annual bookings).*

One of the components of the restructure was dedicating MCSO Corrections Counselor positions to the performance of reentry related activities on an almost exclusive level. This realignment of staff assignments resulted in the implementation of functional teams *(Assessment, General, and Transition Services)* and members of each team performed functions almost solely attributed to the respective team area. And **this change led to the creation of specific reentry related programming** (i.e. Transition Class). In addition, transition efforts were expanded in the areas of Chronic Homeless, Alcohol/Drug, and Mental Health, where specific employees have become responsible for coordinating and administering services pertaining to their respective area. To continue on with these efforts, in June 2007, with the start-up of the work release program *(Field Based)*, a Programs Manager position was rededicated to provide overall coordination of activities in the Programs Unit and to continue the process of redesign.

Another restructure component was **the Needs Assessment process**, with a goal of better linking identified needs to internal programming and transition planning. **A formal Risk Assessment tool was developed and implemented** to identify and validate community risk factors posed by offenders earmarked for program release. *(These changes resulted in MCDC inmates getting assessed and referred to internal and/or external programs prior to transfer to MCIJ).* The Assessment/Referral/Placement processes are expounded on later in this document. Other changes included:

- ✓ *Reach-in partnerships have been increased to enhance the provision of resource information, individually and in group format, thereby providing a seamless process for the offender.*
- ✓ *Groups offering transition related topics have been updated. Formal Transition Classes are being facilitated, providing a comprehensive package of information to the offender and increasing their ability to successfully link with the community providers upon their release.*
- ✓ *Enhanced coordination of information between community providers and MCSO has occurred, specifically in the area of provider lists and e-SWIS information. Staff participation in weekly community provider meetings to discuss transition plans and objectives is routine.*
- ✓ *Care Management Plans for the acute mentally ill are now prepared and discussed in Mental Health Interdisciplinary Teams, comprised of Security, Corrections Health, and Programs staff.*
- ✓ *Pre-release/discharge information has become formally documented and is being disseminated to the offender's probation/parole officer and/or community providers they are involved with.*

Program Assessment, Referral, and Placement Processes: General

MCSO Corrections Counselor reentry efforts are often associated to the offender's status, with those sentenced/sanctioned being the population focused on. This is primarily due to the ability to intervene in the timing of their release.

*Note: This will soon change resulting from the MCSO Classification Unit Redesign. **A component of this redesign is the creation of Assessment Modules**, whereby inmates moved to these modules after booking will be assessed for risk and needs and housing designation decisions will be based in part on moving the inmate to areas in MCSO facilities where programming occurs. The importance of these Assessment Modules cannot be overstated. **Such modules will allow for a centralization of assessment services, thereby delivering them to a broader target population and at an earlier point in their incarceration period than present, and a staging point for internal movement to programming areas.***

The initial process undertaken by the Corrections Counselor is fairly consistent. Following the offenders adjudication, an Assessment Services counselor reviews the sentence/sanction conditions pertaining to authorization for Alternative Incarceration. *(This authorization is necessary for inmate referral to work release and/or community based programs)*. If not authorized, the immediate focus is on internal programming, both work crew and groups offered to address identified needs. If authorized, more extensive assessment is conducted to identify priority needs. **The pathway to addressing these needs is somewhat different depending on the need(s) given priority to address. As often offenders have multiple priority needs, the program referral (and ultimately placement) is associated to the availability of resources and the desires of the Court or Probation/Parole Officer, if the inmate is on supervision.**

Reentry efforts specific to offenders with substance abuse, housing, and mental health needs are detailed in the following pages. Conversely, efforts pertaining to offenders having needs outside these specific pathways are detailed in the "In-Jail Programming" section specific to the Transition Class. *(This is because of the intertwining relationship between the assessment/referral processes and the class pertaining to some needs, particularly in the area of employment)*. Processes associated with education are also included in this later section.

Program Assessment, Referral, and Placement Processes: Alcohol & Drug

Termination of the federal monies funding the Target Cities Grant eliminated the MCSO In-Jail Intervention Program (IJIP), a jail based alcohol/drug pre-treatment program staffed by MCSO Corrections Counselors. *(Many of those cut, became DCJ counselors, finding their way to first Interchange, then later River Rock, or to other units such as the Day Reporting Center or Transition Services Unit).* The requirement for clinical assessments to be conducted in order to facilitate community treatment program placements from jail ended with the demise of Target Cities as well. However, this did not eliminate the need for appropriate assessment and a unified referral process. While not mandated, as previously indicated, many MCSO Corrections Counselors are certified. CADC is one of the types of certifications held.

As a result of a coordinated effort between community providers, DCJ, and MCSO, a new “triage process” was developed and implemented. The activities below are related to that process and are presented in a very simplified and abbreviated fashion.

Specific to cases in which the court disposition or sanction form authorizes early release to treatment, **the MCSO Corrections Counselor reviews past history to determine their relationship to alcohol/drug usage and the progression of their chemical dependency.** The offender’s willingness to go to treatment is ascertained, as well as other factors attributable to his/her substance abuse issues. Upon return of the assessment form, completion of the follow-up interview, and the Release of Information obtained, **coordination of referral and placement activities occurs between the MCSO Corrections Counselor, the Court or P.O. and the treatment providers, culminating in the placement of the inmates name on an internal treatment wait list pending program placement.** *(Historically, 40-50 offenders are on the referral wait list, with approximately half getting placed into treatment programs).* **The counselor, providing coordination activities, maintains frequent contact with the treatment agencies in order to ensure the best chance of inmates being placed into programs prior to their release.** While awaiting placement, the offenders are expected to participate in internal programming specific to substance abuse, such as Relapse Prevention, Treatment Readiness, and AA/NA.

Program Assessment, Referral, and Placement Processes: Housing

Reentry activities pertaining to housing do not depend on the offender being sentenced to access services. Given the sparse resources dedicated to housing, transition efforts are mostly dedicated to the chronic homeless. Limited resources and a resulting length of time to achieve placement (*19-23 days from referral, pertaining to the 10 Year Ending Homelessness grant*), a timely identification and processing of the inmate is essential. To address this issue, **a system of daily cross referencing of individuals booked (*frequently*) with those on the Neighborhood Livability or various community provider lists was developed and implemented by the MCSO Corrections Counselor** dedicated to Transition Services in this area. (*A similar process recently was developed for the Mental Health Diversion Program*).

Those not immediately released after booking are further assessed and their case is then presented to the weekly "Case Coordination Team" (*comprised of MCSO Corrections Counselors, Deputy District Attorneys, Community Court members, Multnomah County Commitment Investigators, Probation/Parole Officers, Portland Police Officers, and various Community Providers*). **The MCSO Corrections Counselor provides information pertaining to assessed needs and community social services desired, ultimately culminating in developing a reentry plan associated to getting the offender placed in treatment or some form of housing (*typically transitional or permanent supportive*) or residential treatment).**The counselor jointly develops a transition plan with the inmate and immediately prior to placement orchestrates a daytime release and transportation to the housing provider. In many cases, those un-sentenced on their charges will receive an unanticipated release. **As soon the counselor becomes aware of an unscheduled release, contact is made with the previous housing provider, or an emergency shelter, as well as with social service providers the offender has previously been linked with or will need to access upon release.**

Conversely, information about individuals in the community not following through with their housing, treatment, supervision, or court requirements, are discussed. In these cases, **a reverse reentry process occurs. Case management plans are developed to address their possible re-incarceration, stabilization while in jail, and a subsequent return to community placement**, in housing or otherwise and with an increased level of care provided for.

One of the successful outcomes of this coordination of effort is the over 300 placements from jail into housing or residential treatment (*from data pertaining to the grant associated with the 10 Year Ending Homelessness Project*). **For the most part, this success was realized not only due to having a dedicated staff member responsible for coordination and provision of services, but to that individual being jail facility based as well. The MCSO Corrections Counselor has ready access to jail information, operational processes, and most importantly to the inmate-offender requiring the services.**

Program Assessment, Referral, and Placement Processes: Mental Health

Inmates with mental illnesses encounter all the difficulties of regular inmates, in addition to other significant problems exacerbated by their mental illness. Although transition related classes are available to the general jail population, individuals with mental illness experience a host of symptoms which cause them to frequently not seek out assistance on their own. In order to address these issues, **MCSO Corrections Counselors assigned to the designated mental health housing areas provide individualized and specialized reentry planning for inmates with mental health issues.** While the planning and services for this target population are somewhat different, the goal remains the same -- coordinating services with other public service agencies and community partners to increase offender outcomes and thereby reduce recidivism.

Corrections Counselors contact each inmate in these housing areas at a period preceding their projected release, to identify their transitional needs upon release. **The counselor utilizes motivational interviewing techniques to aid in determining the inmate's stages of change and, with the inmate's involvement, tailors a transition plan that addresses criminogenic needs (i.e. safe and affordable housing, medication management, substance abuse treatment, employment, cognitive-behavioral treatment, education, etc).** The counselor provides the inmate with lists of community resources available to them upon their release from custody. **The transition plan, often address both short term needs and goals (i.e. those pertinent on the day of their release) and longer term needs, such as ongoing access to medical providers, mental health treatment, and to prescription medications.** Throughout this process, the MCSO Corrections Counselor works collaboratively with the offender's Probation/Parole Officer (*if on formal supervision, the majority are assigned to DCJ's Mentally Ill Offender Unit*) in coordinating transition efforts. Where appropriate, **the counselor initiates referral to community resources (food stamps, shelter housing, etc) and/or contacts mental health treatment providers (i.e. Cascadia, Lifeworks, Lukedorf) to ensure consistent support and follow up is provided. By this collaboration with PO's, social service agencies, and community mental health providers, MCSO Corrections Counselors help to provide an essential continuum of care in the transition of the offender from jail to the community.**

Recently a very important addition to these reentry efforts has been implemented via MCSO Corrections Counselors – The Mental Health Transfer from Corrections Program, medical and mental health treatment established at the Multnomah County Health Department for certain inmates upon their release (*typically indigent, mentally ill persons in dire need of treatment and who have no other treatment resources available to them*).

Reentry - In-Jail Programming: Transition Class/Lab

As mentioned in an earlier section in this report (*“Program Assessment, Referral and Placement Processes-General”*), MCSO Corrections Counselor reentry efforts are often associated to the offender’s status, with those sentenced/sanctioned being the population focused on. At the Inverness Jail (MCIJ), **MCSO Corrections Counselors assigned to Transition Services, contact identified inmates during the latter portion of their custody, specifically for the purpose of initiating reentry services.** *(In some cases, inmates may have already made request for such services through their regularly assigned counselor. If such is the case, most likely reentry related activities have already been undertaken).*

The initial step in the reentry process for these individuals is the counselor’s assessment of immediate needs and responsivity to program intervention. Based on obtained information, participation in the Transition Class is scheduled for the inmate. *(Classes are provided numerous times throughout the week and are facilitated in the “Transition Lab”. The lab is equipped with over 100 resource handouts, categorized by need area, such as: employment, education, housing, alcohol/drug treatment, social service providers and identification).*

The class is primarily focused on familiarizing participants with community resource providers they should access for assistance upon release. **In addition, participants complete an “Action Plan”** for use upon release. Utilizing the “Multnomah County Resource Guide”, a document routinely updated by the counselor, the various resources are discussed: Housing, Food Stamps, The Employment Office, Worksource Career Centers, Veteran’s Programs, Food Handler Permits, DCJ’s Transition Services Unit *(for those on supervision)*, etc. **The process for obtaining a form of Identification (driver’s license or DMV ID, birth certificate, social security card etc) is also covered.** Upon class completion, **the counselor prepares a “Transition Information Form” for dissemination to others involved in the offender’s case (i.e. PO’s or TSU Corrections Counselors and community providers).** This form provides information pertaining to the offender’s incarceration and reentry needs and goals.

“Community Resource Provider Presentations” are offered each month as well. *(While these are open to all inmates, those involved in the Transition Class or other sentenced inmates receive priority).* **These Reach-In providers include: Oxford House, Better People, Ready to Rent, Goodwill and Transition Projects Inc.** An enormous amount of outreach goes on too. It is made clear during these presentations that representatives are available for future information or services in an attempt to further assist the inmates with their re-entry issues.

Reentry – In-Jail Programming: Faith Based

A successful re-entry program should include all relevant stakeholders, both within the corrections system and in the community, including faith-based organizations. Two paid and approximately 70 volunteer Chaplains address inmate's faith based needs in MCSO jail facilities. Historically, **Chaplains have assisted in finding resources in the community that can aid the inmate in making a successful transition to the community and becoming a productive citizen.** A collaborative relationship between the Chaplains and community partners has resulted in successful placements upon release. **A strong mentoring program in a faith community, combined with focusing on short and long term goal setting, are major components that aid the inmate in finding success.**

MCSO Chaplains have well established collaborative partnerships with the following faith based organizations:

Breaking Free Ministries: *A recovery program with spiritual counseling, based in Vancouver*

City Team Ministries (Men's Recovery Program): *Provides counseling, teaching, religious studies*

My Father's House: *Provides residential living for families*

My Sister's House: *A highly structured program, housing women with children up to one year*

Oxford House: *Provides housing for those desiring assistance with maintaining sobriety*

Portland Rescue Mission (Shepherd's Door): *Assists women with children with job search, financial education, and classes on success*

Union Gospel Mission (Life Change Program): *A four year intensive program*

Victory Outreach: *A two year intensive program*

YWCA: *Provides temporary shelter and has a job search program*

In-Jail Programming Addressing Criminogenic Needs

Group programming in county jail facilities is primarily provided by MCSO Corrections Counselors.

In most cases, groups are provided once weekly. Inmates access them by making a request to their counselor, or entering their name on a sign-up form in their dorm. In some cases, group participation may be encouraged by the counselor as part of transition planning. Inmates receive a certificate for participation upon completing a majority of the sessions. Often, wait lists exist for group attendance.

ANGER MANAGEMENT

Criminogenic needs addressed: anti-social attitudes, low self-control, criminal peers, and dysfunctional family relationships

A six week cognitive restructuring group for males focusing on distorted thinking and how such thinking influences behavior. Distorted thinking styles (15) are examined (*such as blaming, being right, personalization, mind reading and overgeneralization*). Participants learn ways to reduce and cope with anger in positive and constructive ways and great emphasis is placed on participants completing anger logs to help them learn to deal with stress and anger, especially while in custody.

DOMESTIC VIOLENCE: AWARENESS

Criminogenic needs addressed: dysfunctional family relationships. Others: self-esteem and anxiety

A four week educational group for females, teaching participants about the dynamics of power and control, and types of abuse. Effects of domestic violence on survivors and on children, warning signs of an abuser, barriers to leaving a violent relationship, and what a respectful relationship is are covered.

Note: Group support is offered via Individual DV counseling weekly by VOA, providing resource information specific to an inmate's situation and helping with formulating a safety plan. MCSO Corrections Counselors also facilitate phone calls for those wishing to add their names to the waitlist of a DV women's shelter.

DOMESTIC VIOLENCE: INTERVENTION

Criminogenic needs addressed: anti-social attitudes, low self-control, dysfunctional family relationships, and life skills.

A twelve week process-oriented, confidential, closed group for males addressing beliefs and motives behind abusive behavior and the effects on the abuse victim. The many types of abuse in addition to physical, mental, emotional, sexual abuse (*such as use of male privilege, stalking, minimizing, denying, rationalizing, blaming, use and abuse of children, property violence and spiritual violence*) are covered. Half of each group session is devoted to the healthy, respectful opposite of the abuse topic of the day.

Note: Research on the effectiveness of batterer's intervention programs show that to be effective the participant must be involved in treatment for at least one year. With only 12 sessions, the goal of this group is to increase awareness of what DV is, increase sensitivity of the effect on the victim, and to encourage the participant to participate in long-term treatment after release. Batterer intervention group information is provided to all participants.

In-Jail Programming Addressing Criminogenic Needs

PARENTING: INSIDE OUT

Parenting Inside Out (PIO) is a cognitive-behavioral parent management training system. PIO is designed to promote healthy child adjustment, interrupt the cycle of criminality, and guide children toward productive adult lives. **PIO is the first research based parent education program specifically designed for incarcerated parents. PIO is a learner-centered training program incorporating adult learning theory and outcomes-based instructional design.** The program was originally developed for prison population, but the curriculum was modified for the community and then for the jail population. **MCSO is the first jail to use PIO curriculum.** The jail version of the course is comprised of ten 2-hour sessions over a five week period. Covered in the required 10 sessions are:

Getting Acquainted: *Parents become familiar with the topics, design, and structure of the course, while identifying the style of parenting they wish to develop.*

Effective Speaking Skills: *Parents learn how to appropriately label and identify their feelings in order to utilize effective communication skills, which will help improve relationships with the child and the child's caregiver. Parents engage in role play and are critiqued on the various skills learned.*

Effective Listening Skills: *Parents will identify ingredients of effective / ineffective listening techniques. Parents will practice understanding cooperation, expression of empathy, and negotiation through helpful supportive role play.*

Problem Solving: *Parents will combine effective listening and speaking skills and their understanding of these as a foundation for the problem-solving model. Parents will practice using the model through real life experience and role play scenarios.*

Bonding through Reading & Play: *Parents practice effective child-centered play using age appropriate techniques for doing so. The importance of reading to children will be discussed and the effect reading and play has on the bond between parent and child.*

Childs Job/Parents Job: *Parents receive an overview of child development and will explore appropriate ways to support their child in accomplishing developmental tasks.*

Directions & Encouragement: *Parents will discover how to balance giving directions and encouragement. Parents will practice using a variety of scenarios designed to better create structure and discipline for their family.*

Rewards & Consequences: *Parents will develop a set of family rules and apply logical consequences and rewards to support them. Parents will practice using rules and consequences that are clear, specific, and age appropriate for their children.*

Time Out with Back up Privilege Removal: *Parents learn the benefits of non-violent discipline and practice when to use time out with backup privilege removal to motivate children toward compliance with rules and directions.*

Adult Healthy Relationships: *Parents will brainstorm a list of skills covered in the previous sessions that can be utilized in a healthy adult relationship. Parents will explore the positive impact adult healthy relationships have on their ability to parent their children effectively.*

In-Jail Programming Addressing Criminogenic Needs

Note: *The Parenting Inside Out (PIO) prison curriculum allows for child-parent visits, but the jail version does not. However, parents with children under age 3 and in DHS custody may be eligible for contact visitation, if approved by the Jail Commander and if their caseworker will bring the child to the jail. If the parent's release is scheduled before they have the opportunity to complete the program and they have an open DHS case, MCSO Corrections Counselors may initiate a direct referral to the Center for Family Success where the parent can continue with a longer PIO curriculum.*

Criminogenic needs addressed: dysfunctional family relationships and life skills.

BOOKS WITHOUT BARRIERS

The Multnomah County Library Outreach Coordinator facilitates this three session group. For Parenting Inside Out participants, upon completion of the third PIO session parents may attend this group, where they will be given the opportunity to learn about the importance and benefits of reading to their children, and the positive effect it has on their bonding. In the third session of this class, parents will be filmed reading a book of their choice to their children. Upon obtaining permission from the child's present caregiver, the book and video will be mailed to the child. Parents must be continually enrolled in PIO to be eligible for this class.

RELAPSE PREVENTION

Criminogenic needs addressed: substance abuse, anti-social attitudes, criminal peers, and dysfunctional family relationships

A six session, twice weekly educational group pertaining to the relapse recovery process and the stages associated with recovery (*i.e. the pre-treatment, the stabilization, and the early, middle, and late recovery periods*). How to build a pro-social support network is discussed and information on the need for a 12-Step program, a sponsor, a daily schedule, and a diet and exercise program is provided. Post acute withdrawals and the ongoing need to deal with cravings, withdrawals, and contact with those still involved in drug use is covered. Addiction is defined, so participants may compare their personal experience to the information provided and determine what stage of addiction they are in. (*"Going Home to Stay", a talk given by Delbert Boone regarding his own story of addiction, prison, and recovery is presented*). Facts about the physiological and psychological effects of drugs are provided, specifically those pertaining to marijuana, methamphetamines, cocaine, heroin, and prescription drugs. A portion is devoted to discussing sexual addiction as co-occurring disorder. A packet pertaining to thinking errors is provided, and a portion of "Success Stories" and "Beat the Streets" are shown.

Note: *In-depth relapse prevention packets are provided to participants. The packet is reviewed, with topics such as listing high risk people, places, situations, etc. covered. Then, extensive pro-social network building is undertaken, by identifying names of family, friends, support groups, church groups, neighbors, and others who are supportive in their recovery. A 1:1 session with the counselor is encouraged after the group is completed, to go over the relapse prevention contract. There is also a section in the contract, pertaining to criminal thinking errors and it is encouraged they take it to the "Thinking For Change" group to further address. Referrals may be initiated to the New Options Program, a woman's outpatient program as well.*

In-Jail Programming Addressing Criminogenic Needs

TREATMENT READINESS

Criminogenic needs addressed: substance abuse, anti-social attitudes, low self-control, criminal peers, and dysfunctional family relationships

An on-going weekly process group, co-facilitated by a MCSO Corrections Counselor and a community treatment provider counselor, designed primarily to prepare the participants for how an inpatient treatment program group process works and typical treatment program functions. Group participants must be on the wait list for placement into treatment. The group provides a forum for the participant to ask questions directed to the treatment center counselor regarding treatment. It also allows the counselor to assess which inmates are best prepared for treatment, based on their attitude and performance.

A packet is presented with a description of a typical inpatient program and its rules and expectations. A variety of topics are processed, including relationships in recovery, self esteem issues, guilt and shame, grief and loss, anger, stress, diet and exercise, children and discipline, and building support systems. Homework is regularly assigned (*which while not graded or tracked, does provide an indicator of the participant's readiness for release to treatment*). Participants are allowed to process personal issues, and give/receive feedback to/from others in the group. As in a treatment program, confidentiality of the group content is an expectation.

(COGNITIVE) THINKING FOR A CHANGE

Criminogenic needs addressed: anti-social attitudes, low self-control, criminal peers, and dysfunctional family.

A six week, twice weekly, process group pertaining to cognitive restructuring. The group examines the thinking errors inmate's use that can lead to criminal behavior. Inmates are instructed in the use of thinking reports to aid in analyzing and changing the thinking that precedes their behavior. (*Thinking reports involve four steps: 1. Giving a brief factual description of the situation, 2. Listing all the thoughts you had in that situation, 3. Listing all the feelings you had and any possible attitudes or beliefs behind the thoughts and feelings, 4. Substituting new thinking to reduce the risk of engaging in criminal behavior*). Dr. Stanton Samenow and Delbert Boone are source materials. (*Much group discussion and interaction occurs in exploring the thinking process that leads people to come to jail. Typically by the end of the group series, participants have become closely bonded with a high level of trust and personal sharing. This group has consistently very high rates of attendance and commitment*).

In-Jail Programming Addressing Criminogenic Needs: Education

Educational services pertaining to the adult population confined in this county's jail facilities is overseen by the Developmental Education Division of Mt. Hood Community College (MHCC) and MCSO.

The program offers educational opportunities for all assessed inmates in one of three streams: Adult Basic Education (ABE), General Equivalency Diploma (GED), and English As a Second Language (ESL). (*"Civics classes" and "competency life skill lessons" have occasionally been offered as well*).

Adult Basic Education (ABE): The basic skills of reading, writing, computing, listening, and speaking are taught within the context of personal and career development.

General Education Development (GED): The outcome of the GED stream is to assist students to work toward and acquire the GED certificate of high school equivalency.

English as a Second Language (ESL): This stream is for the lower level English speakers (*98% are Hispanic, with Spanish being their first language*). The outcome of the ESL sub program is to assist students to meet personal goals and achieve defined levels of linguistic and cultural behaviors associated with the study of English.

Delivery of service includes classroom instruction, including a computer lab, and both one to one and small group tutoring. All instruction provided adheres to the same course outlines, curricula, and materials utilized for the ABE/GED/ESL program at the MHCC campus.

GED Testing is administered via an independent examiner.

High School Completion is also offered in the jail, but is not part of the MHCC contract.

Reentry: Closing Comments

“The decrease in transitional service provision is not surprising... given the decline in institutional programming overall. In this time of mass incarceration, programs have not kept pace, and in fact have declined over the past two decades. The consequence is greater numbers of offenders being released without any effort to address their vocational, educational, and rehabilitative needs.” “Furthermore, the use of transitional facilities and halfway houses has actually decreased... limiting the neighborhood-based resources able to aid in transition.” (6)

The above statement is ever so true when applied to Multnomah County Sheriff’s Office programs, where recent budget decisions have resulted in closures of 3 reentry based resources in the past eight years (*first the Restitution Center, then the Work Release Center, and presently Field Based Work Release*). **Budget cuts not only resulted in the loss of work release programs, which provided one of the most efficient and cost effective means for transitioning offenders from secure jail to the community, but the loss of personnel directly associated to delivering reentry services to the jail population as well.** Excluding continued unfilled positions, **the overall number of budgeted MCSO Corrections Counselors has remained relatively unchanged in the past 5 years. Utilizing “existing resources” to address the ebb and flow of opened /closed facilities and programs has become the norm,** creating an on-going occurrence whereby staff are re-directed from dedicated functions (*i.e. typically facilitating group programming*) to address other issues . On a larger scale, **very credible in-jail programs (often at the forefront locally and at times nationally), have continuously expired.** For example, MCSO, having one of the first certified Cognitive Restructuring counselors at a local jail level, had a recognized Cognitive Self-Change program at MCCF. The short lived Steps-To-Achieving Responsibility (STAR) program effectively created a transition module at MCDC nearly ten years ago. And the In-Jail Intervention Program (IJIP) was a recognized secure jail substance abuse program.

Deficiencies in funding and personnel aside, the MCSO Programs Unit has made great strides in improving upon old practices and developing new ones associated with its Reentry processes. **MCSO Corrections Counselors are assessing inmates’ risk level and identifying (criminogenic) needs. They are determining their ability to make necessary changes (responsivity factor) on a daily basis.** Recognizing those getting released from jail are in need of reentry planning and services as much as those being released from prison, **Corrections Counselors have developed in-jail programs to assist in addressing priority needs** and have provided information to inmates regardless of their length of stay. Recognizing continuity of services is critical for enhancing outcomes, so **Corrections Counselors have reached out to community partners to help facilitate the connection between jail and the community.**

MCSO can adopt EBP’s on a more formal scale by: Creating a system of ongoing assessment using validated risk/needs assessment tools; Increasing access to in-jail programming; Enhancing community partnerships (*reach-in and outreach*); implementing formal training on EBP’s; implementing effective evaluation for measuring outcomes; Developing policy/procedure supporting this practice and building in quality assurance of implementation.

Addendum 1: Community Provider Partnerships

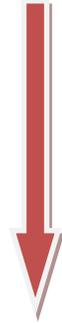
Alcohol/Drug:
Employment:

Housing:

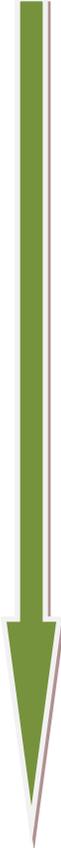
Mental Health:

*Volunteers of America
Better People
One Stop/Central City Concern
Goodwill
Oxford House
Ready-To-Rent
Transition Projects
Cascadia Behavioral Health
Department Human Services*

REACH-IN



OUT-REACH



Alcohol/Drug:

Basic Needs:

Employment/Educ:

Physical Health:

Housing:

Mental Health:

Parenting/Payee:

Support Groups:

*Change Point
Life Works Northwest
Project Network
Aging & Disabilities
Dept of Motor Vehicles
Veterans Administration
Central City Concern
Health Department
Job Corps
Ptld. Partners Reentry Init.
Vocational Rehabilitation
Cascade AIDS Project
Westside Clinic
Central City Concern
Housing Authority of Ptld.
Rich Building
White City Domiciliary
Oxford House
Cascadia Behavioral Health
Developmental Disabilities
Center for Family Success
Options
Bridges to Change
Northwest Pilot Project*

*Life Changes Program
PAHC Mentor Program
Salvation Army
Catholic Charities
Social Security Admin.
Vital Records
Helensview High School
Portland /Mt. Hood C.C.
One Stop Career Centers
Prison Ministries
Worksource
Old Town Clinic
Outside In
Dignity Village
JOIN
Transition Projects Inc.
Yolanda House
YWCA
Community Engagement Prog
Treatment Not Punishment
Integrity Plus
Safety Net
Men's Resource Center
Write Around Portland*

Addendum 2: MCSO Group Data FY 08

<u>CRIMINOGENIC NEED/GROUP</u>	<u>SESSIONS</u>	<u>PARTICIPANTS</u>
<u>SUBSTANCE ABUSE:</u>		
<i>Relapse Prevention</i>	105	1,034
<i>Treatment Readiness</i>	69	627
<i>VOA Day Treatment</i>	43	326
<i>AA *</i>	323	3,366
<i>NA *</i>	87	814
<u>RE-ENTRY:</u>		
<i>Transition Class</i>	76	455
<i>Employment Lab</i>	28	229
<i>Community Providers In-Reach</i>	71	836
<i>Food Handler's</i>	26	219
<u>ANTI-SOCIAL ATTITUDES/LOW SELF-CONTROL:</u>		
<i>(Cognitive) Thinking for a Change</i>	39	322
<i>Anger Management</i>	42	234
<u>DYSFUNCTIONAL FAMILY:</u>		
<i>Domestic Violence Awareness</i>	25	221
<i>Parenting</i>	51	312
<i>Books Without Barriers</i>	12	67
<u>LIFE SKILLS:</u>		
<i>Mental Health Awareness**</i>	18	124
<i>Pregnancy</i>	29	103
<i>HIV</i>	41	308
<i>Write Around Portland</i>	16	130
Total:	1,100	9,725

**Data pertaining to MCDC not included*

***Data pertaining to sessions facilitated by MCSO staff only.*