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"Theory vs. Praxis to Operations:
A Continuation of the Dialogue"
6/11/25

</div>

At the May OACCD meeting in Hood River, Josephine County provided a presentation to the group called "Theory vs. Praxis". During that presentation Josephine reported out their internal observations and analysis over the last 2 to 4 years. This presentation generated lots of discussion and feedback from the members.

For the record Deschutes County knows Josephine County Community Corrections to be a county that works to achieve goals and believes in evidence-based practices. The range of information covered in the presentation was as follows: OAR and requirements, best practices in supervision, 60 Day Assessment activity, Contact Standards, 2017 Time Study/Cost Study, OMS/BCP work , treatment programing, CCR reports, Client surveys, Field Work, Searches and criminal activity, local control, the true cost to do the work, and recidivism.

The presentation outlined the work efforts put into the supervision by Josephine County, and the requirements on the agency and all agencies. Josephine's analysis on the cost of doing the work and the struggle to do all components of the required tasks to fidelity. Based of their analysis their question was are we able to do all these things and are we appropriately funded to do them.   At the end of the presentation there was dialogue by the group as to whether we need to go back to "condition monitoring" type of supervision. The discussions prompted a Best Practices and OAR workgroup that will be meeting on 6/13/25.

Since the OACCD May meeting the DOC/Community Corrections budget passed the Ways and Means Committee; and the $18.18 capitated rate was not funded, which will cause a significant impact to community corrections around the state.

In an effort to break out a wholistic view of our discipline and the requirements that are placed on community corrections agencies, we have put together some macro talking points. These viewpoints are from the Deschutes' perspective and do not necessarily reflect or have been vetted by OACCD or DOC even though much of the information was created historically in partnership with members of each group. The goal of this document is to provide some perspectives or insights into some of the subjects presented at the May OACCD meeting. Where possible any data is presented, it was crafted from data sources that each of the Best Practices workgroup counties could reproduce on their own to verify. Any information that cannot be reproduced will be called out and the information sources will be described.

The perspective of this document is from that of a learning organization and will hopefully expedite dialogue at the Best Practices workgroup. We hope that there is no

39 surprise information or "gotcha" elements. Below is a list of considerations the
40 Workgroup may consider when moving forward any agendas or discussions and is
41 certainly not an exhaustive list of items.

42 For the purpose of keeping an objective perspective the Best Practices Workgroup
43 counties were given either a letter or number to conceal the county information.
44 Excluding Deschutes County information at times is called out specifically.

45   List of Considerations:

46   1. 60 DAY ASSESSMENTS: The state embarked on a statewide evaluation of
47   completing LSCMI/WRNA's initiative in late 2021 to the present. At the
48   November 2021 OACCD meeting in Lane County, there was a lot of discussion
49   as to what would be an appropriate completion rate for assessments between 90
50   days and 60 days. Since 2022 reports have been sent to counties at the first of
51   the month and in the middle of the month reporting admission dates and time to
52   assessment (60 Day Operational Report). Examples of how to use the report
53   were provided to the counties on how to get to a person who needs an
54   assessment quickly to affect the best outcome. Part of the workgroup which
55   included the OACCD Data Group and other county points of contact, were tasked
56   to follow up with counties to receive feedback on any AOS who did not get a
57   LSCMI/WRNA within 60 Days from admission. There was one attempt made and
58   partial data from various counties were reported out, but there was not a
59   standardized format. That follow-up activity was then replaced with other
60   initiatives and activities and was not completed to its end.
61
62   In May of 2025, Deschutes reviewed approximately a years worth of 60 Day
63   Operational reports, to evaluate the number of AOS who did not receive an
64   assessment within 60 days of admission. This constituted 69 records. The criteria
65   for the selection: Funded Case, Assessment Required = "Need", Today's
66   Location = "DESC", Report Date = "5/1/2025", LSCMI/WRNA Status = "Past Due,
67   GT 60 Days, Never Done". During the review of records Deschutes developed
68   three buckets for the "why not done" criteria. Bucket One = **System Driven**.
69   This means the AOS was in custody, was in treatment or some other reason that
70   could reasonably be attributed to a system cause for not meeting the 60 day
71   mark. The second bucket was **Client Driven**. Client driven was derived when
72   reviewing chrono activity and determining that the client was rescheduling or had
73   other commitments or had violated and was pending response or not making
74   themselves readily available for an assessment. The third bucket was **PO
75   Driven**. PO Driven causes were determined by the client reporting to the office 2-
76   3 times and no assessment was completed.
77

Review View								
Categories	2024 Qtr 2		2024 Qtr32		2024 Qtr 4		2025 Qtr 1	
	#	%	#	%	#	%	#	%
Criteria Met	22	53.66%	42	70.00%	21	56.76%	41	63.08%
JII Driven	8	19.51%	10	16.67%	8	21.62%	7	10.77%
PO Driven	5	12.20%	2	3.33%	2	5.41%	4	6.15%
System Driven	6	14.63%	5	8.33%	6	16.22%	4	6.15%
New status Qtr not completed			1	2%			9	13.85%
Total	41	100.00%	60	100%	37	100%	65	100%

Table 1 Review of 60 Day Assessments Greater Than 60 Days

Taking quarters 2, 3, and 4 of 2024 into account, the ratio of Met and PO Driven criteria for Deschutes is 68% and for System or Client Driven 32%. For 2025 Quarter 1 the full population had not yet met their 60 days from admission criteria and so were not fully able to be evaluated. This means those that had an admit date between 3/2/2025 and 3/31/2025 were still under the 60 days from admission.

Deschutes made no policy changes in an effort to make the 60-day time frame. Officers were not expected to go to the jail to complete any system driven reasons. Supervisor would send out a section of the Operational 60 Day report to POs to remind them of those that are still due. Deschutes' internal dashboard struggled to capture the population and broke and has not yet been repaired. Deschutes shifted use of the OACCD dashboard as its primary metric tracking. Based on Deschutes's findings the correct ratio or expectation of completing an assessment in the first 60 days from admission would be a completion rate of about 65% to 75%, without making operational policy and data reporting changes. Making those changes may improve outcomes by 10-15%.

There is a wide range of output between counties when it comes to the ability to meet the assessment within 60 days. The table below has a span of 70 percentage points and if removing the smaller county there are still 44 points from top to second to the bottom.

Anonymous County	Sum of 60 Day Assesments 5/1/24 to 2/28/25	Sum of % of 60 Days Assessments 5/1/24 to 2/28/25
3	47	87%
G	127	81%
1	126	79%
41	82	78%
Q	18	77%
LL	103	72%
98	383	69%
W	160	67%
A	360	62%
22	339	59%
F	61	54%
V	78	47%
32	93	43%
K	6	17%

Table 2 OAR Completion Rate of 60 Day Assessments Best Practices Workgroup

POSSIBLE SOLUTION:

- Having a reasonable percentage of counties use the Ops Report and research the cause of not obtaining the 60 Day mark. With this option the group needs to agree on the correct "Bucket Terminology" . If the findings are similar then it could be recommend that the CCR's call out the statewide target is between 65 – 75 % compliance. If a county achieves this, they are well within Best Practices. Also, smaller counties data set will sway the numbers sometimes drastically, so their calculations may need to be assessed whether there is enough data to make analysis.

- Changing the OAR 60 Day back to 90 days from admission. Concern with this is that these assessments are needed to refer persons to treatment, and a delay of another month may cause positive movement on supervision to be delayed.

- Modify the metric to begin with the first visit to the agency in person as the start time for the metric. Instead of admission date it would be the first Office Visit (O/O). Counties are funded as a "New Case" the first 60 days. The funding would remain the same and consideration given for credit even if the "New Case" work is done after the 60 days, the metric starts with real world reporting. Reporting would be conducted using the chrono-text-header data set to start the time metric.

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125 2. RISK PROFILES: Counties have different distributions of risk profiles which
126   make the distribution of work different and widely different at times. Example:
127   When comparing the Best Practices Committee counties A and 41 based off
128   each of their ratios using PSC/PRXY Highs and Medium Risk levels, their
129   workload is very different. If both counties had 1000 clients and of those 1000
130   clients each counties PSC/PRXY levels were applied. Their internal operation
131   would have significantly different work requirements if they both were only using
132   a pure risk model to supervise from. This means no sex offender, DV or any
133   other Risk Needs Responsivity (RNR) tools would be used to change the contact
134   standards. The table below would be their distribution of work. County A would
135   need to complete 554 more contacts for the same number of clients as County
136   41.

	A	# of Contacts	**41**	# of Contacts
HI	380	1140	110	330
MED	260	520	360	720
LOW	310	102.3	480	158.4
Total	950	1762.3	950	1208.4
Difference:	553.9			

137 *Table 3 Comparable Risk Ratio Between Counties*

138

139 This would also have an impact on the 60 Day Assessment based off the above
140 scenario. County A would have to complete 30.5 more LSCMI/WRNA's based on
141 their risk profile more than County 41.

142 *Data used for this analysis was from OP755BR STATEWIDE DISTRIBUTION
143 RPT

144 **POSSIBLE SOLUTION**:

145 • Have the CCR call-out actual risk levels compared with the state
146   average. This may put better context around the numbers for each
147   county and provide better statewide comparable analysis. This also
148   provides a better description of what that county faces as a
149   workload.
150 • Fund by each counties Risk profile. This would have significant
151   impact on counties funding around the state and difficult to track but
152   would provide more correlation to supervision based on risk in each
153   county. Or other considerations….

154

155 3. PERSONNEL STAFFING LEVELS:
156   Personnel staffing levels must be part of the discussion when giving some
157   context to an agencies ability to complete the "supervision" portion of the three
158   "S's" (Supervision, Sanctions and Services). This section predominately speaks
159   to certified staff within the organization. When reviewing 11 months of timecards
160   of POs in Deschutes, from June 2024 through April 2025 and looking at the hours
161   worked based off of a 172.67 work month, our 11-month average hours worked
162   was 143 hours. See table below average of column 14.

1. Year / Month	2. Hours for the month < weekends & holidays	3. Budgeted FTE (PW)	4. Total Budgeted FTE Hours (PW)	5. Actual FTE (RW)	6. FTE Hours Actual Worked (RW)	7. % Staffed compared to Budget (RWPW)	8. Hours Difference Budgeted and Actual (PW-RW)	9. % of Hrs Worked Actual from Budgeted Staffing (RWPW)	10. Fully Staffed (for Chart)	11. FTE Actual if worked all Hours (If RW was PW)	12. Difference in hours worked from Actual MAX.	13. % of Actual FTE Hours compared to hours worked. (RW output compared with RW)	14. FTE AVG Actual Hours Worked (RW)
Jun-24	160	23	3680	20	2565	87%	1115.00	70%	100%	3200	635	80%	128.25
Jul-24	176	23	4048	20	3039.25	87%	1008.75	75%	100%	3520	481	86%	151.96
Aug-24	176	23	4048	20	2714.5	87%	1333.50	67%	100%	3520	806	77%	135.73
Sep-24	160	23	3680	21	3163.75	91%	516.25	86%	100%	3360	196	94%	150.65
Oct-24	184	23	4232	21	3365	91%	867.00	80%	100%	3864	499	87%	160.24
Nov-24	144	23	3312	21	2518.75	91%	793.25	76%	100%	3024	505	83%	119.94
Dec-24	168	23	3864	21	2805.74	91%	1058.26	73%	100%	3528	722	80%	133.61
Jan-25	176	23	4048	21	3041.25	91%	1006.75	75%	100%	3696	655	82%	144.82
Feb-25	152	23	3496	21	2765.8	91%	730.20	79%	100%	3192	426	87%	131.70
Mar-25	168	23	3864	20	2871	87%	993.00	74%	100%	3360	489	85%	143.55
Apr-25	176	23	4048	19	3191.25	83%	856.75	79%	100%	3344	153	95%	167.96

163

164   *Table 4 Deschutes Timesheet Data Hours Worked*

165

Time	Avg Hrs
11mth AVG	143
11mth MAX	168
11mth MIN	132

166   *Table 5 Average of Deschutes Hours Worked Per Month*

167   Staffing levels dictate the maximum output an agency can put forth. These hours
168   do not include non-client meeting times or work related trainings. For Deschutes
169   there are several one-on-one meetings, team meetings and staff meetings,
170   stakeholder meetings and others. Certified training requirements along with job
171   training take a significant amount of time.
172
173   It is not just the staff FTE allocation that goes into the equation but operational
174   culture or setup. Most of our officers do field work in pairs, thus reducing the time
175   they are working on their caseload. This means field work can often take two
176   officers to work one caseload. Our office staffs several duty officers each day,
177   this too is a common practice around the state that whittles available hours down
178   from AOS specific caseload work.
179

180	All that being said Deschutes presumes on average each officer has
181	approximately 120 to 130 hours a month to work their caseloads. For the
182	purposes of this document 143 was used for the calculations.
183	
184	**POSSIBLE SOLUTION**:
185	• Use a statewide monthly metric of time that approximates officer hours for
186	part time and full time POs. This would need to come with a county by
187	county time study of sorts. Then this would be aggregated to a statewide
188	level. This adaptation would then need to be added to the time study
189	equations.
190	• Other thoughts or considerations….
191	
192	

193   4. MEASURABLE CONTACTS: SB 1510 bore out new contact standards. The
194   committee took the average of the statewide contact standards to develop the
195   current requirements of Highs having 3 contacts and Mediums get 2. The
196   OACCD Data Group working with DOC Community Corrections developed a
197   balanced method on which of the AOS would make it to a final count for contact
198   standards report. These AOS would be reviewed by month looking backward
199   and not a rolling 30-day period.   About 45 to 55 percent (Deschutes Numbers
200   should be very similar with all state numbers.) of the caseload makes it into the
201   pool of "available" AOS to be reviewed. This is the most equitable way to count
202   success for the field. However, POs are dealing with the current population
203   every day, and do not know who will fall into the "available" category at the end of
204   the month, and there is an expectation of working with AOS even if the AOS is
205   not going to make it into the final "available" bucket. Also, the number of contacts
206   with the "available" population are not the only MC's produced by the PO's
207   produced in the given month this reporting will need to be called out in future
208   reports.
209
210   We must evaluate how the population today or the present month is managed or
211   taken into consideration when directing the work. If half the caseload only makes
212   it into the "available" population then the number of contacts is undercounted and
213   a portion of the efforts/workload of the officers is missed. An example of this is if
214   in the beginning of the month of June an officer has a MC with the AOS in the
215   first week, and the next week the AOS is violated or absconds for 12 days in the
216   month of June, the AOS will be deemed "unavailable" for the MC contact report.
217   The MC the officer produced will not be captured in the final report at this time.
218
219   Also, the calculation of no shows that affect outcomes has not yet been
220   evaluated. For example, a quick count of No Shows (OV/N, VV/N, TV/N) in
221   Deschutes from 1/1/25 to 5/31/25 there was an average of 30 No Shows a month
222   that affected success at the measurable contacts.
223

Year	Month	# of No Shows
2025	April	21
2025	February	24
2025	January	32
2025	March	37
2025	May	35
AVG		29.8

224   *Table 6 Number of No Shows in Deschutes*

225   The impact on Deschutes outcome can be implied but not completely quantified
226   as some of these 30 "no shows" may not have made it into the "available"
227   population at the end of the month. This is work that is not necessarily captured
228   on the review reports at this time.
229

230   Measurable Contacts are designed to " *supports public safety and aims to provide*
231   *opportunities to affect positive behavior change.*" OAR 291-78-10. The spirit of this
232   definition is to provide guidance on specific supervision contacts that have the
233   most impact on the client while adhering to the spirit of SB 1510.
234

235   Counties receive weekly "measurable_contacts_by_county" reports from DOC in
236   efforts to assist counties in accomplishing OAR requirements. There is a wide-
237   range of response as to the use of this report. Counties like Deschutes do not
238   use it due to the access of internal dashboards built on contact standards. Some
239   counties have the same dashboard setups and use these reports to validate the
240   data, others only have access to these reports and use them to check on
241   adherence but not to manage them and others don't use and are waiting for the
242   statewide dashboards.
243

244   The tables below show the 2017 Time Study and if we were to assign a flat 1
245   hour to each MC contact present day. The number of contacts required in this
246   scenario for both tables is 130. Using the 2017 time study the officer would
247   appear to have 27 more hours of available time compared to the present
248   calculator where the officer would have approximately 13 hours. It is more
249   indicative to MC contact numbers and should be further investigated.

Proposed Contact Calculator Scenario			
Supv Lvl	# of Contacts	# AOS	Total Contacts
HI	3	20	60
MED	2	35	70
LOW	1	0	0
NEW	4	0	0
Total Contacts			130
Total Persons		55	
Total Hours			130

	Gen Monthly PO Hours	PO	Total Hours
Total PO:	143	1	143
Total AOS		55	130
Time Difference:			13

2017 Calculator			
Supv Lvl	Time Calcu.	# Supv Lvl	Total Time
HI	2.4	20	48
MED	1.56	35	54.6
LOW	0.67	0	0
NEW	2.96	0	0
Total Contacts			94.5
Total Persons		55	
Total Hours			102.6

	Gen Monthly PO Hours	PO	Total Hours
Total PO:	143	1	143
Total AOS		55	102.6
Time Difference:			40.4

251   *Table 7 Hourly MC Table Compared to 2017 Time Study Table*

252 Of the workgroup counties the table below is built off the weekly measurable reports
253 sent out by DOC. Reports are from 5/5/25 and 6/2/25. It is sorted by the most MCs to
254 the least, and the last column being the average of the two reports. There is a
255 significant difference between counties output. Two months is not enough to make a
256 determination but is a good proxy of activity.

257

Anonymous County	Sum of Total MC (all supv lvl) divided by Actual PO's for May last 30 days	Sum of Total MC (all supv lvl) divided by Actual PO's for June last 30 days	Sum of 2 report avg Total MC All Supv Lvl
1	104.5	95.92	100.21
A	97.19	90.61	93.9
32	84.22	97.77	90.995
K	98	74.33	86.165
W	78.1	79.4	78.75
3	70.14	85.57	77.855
F	79.5	70.83	75.165
22	72.86	67.18	70.02
Q	92	47.5	69.75
41	62.12	65.5	63.81
LL	69.21	54.57	61.89
98	56.57	58.74	57.655
V1	47.66	47.83	47.745
G	46.29	38.82	42.555

258

259 *Table 8 Average Number of MC contacts by FTE Using Weekly Measurable Contact Reports*

260 Since the inception of the new contact standards reporting back to the counties
261 has been sporadic, as DOC is waiting on the deployment of a statewide
262 dashboard. OACCD Data Group has had a liaison on the development of
263 statewide dashboards. This project has been in the works for a long time. The
264 first release to pilot counties should be in July/August 2025. Getting data to each
265 county that is actionable will be pivotal to the success of OAR improvement and
266 CCR outcomes. Below is the compliance with statewide contact standards from
267 May 2024 through May 2025. The average of the Best Practices workgroup 57%
268 compliance for the 13 month period. There is a potential for a 10 to 20 percent
269 increase in outcomes once the data is available to all as counties with access to
270 timely and easy to understand data. Counties with internal dashboards appear to
271 do better.

| Anonymous County		AVG	MAX	MEDIAN	MIN
Q		31%	41%	32%	18%
3		65%	73%	67%	54%
W		63%	83%	57%	47%
1		63%	75%	63%	49%
A		53%	59%	54%	44%
G		39%	49%	37%	26%
LL		64%	77%	64%	47%
F		70%	81%	71%	56%
22		48%	54%	49%	37%
41		61%	80%	61%	45%
K		52%	85%	47%	34%
32		63%	75%	63%	52%
98		79%	88%	80%	67%
V		42%	53%	41%	33%

Table 9   13 Month Average of MC Compliance

Within Deschutes County (Table Below) looking at the number of MC contacts produced from Jan 2025 through April 2025 we had an average monthly MC contact output of 97.79 (removing officers S, T, V as they were at the academy or a Casebank PO). The table below is reflective of Deschutes internal dashboards information. Officers have the ability to track names and status on completing MC for the current month. See below PO Dash 4.0. As in many counties supervisory staff or even directors carry caseloads or contribute to the supervision of AOS. For Deschutes supervisors cover long periods of time when officers caseloads are vacant. These numbers do not reflect supervisory contributions.

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Officer	Avg MC Jan - May	6/10/25 Contacts required	AOS
A	47	0	0
B	71.6	89	39
C	78.8	109	48
D	79	86	41
E	87	104	46
F	88.4	91	40
G	90.2	100	41
H	91.4	71	33
I	93	96	47
J	98.8	90	38
K	99.6	94	43
L	105.8	96	47
M	111.8	91	39
N	112.8	114	56
O	117	127	53
P	118.2	78	42
Q	131.6	65	37
R	138.2	104	49
S	25.4	51	140
T	59.4	82	37
U	72	83	38

Table 10 Deschutes 5 Month MC Average By PO

Below is a screen shot of the Deschutes County PO dashboard used to track MC.

287
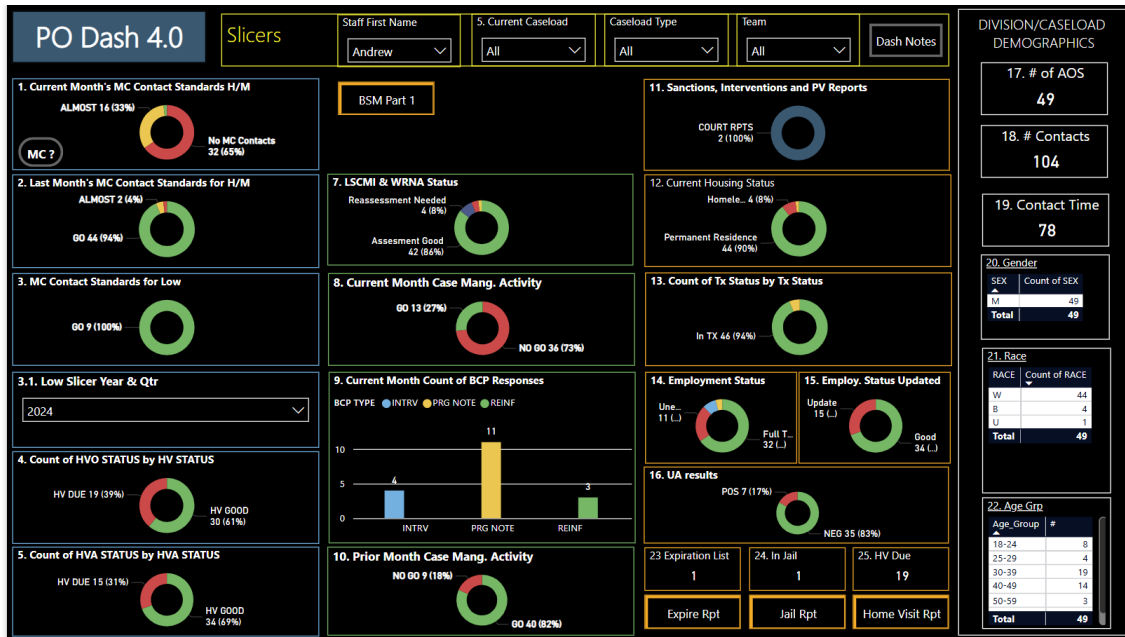
288   There has been dialogue as to the effectiveness of the type of measurable
289   contacts between Face to Face MC's and Virtual Visits (TV, VV, EV) MC's. The
290   below table is pulled using the 5/5/25 and 6/2/25 Measurable Contact Excel
291   sheets.

Anonymous County	Average of Face to Face	Average of % of Face to Face MC	Average of Virtual or Other	Average of % of Virtual MC
1	1303	92%	107	8%
3	477	82%	106	18%
22	2201	77%	638.5	23%
32	779	92%	70	8%
41	464	70%	195	30%
98	2305	61%	1480.5	39%
A	2587.5	85%	469	15%
F	323.5	68%	152.5	32%
G	668	88%	87.5	12%
K	236.5	80%	60.5	20%
LL	771.5	88%	110	12%
Q	136	93%	9	7%
V	507	75%	171	25%
W	1220.5	70%	518	30%

292

293   *Table 11 Types of MC Avg of two months.*

294   Counties may have some effect on their own contact standards based on policy
295   overrides. A county such as Deschutes has a reasonably high number of policy
296   overrides that may make it more difficult to meet standards.

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Anonymous County	Sum of Total # Policy Override	Sum of Total % Policy Override	Sum of # of Policy Overrides Up	Sum of % Policy Override Up
22	452	39%	318	70%
41	70	32%	64	91%
W	141	26%	132	94%
V	51	21%	47	92%
98	126	15%	68	54%
32	34	11%	30	88%
F	15	10%	14	93%
G	3	9%	1	33%
3	6	4%	4	67%
A	14	2%	1	7%
1	5	2%	4	80%
LL	3	1%	1	33%
K	0	0%	0	0%
Q	0	0%	0	

Table 12 Policy Override Stats For The Best Practices Workgroup

POSSIBLE SOLUTION:

- **Stay the course**:
    - **Phase One**: Get data to counties to manage MC/Contacts in real time. (DOC IT is currently working on this as their priority #2, after their electronic health records project. ETA to the field sometime beginning July/August for pilot counties.)
    - **Phase Two**: Develop a balanced metric of staff to the number of contacts required with client ratio that is in the general ballpark of making a statewide MC Acceptable Range that can be applied to each county. Currently MCs are based on a certified staff member completing the contact. Contact standards are not based on the number of persons on a caseload but rather the number of contacts required by the caseload.
    - **Phase Three**: Develop an acceptable range of FTE to Contacts based on phase one and two data [called out in OAR 291-78-5 section (2)(f)]. What is the real average number of MCs by a full time PO? Apply a flat simple rate to a MC each contact that equals 1 hour. This accounts for proper Best Practices work (OMS/BCP entry, Skill Building, scheduling, documentation,) Scenario that

319	balances the real world example between Jackson and Polk
320	scenarios.
321	• Recommendation changing the OAR to MC contacts for Highs = 2 and
322	Mediums = 1 and Lows = .33.
323	• Develop a ratio like 1 MC = 1 hour a full caseload = 120 to 130 MC units a
324	month. An MC unit continues to be deployed in a manner to best
325	practices. The base FTE is established between 120 and 130 working
326	hours a month.
327	• Based on the current statewide community corrections would the
328	community corrections use ratios to make determination on the type and
329	frequency of contacts based on capacity. For example fewer PO's may
330	mean less face to face MC's and more virtual MC's increase?
331	• Other considerations…
332	
333	

334   5. OVERDUE BCP OMS:
335   Searching for the big picture of supervision, and impact of contact standards on
336   best practices with case planning, a report was reviewed to assess whether the
337   number of contacts by a county completed affected the outcome of quality
338   decreases in other areas. A report was ran using the Best Practices Workgroup
339   counties in OMS to review county performance when compared to MC. Each
340   county was reviewed on 6/6/25. Report is located in OMS under Reports –
341   Community > Case Plan Reports > Overdue Behavior Change Plan, sorted by
342   location. The standard is located in OAR, OAR 291-078-0026, (3) requires that
343   case plan either exist or be updated every six months. Case plan information is
344   reported out in CCR's. Section 3, area under 078, Case Plans. The report header
345   identifies this as well. *"Overdue Behavior Change Plans for DESC Page 1 of 4*
346   *NOTE: This report shows caseloads where either no BCP exists, or the BCP was*
347   *last updated more than 6 months ago from report generation date. Caseloads*
348   *show only Primary offenders."*
349
350   In an effort to compare MC with case management the below table was created
351   bringing the county's two month MC activity by month to Overdue BCP.   The
352   county with highest MC contacts still landed in the top 5 counties with the lowest
353   overdue percentage points. The lowest being 2% BCP overdue and the highest
354   being 29% of the caseload. Deschutes practice is that a case plan shall be
355   updated monthly in efforts to have officers in OMS and working towards case
356   plan goals, and having the best outcome or OAR compliance.
357

Anonymous County	Sum of 2 report avg Total MC All Supv Lvl	Sum of BCP OVERDUE HI & MED	Sum of % of Overdue BCP HI & MED
1	100	39	8%
3	78	13	6%
22	70	143	12%
32	91	116	29%
41	64	43	16%
98	58	106	9%
A	94	78	6%
F	75	11	6%
G	43	21	5%
K	86	9	11%
LL	62	9	2%
Q	70	9	12%
V1	48	52	16%
W	79	27	4%

358
359   *Table 13 Two Month MC Average Compared To OMS Overdue BCP Snapshot*

360 The table shows that a county can have a high number of contacts a month (2-
361 month average) and have a 92% compliance rate with case plans in OMS being
362 up to date.

363 **POSSIBLE SOLUTION**:

364 - Continue training around the state on quality case planning and
365 deployment of Core Correctional Practices. Training teams demonstrate
366 that case planning needs to have quality, however, doesn't always mean
367 clients will change behavior. If a PO does all case management in an
368 evidence-based manner, it will still only diminish the clients recidivism by
369 8% points. This is still a sign of efforts to diminish recidivism. Trainers
370 can still train to show how effective case planning helps in the
371 rehabilitation of the client or in situations in the accountability of a client
372 when reporting to the releasing authority the client's knowledge of
373 expected behavior, yet they continue to make negative choices. Counties
374 should strive to make incremental improvements and not expect 100%
375 compliance with the metric or even the quality. Strive for 75% or better.

376

377 Used a measured approach if going as profession we are entering lean
378 times, figure a way to maintain some resemblance of what we have
379 agreed as a profession to do, and not let the pendulum swing to far one
380 way or the other. Most may agree keeping a swinging pendulum in the
381 middle is best.

382

383 - Go back to a condition monitoring with larger caseloads and more likely
384 than not more jail utilization. This will likely create the need for more
385 funding for jails (sanctions) and less for supervision. This could set Oregon
386 case management progress back 10 to 15 years.

387

388

6. RECIDIVISM: During the May presentation, it was stated that recidivism was going up even with the quality work that is being done. It was also stated that there isn't always a correlation between recidivism and the work we do. The charts presented showed a trendline upward yet the past several cohorts recidivism in line chart is going down. Deschutes reached out to the Oregon Criminal Justice Commission to get a report of the recidivism rates from Cohort 2015/1 to present. We shared that without a date range for the chart, the trendline is hard to reflect specific periods of time. Deschutes built dashboards using the information provided by CJC. The data was then grouped by year as well to put both cohort 1 and 2 in the same year. It is important to note that we as a discipline have struggled attributing our work to a recidivism metric as there are many variables associated with recidivism that are simply out of the control of community corrections, however, we do bear some responsibility with the impact that our work has on recidivism. During the writing of this document a draft CJC Recidivism was released.
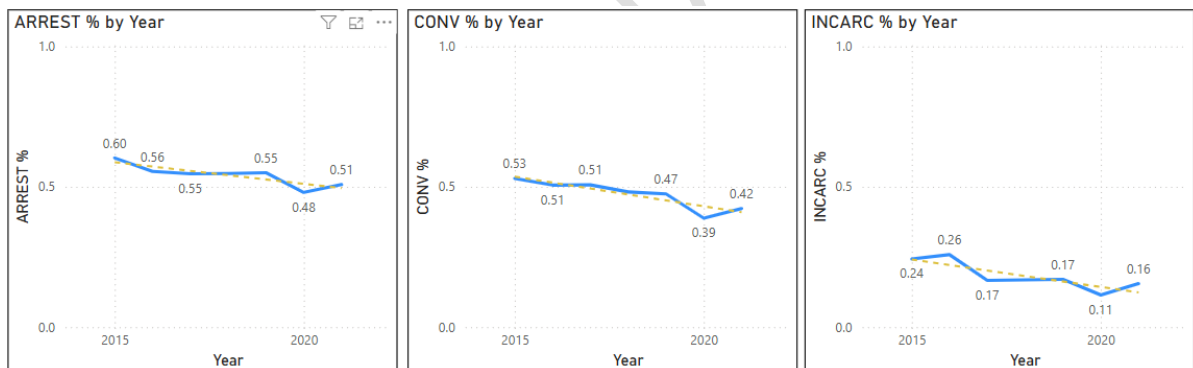
404

Figure 1 Deschutes County Recidivism 2015 to 2021/1st

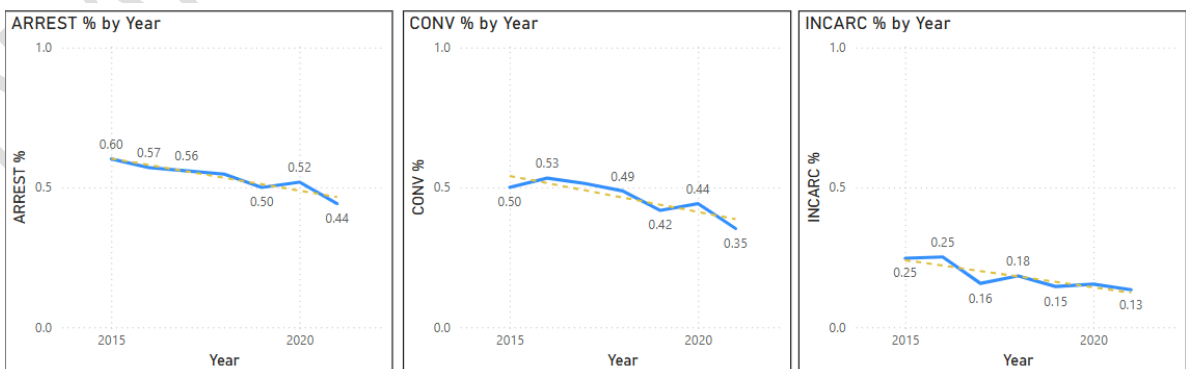Below is Josephine County's recidivism rate from 2015 to 2021/1st.

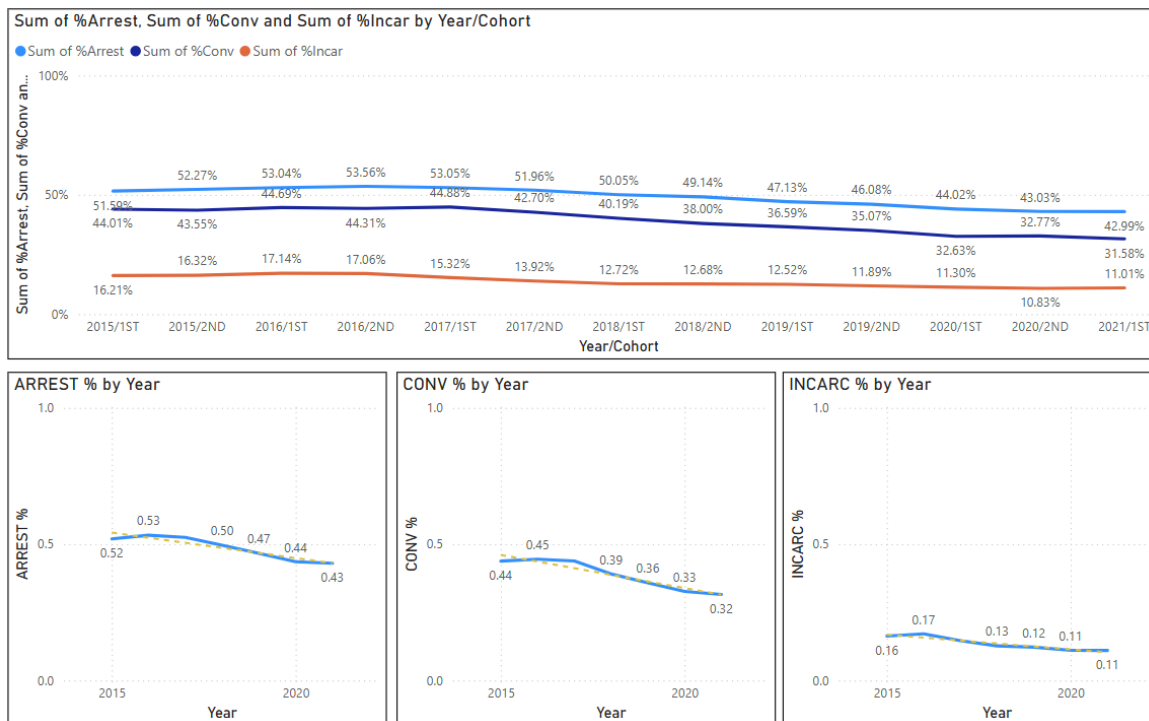*Figure 2 Josephine County Recidivism 2015 to 2021/1st*

6/18/2025, Best Practice Workgroup_Tanner Document_06.18.25

410

411

Figure 3 Statewide Recidivism 2015 to 2021/1st.

412

413   **<u>POSSIBLE SOLUTION</u>**:

414   - As a discipline be able to tell our message to the degree of what our
415   supervision does in an effort to reduce recidivism. We are not the driver,
416   but we can be a mitigating factor. Evaluate the pool of recidivators by age
417   and number in the pool. Is there a group who recidivate and the crime
418   detection is due to P&P activity (public safety?).
419   - Ideas from the CJC Recidivism workgroup.

420

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7. COMMUNITY CORRECTIONS REVIEWS & IGAs: 423.540 Program compliance review by Director of Department of Corrections; effect of failure to comply and 423.480 Supervision Rules (SB1510). Community Corrections Reviews are completed by DOC every biennium.   All stats are generated typically between July and June of the middle of the biennium for each county collect by DOC. There are six sections that the county is evaluated on during the biennium. Once the data is compiled DOC then reports out to the specific county their results. For the past sever CCR's counties have expressed some frustrations on the data collected and the lack of real-time information that they receive during the review period. Lots of time and energy goes into the completion of the reports and DOC reports out the efforts that are put into providing a meaningful report. Counties report frustration with some of the metrics and the inability to get timely information.

County IGA's point to the existing ORS and OAR for compliance. The CCR is called out in the IGA as part of the responsibility of DOC to monitor compliance with IGA and county plans.

During this week, community corrections offices received a significant blow to our budgets. Those where the population shrunk in their county have a compound impact. For those where their AOS population increased they may be a little more stable fiscally but do not have the commensurate funding to the increase in workload. Budget Streams for each county can be significantly different. Some counties get county general fund infusions, some counties receive more grants, and some counties vary in the local allocation of the grant and aid within the county between community corrections agency and county Sheriff Office.

There doesn't appear to be any good news in funding with the 25/27 Biennium. What decisions will the community corrections directors make in navigating this biennium to maintain the best operation at the end of the biennium. The focus will be to develop solutions for the next E session and the impacts FY 26 has had on each agency.

<u>POSSIBLE SOLUTION</u>:

- Convene a new CCR workgroup to build upon what the current CCR data entails. DOC Community Corrections staff have put forth lots of effort to making it meaningful, another OACCD/DOC review committee to give it another iteration of improvements may help all parties and to improve on outcomes.   Deploy a CCR dashboard in nearly real-time that will provide counties with some actionable data to improve outcomes. Provide some

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458		context to the sections and metrics used considering county's
459		demographics and workload environment. Consider a Range of
460		Response to OAR areas on the CCR.
461	•	Adding to the memo format a table format that counties can compare
462		biennium to biennium. See Polk County's Side by Side analysis for CCR's
463		as an example below.

CCR - Biennial Review

Review Category		July 2017 - June 2018	July 2021 - June 2022	July 2023 - June 2024
		Ranked 13th in the State for total county population	Ranked 13th in the State for total county population	Ranked 12th in the State for total county population
County Information		1.63% of population - rank 17th in State	1.43% of population - rate 16th in State	1.55% of funded population - rate 17th in State
Data Entry	Admissions/Offenses			
	Admissions <14 days	90%	93%	
	Error Free Entry	General 60%	General 45% / Commutation 67%	Information not reported in this CCR
Released not admitted		0	0.02 per wk / 0.09 per wk	
EPR's			90%	
Employment (snapshot)		108 lack entry	17 lack entry	95.31% Entry Rating (16 lack entry)
Treatment		93 enrolled/70 Hi & Med	58 enrolled / 46 Hi & Med	153 enrolled / 95 Hi & Med
	Referred - no entry date	54	21	40
	Length of time from referral	258 days	240 days	328 days
Response to OTTO/PSC Notific		1	0	3
Structured Sanction Entry/Completion				
	Open sanctions over 30/days	9/28/17 - 11 of 28 (oldest 539 days)	10/01/21 - 6 of 9 (oldest 136 days)	09/01/23 - 2 of 6 (oldest 53 days)
		12/28/17 - 24 of 42 (oldest 127 days)	01/02/22 - 3 of 7 (oldest 157 days)	12/01/23 - 6 of 12 (oldest 130 days)
		3/28/18 - 11 of 21 (oldest 198 days)	4/1/22 - 1 of 4 (oldest 107 days)	03/01/24 - 5 of 11 (oldest 221 days)
		6/28/18 - 13 of 28 (oldest 1884 days)	7/1/22 - 3 of 6 (oldest 304 days)	06/01/24 - 8 of 15 (oldest 313 days)
Treatment Directory Maintenanc		15 programs - 10 updated	27 programs - 13 updated	34 programs - 6 updated
OAR Compliance Chapter 291 Division				
(019) Transfer				
	% residing in PC	79%	84%	94%
	% residing outside PC	20%	15%	6%
	% unknown	1%	0%	0%
(058) Structured, Intermediate Sanctions				
	Total Sanctions reviewed	9	14	11
		4 lacking NOR entry / Using old Grid	1 lacking NOR entry / 1 override still in place	0 lacking NOR entry / 0 override still in place
(078) Case Management System				
	Contact Standards	Not measured	H - 181% M - 142% L - 447%	Not measured
	LS/CMI Initial / Reassessment	52 completed over 60 days	19 completed over 60 days	7 completed over 60 days
		73 without assessment	7 without assessment	2 without assessment
		snapshot - 111 Hi/Med due or overdue	snapshot - 26 Hi/Med due or overdue	snapshot - 12 Hi/Med due or overdue
		not measured	70% completed	Not measured
	PSC/Proxy w/in 60 Days of Admission	474 - 98% w/in 60 days	165 - 99% w/in 60 days	218 - 99% w/in 60 days
		5 - 1% took longer than 60 days	2 - 1% took longer than 60 days	2 - 1% took longer than 60 days
		7 - 1% not completed	0 not completed	0 not completed

464

465

Table 14 Polk County Biennial Comparable

2023 - 2024 CCR
Summary

Sections	Number	Number Out of Compliance	Number In Complia	Score	Prior Period
Entry					
Employment				96%	
Treatment Entry Up to	420	218		48%	
Response to					
Structured Sanctions Entry/Completion	160	66		59%	
Treatment Directory	51		42	82%	
Section 2. Correctional					
Program Evaluation	2	1		50%	
Compliance					
019 Transfers					
Offenders living in				95%	
058 Structured, Intermediate Sanctions				100%	
078 PSC/Proxy within 60 days of admission	543	14	529	97%	
LS/CMI & WRNA initial assessment.	208		144	69%	
Risk Assessment	427			100%	
Case Plans				92%	
Risk, Need, & Responsivity	530	74		86%	
Contact Standards					
180 Interstate Compact					
Case Closure	27			100%	
Violation Response	3			100%	
Case Closure Replies	15			100%	
Requested Progress Reports	25			92%	
Transfer Reply	61			100%	
Reply to reporting instructions	32			100%	
209 Earned Discharge	653		159	24%	
Section 4. Biennial Plan Adherence					
Plan Adherence				100%	

466   Or..

467 • ORS - 423.475 (2) – Declares supervision is a shared responsibility between
468   DOC and county governments this is referenced through 423.475. This is also
469   referenced in IGA page 1. It would be reasonable to see DOC C.C. as OACCD's
470   strongest partner. The field has clearly indicated that it is not suffiecently funded
471   according to the 2018 ACS, that was conducted by DOC CC. It is reasonable to
472   believe that DOC CC, is open to reveiwing OAR 291-78 and other points of
473   concerns based on funding and requireements under their preview. List of
474   topics:
475   o ORS 423.540 – Requirement to do CCR, IGA VI.A. B. & C. require DOC to
476   furnish the county with *'A. …furnish to the COUNTY, in a timely manner,*
477   *those procedures, directives, records, documnents and forms required for*
478   *COUNTY to meet its obligations" and B. 'Subject to system capacity and*
479   *data processing capabilities,DEPARTMENT will furnish data, descriptive*
480   *information and reports, available to DEPARTMENT and requested by*
481   *COUNTY that will assist COUNTY in complying with DEPARTMENT*
482   *requirements. This data includes, but is not limited to, details regarding*
483   *outcomes noted inSubsection V(C). DEPARTMENT hereby grants to*
484   *COUNTY the right to reproduce, use, and disclose all or part of such*
485   *reports, data, and technical information furnished under this Agreement.'*
486   *And C ' DEPARTMENT agrees to provide COUNTY an opportunity to*
487   *review and comment on all new or revised administrative rules that have*
488   *fiscal or programmatic impact on COUNTY.'* – Based on the complexities

489	of supervision standards/goals DOC is not there yet. They are working on
490	it and getting close, just not there yet.
491	o OAR 291-78 – Assessments and Contact standards. To many of the
492	counties this was an increase of AOS contacts and it is reasonble to adjust
493	the standards based on current data and funding levels. Based on
494	'partnership' model lined out in ORS and that no county is meeting the
495	standard even when provided the most possible fair manner of collecting
496	the data.
497	o A possible response to where the "COUNTIES" are situationally landing on
498	outcomes; may be for OACCD to create a letter to DOC CC, describing
499	the difficulties in meeting the standards as outlined in OAR and request
500	DOC open up again the OAR's for a committee review. We are still in a
501	"Pilot Period", DOC may say they were planning on having a follow up
502	meeting/review.
503	• What legislative preparation is needed to tell the impact of losses that occurred in
504	this session, number of FTE decrease and the population increase for some, how
505	does that translate on the outcomes.
506	

507   8. Budgets:
508   Grant in Aid and other funding streams.   Another area to review and call out is
509   the impact of county cost and state funding streams. More to come in this
510   section.

Biennium	Sum of Final Community Corrections Grant in Aid Allocation	Percentage Change Biennium over Biennium
17/19	$ 273,547,162.00	
19/21	$ 268,431,940.00	-1.87
21/23	$ 284,181,465.00	5.87
23/25	$ 252,366,590.00	-11.20
25/27	$ 279,000,000.00	10.55

511
512   Possible Solutions:
513   • Review Cost Study, time study, current state funding streams, and county
514   funding streams and those funds translate over the years for
515   requirements, outputs and so forth. This is a marker.