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April 15, 2019

Dear Senator Winters and Representative Piluso, and members of the Public Safety Subcommittee:

Thank you again for the opportunity to present on April 10 about the remarkable progress the team at OYA has made at reducing the use of isolation for youth in our custody, without an increase in youth violence. We appreciate your support and thoughtful questions.

Attached are our responses to questions members of the subcommittee raised during the hearing. I've also attached some data documenting the increased acuity of mental health issues, developmental disabilities, and behavioral issues we have been seeing among the youth we serve.

We look forward to your visit to the Oak Creek campus on Monday April 29!

on

Please let me know if you have any questions.

Sincerely,

Joseph O'Leary Director



# 1. Data on use of isolation data going back at least five years.

The chart below shows OYA's use of isolation between January 2011 (when we first began making significant changes in practice in our use of isolation) and January 2019. The dotted trend line documents a 71% decrease in the use of isolation for youth in our care since 2011.



Each spike in isolation use correlates to a closure or consolidation.

- **2012:** We closed 150 beds (one living unit at Hillcrest Youth Correctional Facility (YCF), three at MacLaren YCF, one at Oak Creek YCF, and Corvallis House).
- **2014:** We closed one unit at Hillcrest and one at Riverbend.
- **2015:** We closed two units at MacLaren.
- **2017:** We closed North Coast YCF and consolidated Hillcrest and MacLaren.

#### 2. Data on youth violence in the facilities, going back five years.

See below for charts showing youth-on-staff assaults, youth fights, and youth-on-youth assaults from Sept. 2014 t Jan. 2019. "Youth fights" are what they sound like; youth-on-youth assaults tend to be one-sided.



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### 3. Data on use of isolation and youth violence for females in secure custody at OYA.

The chart below shows use of isolation at the Oak Creek Youth Correctional Facility (YCF) — OYA's facility for females — between September 2014 and January 2019. The spike in 2016 reflects the presence of several youth with acute mental health needs.





This chart shows trend data for youth-on-staff assaults at Oak Creek between September 2014 and January 2019.



This chart shows trend data on youth fights at Oak Creek between September 2014 and January 2019.



This chart shows trend data youth-on-youth assaults at Oak Creek between September 2014 and January 2019.



# Mental Health Issues Among Youth in OYA's Care and Custody Are Becoming More Common and Need More Intensive Services

For some years now, Oregon Youth Authority (OYA) staff have been reporting that youth in OYA's care and custody have more mental health issues — requiring higher-intensity staffing and treatment. A review of the available data corroborates the trend. We used two sources of data.

The first source of data is our Youth Biopsychosocial Summary (YBS). The YBS consists of summaries that are filled out by our Qualified Mental Health Providers (QMHPs) every two years on a specific date, usually May 1, utilizing documentation in the youth's record. YBS summaries from 2014, 2016 and 2018 show:

- Mental Health Diagnoses (Excluding Conduct Disorder<sup>†</sup>) Are Increasing
  - Mental health diagnoses are on the increase in the overall OYA population (72% of youth in 2014, 77% of youth in 2016, 79% of youth in 2018 had ever received a mental health diagnosis, excluding conduct disorder).
  - The increase is due primarily to the percentage of males receiving such diagnoses.
  - Rates among females stayed relatively flat across the three surveys, but they are still much more likely to be diagnosed than males (90% of females vs 77% of males in 2018).
  - The rate of males who had ever been diagnosed with a mental health disorder (other than conduct disorder) increased across the three surveys, with 70% diagnosed in 2014, 75% in 2016, and 77% in 2018.

# • Psychotropic Med Use Has Increased

- Males saw an uptick from 2014 to 2016 in the percentage of youth taking psychotropic medications; this increase remained steady from 2016 to 2018.
- Females also saw a steady increase between 2014 (48%) and 2018 (53%) in the percentage of youth taking psychotropic medications.
- In the overall OYA population, the rate of youth taking psychotropic medications increased between 2014 and 2016 and remained at that elevated level in 2018.
- More Youth Have a History of Attempting Suicide
  - In both the 2016 and 2018 YBS surveys, the percentage of OYA youth with a history of suicide attempts in the last 3 years was 14% (5% multiple attempts, 9% one attempt).
  - This was an increase from 2014, when the total was 10% (4% multiple attempts, 6% one attempt).
  - In 2018, both males and females experienced higher rates of suicide attempts compared to 2014.
  - Females were at a substantially higher risk in all survey years.

<sup>&</sup>lt;sup>†</sup>We exclude "conduct disorder" because (a) one would expect youth with conduct disorder in the justice system; and (b) clinicians report that it isn't terribly meaningful as a diagnosis, and the designation is fairly subjective.

# • More Youth Have Previously Experienced Psychiatric Hospitalization

- In the overall OYA population, the percentage of youth with a history of psychiatric hospitalization increased from 2014 (9%), to 2016 (10%) to 2018 (11%).

## More Youth Have Received Developmentally Disabled Services

This is a two-part question on the YBS. The first question asks whether a youth has been referred for DD services. If the answer is yes, there is a follow-on question asking whether the youth received DD services. Our data show:

- The percentage of youth referred for DD services represents about 5% of all OYA youth.
- In the overall population, youth that received DD services stayed steady at 2% in 2014 and 2016. In 2018, the rate increased to 5%.
- The number of males receiving DD services in 2018 was more than twice the number in either of the prior two surveys.

The second source of data is our Behavioral Acuity Score (BAS) – see the graph and table below. The BAS is a statistical model that estimates the probability that a youth will engage in aberrant behavior during his or her stay in an OYA close custody facility.

"Aberrant behavior acuity" is defined by the rate per day of incidents that resulted in isolation. The isolation rate that determines if a youth is in the top 15% is considered our high-risk threshold. The model predicts the likelihood that a youth will be in the top 15% of the isolation rate. It was built by OYA research staff using predictive analytics on historic data collected in the state Juvenile Justice Information System (JJIS). Depending on the behavior/outcome, it predicts at about 80% accuracy—which is high by industry standards. Several variables in the equation indicate mental/behavioral health issues.

Both the graph and the table report the average BAS score for all the youth in close custody during the cohort years 2012, 2014, 2016, 2018, and current. As you can see below, the average BAS increased each year, which indicates one or two possibilities: (a) the individual youth are more acute (have higher scores); or (b) there is a higher proportion of youth with high scores. In either case, the scores indicate the current population requires increased attention, staff skill, and resources. In 2012, only about 19% of the youth were high risk to engage in aberrant behavior; currently about 27% of our youth are at risk.

Note: The full equation including parameter estimates are available if you would like us to send them.

[See next page for the graph and table.]



**NOTE:** The two categories of youth represented in the graph are (1) youth committed as juveniles to a youth correctional facility (YCF) and (2) youth committed as adults to the Department of Corrections (DOC) but who are housed in OYA facilities. The BAS scores of youth committed to DOC are considerably lower than those of youth committed to OYA.

The same data is show below in table format:

	YCF	DOC
2012	19	4
2014	22	6
2016	26	7
2018	26	8
Current	27	8