



HB 5039 – Public Safety Ways and Means 2021 Legislative Session | Oregon Youth Authority

Response to Questions from February 24, 2021

What are the names of the companies that could be doing the work to assist with JJIS modernization? (Senate Gorsek)

We don't know yet which vendors may apply to do the work. Choosing a company to assist with modernizing the Juvenile Justice Information System (JJIS) will be an open competitive process led by DAS procurement.

However, the graph below maps the leading Low Code Application Platform (LCAP) vendors in the industry according to Gartner, a technology research firm that evaluates and rates vendors for thousands of different IT products and services. The graph shows the likely universe of vendors that may respond to OYA's RFP to build and host the new modernized JJIS.

(As an aside, Gartner is our quality assurance vendor on JJIS modernization.)



You noted in your presentation that you can't turn anyone away? Are you seeing a lessening or change in the commitment of youth that are better served in other systems? (Representative Kropf)

While we do feel that we are seeing more youth successfully served in the community on county supervision, we are not seeing a drop in the proportion of youth with acute needs being committed to the Oregon Youth Authority.

The biopsychosocial characteristics of the youth we serve, provided in the hearing, cast light on the high number of adverse childhood experiences they've undergone. While our population has been decreasing, the data show that we're seeing these youth at about the same rates. A more complete picture of the biopsychosocial needs of our youth is included at the end of this document.

These data matter for a couple of reasons.

1. To the extent possible, youth with significant mental health issues or developmental disabilities should be served in other systems. Because of a lack of treatment alternatives in the community, OYA becomes the provider of last resort. But these youth need intensive, specialized services that we are not staffed to provide.
2. Furthermore, many of these youth do not present a significant public safety risk. There is considerable literature showing that when we combine youth of lower and higher public safety risk, we tend to elevate the risk of those with lower initial risk profiles. In other words, we make them more likely to commit new crimes.

Below are a few stories and staff responses to provide additional insight into these issues.

Mental Health and Services for Youth with Developmental Disabilities

- We experience a steady flow of youth whose needs make them inappropriate for OYA. One of our staff, whose role includes linking with other service systems for youth with acute needs, is asked to consult on 2-3 cases at any given time of youth at risk of heading to OYA but who would be better served in the mental health system.
- Most of our field offices have said the numbers have stayed the same or gone up in terms of youth ending up with OYA who would be better served by other agencies. However, our Multnomah County office notes things are improving, as they have mental health, intellectual and developmental disabilities (IDD), alcohol or other drugs (AOD) and child welfare representatives at their placement committee staffings.
- We also find that low-IQ youth with significant adjudicated charges but who have not yet completed the process to be determined eligible for IDD services tend to get committed to a youth correctional facility (YCF). After they arrive at the YCF and the complete assessments and application process are completed, we often find that they *are* IDD-eligible and then must work to place them in IDD group homes/programs on parole status. However, at that point they are lower priority for the IDD system – which also struggles with a limited number of appropriate placements – since the youth is already “placed” at the YCF and has a roof over their head and food to eat.
- To qualify for IDD placements, youth must meet a very stringent set of criteria. Youth who are low-functioning but do not meet the criteria for IDD placements and who can't meet the IQ criteria for admission to our contracted residential programs –

which would not be the right placement in any case -- often end up in our YCFs by default.

- The same thing happens with our youth with significant mental health issues. On the front end, unless a youth is actively suicidal/homicidal, the mental health system often doesn't have anything to offer these youth, especially if they have private insurance. These youth end up in our YCFs where we are able to get them properly assessed to identify appropriate treatment options – but by and large, they have longer-than-needed lengths of stay, because appropriate OHA transitional living programs for youth with significant mental health diagnoses are so scarce in the community.
- We have two units that serve youth with acute mental health issues at MacLaren, and there is substantial demand for them. The youth placed in those units have significant mental health or serious complex trauma issues. Ideally many of these youth would not be with us (or would be with us for a shorter length of stay) if there were appropriate community placements for them. The units serve to support youth in managing their mental health symptoms and to keep this vulnerable group out of the general population but are not able to provide the intensive level of psychiatric care that they would receive in a mental health placement.

	OYA Youth Biopsychosocial Summary 2018									OYA Youth Biopsychosocial Summary 2020								
	Community			Facility			All Youth			Community			Facility			All Youth		
	Female	Male	All Youth	Female	Male	All Facility	Female	Male	Overall	Female	Male	All Youth	Female	Male	All Facility	Female	Male	Overall
Biological Parent of a Child	12%	7%	8%	6%	10%	9%	10%	8%	8%	12%	10%	11%	14%	17%	17%	13%	13%	13%
Diagnosed Conduct Disorder (CD)	35%	37%	36%	61%	70%	69%	45%	50%	50%	34%	37%	36%	51%	63%	62%	39%	48%	46%
Diagnosed Mental Health Disorder (excluding CD)	87%	73%	75%	94%	83%	84%	90%	77%	79%	87%	75%	77%	92%	83%	84%	89%	78%	80%
Parents Used Alcohol or Drugs	77%	65%	67%	89%	64%	67%	82%	65%	67%	78%	64%	66%	80%	68%	70%	78%	66%	67%
Past Suicide Behavior	24%	12%	14%	36%	12%	15%	29%	12%	14%	29%	11%	14%	31%	13%	15%	30%	12%	14%
Sexually Abused	39%	14%	17%	50%	19%	23%	43%	16%	20%	30%	14%	16%	59%	14%	20%	39%	14%	17%
Special Education	17%	34%	31%	23%	33%	32%	19%	34%	32%	21%	40%	37%	49%	32%	34%	30%	37%	36%
Substance Abuse or Dependence	80%	52%	56%	74%	76%	76%	78%	62%	64%	61%	51%	53%	84%	76%	77%	68%	61%	62%
Youth has ever been referred for Developmental Disability (DD) eligibility	3%	6%	6%	3%	4%	4%	3%	6%	5%	2%	9%	8%	6%	8%	8%	3%	8%	8%
Youth received services from DD	1%	2%	2%	0%	2%	2%	1%	2%	2%	1%	5%	4%	6%	2%	2%	1%	4%	3%
Concerns about youth's ability to function at an age-appropriate level	8%	15%	14%	18%	15%	15%	12%	15%	15%	10%	16%	15%	20%	14%	15%	13%	15%	15%
Youth's documented full-scale IQ below 70	0%	2%	1%	3%	1%	1%	1%	1%	1%	0%	2%	1%	2%	2%	2%	1%	2%	2%
Youth's documented full-scale IQ 70-80	4%	6%	5%	3%	6%	6%	3%	6%	5%	1%	6%	6%	6%	4%	4%	3%	5%	5%
Youth's documented full-scale IQ <=80	4%	7%	7%	6%	7%	7%	5%	7%	7%	1%	8%	7%	8%	6%	6%	3%	7%	6%
Concerns have been raised about youth's IQ	4%	8%	7%	30%	8%	11%	13%	8%	9%	3%	9%	8%	14%	8%	9%	7%	9%	8%
Documented history of child abuse or neglect	64%	50%	52%	71%	51%	53%	67%	50%	53%	58%	49%	50%	78%	54%	57%	64%	51%	53%
Youth ever forced to exchange a sex act for anything of value										35%	4%	8%	24%	1%	4%	32%	3%	7%