



# Oregon

Tina Kotek, Governor

Oregon Department of Corrections

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March 11, 2025



**To:** Joint Committee On Ways and Means Subcommittee On Public Safety

**From:** Harvey Mathews, Legislative Director

**Re:** Answers to questions posed during the March 11th informational hearing on HB 5004

Co-Chair Broadman, Co-Chair Evans, and Members of the Committee,

Thank you for giving us the opportunity to respond to the question posed by the Committee in today's meeting on Department of Corrections' (DOC) budget, HB 5004. Below we have outlined each question and provided our answer.

**Point of clarification in response Representative Evans' statement regarding the transferability of correctional officer certifications:**

The Basic Corrections Officer certification received by graduates of the DOC Basic Corrections Course (BCC) and the DPSST Basic Corrections Local (BCL) are the same certification. Thus, those certified in either program are currently able to work at local, county, or state corrections facilities without any additional certification requirements. This has been the case since the inception of the BCC program in 2009.

DOC and DPSST are currently exploring the possibility of allowing county jail deputies to attend BCC offerings in remote counties, rather than requiring them to attend BCL offerings in Salem. This partnership would offer a potential reduced cost option for rural counties where DOC is offering the Basic Corrections Course.

**Co-Chair Evans asked about the Housing status of former Death Row AICs:**

When the Death Row housing was disbanded, 5 of the 30 AIC's remaining on row were housed outside of GP in high-risk housing, 2 were placed in IMU, 2 were placed in BHU and 1 was placed in AHU. Today, 4 AICs remain in high-risk housing. A total of only 4 AIC's have received misconduct reports, with one individual receiving 10 misconducts since leaving death row housing. A total of 27 Death Row sentences were vacated during this process, 1 was dismissed, 1 was resentenced prior to the disband, and 2 AICs are currently pending a retrial. In summary roughly 87% of those formally housed on Death Row are functioning well in DOC General Population.

**Co-Chair Broadman asked about staff assault rates and if they are trending up or down:**

The Bureau of Labor Statistics (BLS) gathers injury records from workplaces across the country, including prison systems. Annually, they report the Occupational Safety and Health Administration (OSHA) Recordable Rates for each type of workplace -- the number of recordable injuries (those serious enough

by rule to warrant required recording on the annual OSHA injury log) per 100 employees who work a whole year. In 2024 DOC had a DART (days away, restricted, or transfer) rate of 3.1%, which was lower than its 2023 rate of 3.4%, and 40% lower than the BLS rate for prisons.

**2024 DART and Recordable rates**

DART for 2024					
2024	Total recordable cases	Cases with days away from work, job transfer or restriction			Other recordable cases
		Total	Cases with days away from work	Cases with job transfer or restriction	
FED STANDARD 2023	7.7	4.4	4	0.5	3.2
CCCF	4.6	4.1	3.9	0.2	0.5
CDC	0.0	0.0	0.0	0.0	0.0
CRCI	4.5	4.5	4.5	0.0	0.0
DOUGLAS COUNTY	5.4	5.4	5.4	0.0	0.0
DRCI	0.9	0.9	0.5	0.5	0.0
EOCI	1.6	1.6	1.4	0.3	0.0
LINN COUNTY	0.0	0.0	0.0	0.0	0.0
OSCI	5.6	4.4	4.4	0.0	1.2
OSP	6.6	6.1	6.1	0.0	0.5
PRCF	2.6	2.6	2.6	0.0	0.0
SFFC	0.0	0.0	0.0	0.0	0.0
SCI	8.2	8.2	8.2	0.0	0.0
SRCI	1.8	1.8	1.3	0.0	0.5
TRCI	2.6	0.0	0.0	0.0	0.0
WCCF	0.0	0.0	0.0	0.0	0.0
DOME	0.0	0.0	0.0	0.0	0.0
CTRS	1.8	1.8	1.8	0.0	0.0
TOTAL DOC	3.1	2.6	2.4	0.1	0.3

**Co-Chair Evans asked how AICs are assessed for their risk to others and if their mental health rating is a factor in that assessment:**

The DOC uses the Levels of Service/Case Management Inventory (LS/CMI) or Women’s Risk Needs Assessment (WRNA) to identify an AIC’s areas of risk and need. This assessment is completed at Intake and will follow the AIC throughout his or her stay with DOC.

In addition to the LS/CMI or WRNA, a custody classification is completed. The classification tool looks at 4 scoring domains; sentence remaining, escape history, detainers, and misconduct history.

The score generated by the classification tool, the risks identified during the LS/CMI or WRNA assessment interview, and recommendations made by our internal partners such as Behavioral Health Services help the Correctional Counselor make an appropriate housing recommendation.

**Senator Campos asked how many AICs are receiving Eye Movement Desensitization and Reprocessing therapy (EMDR):**

So far, 52 people have received EMDR therapy statewide.

**Representative Evans’ question the security of the Pyxis machines:**

The W&M committee asked about the security of the Pyxis machines. I believe the concern was largely over the machine being described as an ATM for pharmaceuticals, which is indeed accurate, but in retrospect may have been better to describe as an ATM for pharmaceuticals that is accessed by a nurse.

The machines are accessed only by medical staff (nurses, providers, etc.) by means of a two-factor authentication sign-on procedure. First a username is entered, followed by a password and then a fingerprint (bio-metric). This criteria is similar to the needs of the DEA required to write orders for controlled substances electronically. The Pyxis machines integrate and speak with a multitude of EHR systems, including Fusion, the EHR system that DOC is planning to use. This will help reduce errors, better control inventory within our systems, improve access to medications, and decrease loss and diversion of controlled substances and other medications of abuse/shrinkage. Only those medications matching those linked to the EHR are given access to. Pharmacy can see in real time access to medications and immediately identify any discrepancies that may occur, calling out for their resolution. Furthermore, it decreases the time that nursing staff has to complete shift counts of controlled substances, reducing 20-45 minutes of workload from two nurses with each shift change. The Pyxis project started as a pilot at the SRCI facility roughly a year ago. In that time, there has been no incident of diversion (theft) at SRCI. Discrepancies have been noted, but they were discovered by the pharmacy in the same day that they occurred and resolved. The increase in security alone has been incredible.

All data information is stored on a server that we purchased and have housed within the state data center. Upgrades and security measures are actively addressed on a regularly basis through a collaboration between the vendor (BD) and our own IT staff. The Pyxis servers DOC network have regular weekly vulnerability scans and active directory cleanup to ensure only authorized personnel have access. DOC conducts continuous vulnerability scanning to detect security issues in Pyxis servers and DOC and DCS/CSS minimizes the threat of being hacked through layers of traffic monitoring, least privilege access, and active threat detection to reduce risk.

**Representative Lewis asked for more information on AICs over age 65, including what crimes they were convicted of and time remaining on their sentence:**

	# of Male AICs	# of Female AICs	Time Remaining on Sentence	# of AICs
SEX ABUSE	217	HOMICIDE	Life	202
HOMICIDE	190	ASSAULT	50 - 100 Years	47
SODOMY	123	THEFT	25 - 50 Years	126
RAPE	74	DRIVING OFFENSES	10 - 25 Years	183
ASSAULT	51	OTHER	Less than 10 Years	113
OTHER	25	RAPE	Less than 1 Year	98
ROBBERY	18	SEX ABUSE	Not Calculated Yet	1
DRUGS	10	<i>17 are Measure 11</i>		

KIDNAPPING	9
DRIVING OFFENSES	7
BURGLARY	6
THEFT	5
VEHICLE THEFT	3
FORGERY	2
ARSON	1

*453 are Measure 11*

**Representative Grayber asked for the number of AICs pending potential compassionate release and what the qualifications for compassionate release are:**

The compassionate release process is managed by the Parole Board's admin rules, which were changed in January 2025. The current process is outlined in OAR 255-040-0028.

Prior to the new rule in January there were three Early Medical Release (EMR) requests pending. One of which was denied due to early housing not being secured; AIC released on their initial projected release date. The remaining two requests were approved for EMR, finalized and released.

Since January 1, 2025, the Parole Board has received 6 requests for EMR. Three of these requests were denied by Offender Information and Sentence Computation (OISC). Two were denied for sentence ineligibility and one for denial of judgment. The remaining three requests were deemed eligible by OISC for Early medical release and are currently pending.

**Representative Grayber asked what the status of the Family Preservation Project is:**

Please see attached document titled: Family Preservation Project 2025 Summary

## Family Preservation Project 2025 Summary

### History of FPP

#### 2002

- Family Preservation Project (FPP) began under the name “Even Start”.
- Even Start was started by DOC using federal grant funds.
- DOC contracted with PCC to run the Even Start from 2002 – 2009.
- Federal grant funds ran out in 2009.

#### 2010

- DOC renamed the program to FPP and directly funded it from 2010 – 2014.

#### 2014

- A rigorous analysis of the program was conducted, and the following was determined:
  - FPP served too few AICs to be cost-effective.
  - FPP was determined to have no impact on recidivism.
- DOC made the decision to cut FPP.

#### 2015

- FPP and YWCA were successful in lobbying for continued funding through the legislature between 2015-2025.
  - SB 5507 (2015)
  - SB 242 (2017) (HB 5006)
  - HB 3300-A (2019)
  - HB 4131 (2020)
  - SB 720 (2021) (HB 5006)
  - HB 2731 (2023) (SB 5506)

#### 2025

- Oregon SB 1116 for 2025 directs the Oregon Criminal Justice Commission (CJC) to study establishing a "Family Preservation Project" pilot program at the Coffee Creek Correctional Facility to support incarcerated parents, their children, and caregivers, with a report due by September 15, 2026.

### FPP Program Description

FPP’s program has 3 tiers (described below). Tier 1 is the mother/child program occurring inside CCCM, and the Tier 3 speaker series also occurs inside CCCM. Tier 2 may occur for some CCCM mothers, but our understanding is that a significant portion of these services are actually provided in the community for justice-involved mothers and not within DOC.

#### **Tier 1**

The **first tier** is FPP’s **Intensive Family Reunification Program**, which is designed for families with a child facing educational and/or emotional barriers. FPP assists participants in this program by coordinating between mothers, children, caregivers, and family members through engaging in therapeutic visitations, intensive transition planning, caregiver support, and interventions based on bio-psychological assessments.

FPP services in this tier reach approximately 15 incarcerated mothers, 30 children, and 20 caregivers annually. Services received by program participants also include bimonthly

## Family Preservation Project 2025 Summary

therapeutic visits between the mothers and their children, twice-weekly parenting support and education, and weekly intensive transition/reentry planning.

Children of program participants are able to have parental involvement in essential school-related functions and decision making, including parent/teacher and IEP meetings, as well as enrichment activities. Caregivers participate in a bimonthly support group, receive support in navigating available community and government resources, are provided respite opportunities, and are supported during facilitated family meetings with the incarcerated mother.

### **Tier 2**

The **second tier** of programming offered by FPP is its **Family Resource Center**, which serves approximately 300 women per year and consistently has a long wait list of a few hundred hopeful participants. The Family Resource Center provides several services, including support and education groups; facilitated contact between program participants and family members, children, lawyers, and community agencies; pro-bono legal support and representation for family law and juvenile law issues; civil legal support; case management for participants with open DHS cases or other non-DHS issues; and weekly individual coaching sessions and group parenting from prison classes. It is estimated that these services impact approximately 600 children and 300 caregivers in addition to the program participants.

### **Tier 3**

Finally, the **third tier** of programming includes **other support services**. For instance, within this tier is the Speaker Series, which brings speakers monthly into Coffee Creek to present on self-identified topics provided by community partners as well as formerly incarcerated women. Using funds received from the legislature, FPP is able to issue family and friends “gas cards” to help pay for people to attend their CCCM program/speaker series events. DOC is unable to do this, as it creates an inequity.