

DESCHUTES COUNTY PUBLIC SAFETY COORDINATING COUNCIL MEETING

Via ZOOM:

<https://us02web.zoom.us/j/88103424024?pwd=Wk5WaU5oWVZlZ3drSDY4ZlVNZ1ZTUT09>

Meeting ID: 881 0342 4024 Passcode: 736013

Tuesday, April 1, 2025; 3:30pm


Agenda

- I. Call to Order**
Chair Presiding Judge Wells Ashby
- II. Introductions**
Chair Presiding Judge Wells Ashby
- III. February 2025 and March 2025 Minutes** **Attachment 1**
Chair Ashby
Action: Approve February and March Minutes
- IV. Public Comment**
Chair Ashby
- V. Deschutes County Deflection Program** **Attachment 2**
Deputy Neil Marchington, Deschutes County Sheriff's Office
Discussion/Update
- VI. Justice Reinvestment Grant Application 25-27 Biennium** **Attachment 3**
Trevor Stephens, Deschutes Co. Community Justice – Adult P&P
Action: Review and approve letter of support
- VII. Justice Reinvestment Victim Service Committee 25-27 Biennium**
Trevor Stephens, Deschutes Co. Community Justice – Adult P&P
Action: 3-5 members for Grant Review Committee
- VIII. Juvenile Crime Prevention Application 25-27 Biennium** **Attachment 4**
Trevor Stephens, Deschutes Co. Community Justice – Juvenile
Action: Review and approve letter of support
- IX. Court Update**
Chair Ashby
Discussion

X. Agency Updates and Other Business
Chair Ashby

Reminder!

Meeting **agendas and materials** are now located here: <https://www.deschutes.org/meetings>.

	<p>Deschutes County encourages persons with disabilities to participate in all programs and activities. This event/location is accessible to people with disabilities. If you need accommodations to make participation possible, please call (541) 388-6571 or send email to angie.powers@deschutes.org.</p> <p>Condado de Deschutes alienta a las personas cualificadas con discapacidad a participar en sus programas y actividades. Esta evento/ubicación es accesible para personas con discapacidad. Si necesita hacer arreglos para hacer posible la participación, llame al (541) 388-6571 o envíe un correo electrónico a angie.powers@deschutes.org.</p>
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Oregon Behavioral Health Deflection Program

Deschutes County

Monthly REDCap® Report - Data extract from 3/3/25

Notes:

- 1) *This report includes all data from September first through the date of extract.*
- 2) *These tables do not represent all data that are being tracked. Variables with insufficient data for reliable reporting in the current extract are not included.*
- 3) *"Total" and "n" equal the number of individuals included in a table for whom there is data.*
- 4) *"Multiple response" counts are presented for variables that are "check all that apply." The number of responses may be more than the number of individuals.*
- 5) *"Missing" refers to the number of participants who do not have any data entered yet for that variable. Due to the nature of the ongoing data collection and the length of deflection programs, participants may have missing data for several months.*
- 6) *We are unable to provide counts of missing data for tables with "Multiple responses."*

Table 1. Deflection referrals and participant status (DES)

Participant status	Frequency
Total referred to deflection	36
Deflection events	36
Qualified for deflection	36
Entered program	28
Did not complete deflection	7
Completed deflection	10

Table 2a. Gender (DES)

Gender	Multiple Responses (n = 35)
Male	24
Female	10
Transgender man (female to male)	0
Transgender woman (male to female)	0
Non-binary	0
Additional gender category	0
Prefer not to answer	0
Don't know	1

Table 2b. Race (DES)

Race	Multiple Responses (n = 34)
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Latino/a/x	1
Middle Eastern/North African	0
Native Hawaiian or Pacific Islander	0
White	32
Different race	0
Prefer not to answer	0
Don't know	1

Table 2c. Disability (DES)

Disability	Multiple Responses (n = 35)
Serious difficulty hearing	0
Serious difficulty seeing, even when wearing glasses	0
Because of a physical, mental, or emotional condition, serious difficulty concentrating, remembering, or making decisions	3
Serious difficulty walking or climbing stairs	0
Difficulty dressing or bathing	0
Because of a physical, mental, or emotional condition, difficulty doing errands alone such as visiting a doctors office or shopping	0
None	30
Other	0
Don't know	2

Table 3. Who was the first point of contact with the participant? (DES)

Deflection role	Frequency
Law enforcement	18
First responder (EMS, Fire)	0
Mobile Crisis/Crisis Response Team	0
Multi-disciplinary deflection response team	0
Social worker	0
Behavioral Health treatment provider	0
Case manager	0
Peer support worker/navigator	1
District attorney's office	4
Deflection coordinator	12
Jail staff	1
Community corrections staff	0
Other	0
Don't know	0
Total	36

Table 4. Referral pathway (DES)

Pathway type	Frequency
Law enforcement prevention (no criminal charges are present)	0
Law enforcement intervention (charged or could be charged with a crime)	35
Active outreach	0
Opioid overdose outreach	0
Community referral	0
Self-referral	0
Other	0
Don't know	0
Total	36
Missing data	0

Table 5. Reasons for program ineligibility (DES)

Reason ineligible	Multiple responses (n=0)
Community justice supervision	0
Prior disqualifying conviction	0
Charged with other crime at time of deflection encounter	0
Victim with potential restitution	0
Pending warrant	0
Did not attend court appearance	0
Not a county resident	0
Previous deflection involvement	0
Other	0
Don't know	0

Table 6. Reasons why deflection was not completed (DES)

Reason	Multiple responses (n=7)
Lost to follow-up/unable to contact	1
New criminal justice involvement	2
Did not engage with treatment plan	6
Declined housing support	0
Voluntarily left program	7
Substance use	2
Overdose death	0
Other death	0
Other	0
Don't know	0

Table 7. Screenings and Assessments (DES)

Reason	Multiple responses (n=16)
TAPS (Tobacco, Alcohol, Prescription medication, and other Substance use)	0
DAST-10 (Drug Abuse Screen Test)	0
ASSIST (Alcohol, Smoking, and Substance Abuse Involvement Screen Test)	0
ASAM Criteria (American Society of Addiction Medicine Criteria)	14
CUDIT (Cannabis Use Disorders Identification Test)	0
GAD-7 (General Anxiety Disorder-7)	14
PHQ-9 (Patient Health Questionnaire-9)	14
CRAFFT	0
DSM-5 Checklist	14
AUDIT (Alcohol Use Disorders Identification Test)	0
CASI (Cognitive Ability Screening Instrument)	0
Locally-developed behavioral health assessment	0
Physical health screening	1
Social determinants of health screening	0
Locally-developed mental health assessment)	0
Locally-developed substance use disorder assessment	0
Other assessment	1
No assessments were administered	1
Don't know	1

Table 8. Was a substance use disorder identified? (DES)

SUD identified	Frequency
Yes	17
No	0
Dont know	0
Total	18
Missing data	10

Table 9. Substance use disorder type (DES)

Substance type	Multiple responses (n=17)
Alcohol	5
Methamphetamine	16
Other amphetamine/stimulant	0
Heroin	2
Fentanyl	8
Other opioids	2
Cannabis	3
Other	0
Don't know	0

Table 10. Was a mental health disorder identified? (DES)

Mental health disorder identified	Frequency
Yes	4
No	8
Dont know	0
Total	18
Missing data	10

Table 11. Mental health diagnoses by type (DES)

Mental health disorder type	Multiple responses (n=4)
Anxiety	2
Depression	1
Bipolar spectrum disorder	0
Other mood disorder	1
Personality disorder	0
Schizophrenia and other psychotic disorders (not substance-induced)	3
Substance-induced psychosis	0
Suicidal ideation/attempt/intentional self-harm	1
Trauma- and stressor-related disorder (includes PTSD)	1
Other	0
Don't know	0

Table 12. Types of referrals to services (DES)

Service type	Multiple responses (n=24)
SUD treatment	24
Mental health treatment	14
Culturally specific care	0
Social services	13
Other	0
None	0
Don't know	0

Table 13. Referrals and services received (DES)

Service type	Referred to service	Received service	Referred but didn't receive	Don't know if service was received
Medically managed inpatient	4	4	0	0
Detox/withdrawal management	9	9	0	0
Residential facility	2	2	0	0
Intensive outpatient	5	4	1	0
Outpatient	19	14	4	0
Medication for opioid use disorder	9	7	2	0
Medication for alcohol use disorder	1	1	0	0
Medication for stimulant use disorder	9	9	0	0
SUD counseling	22	17	4	0
Harm reduction	9	8	1	0
Recovery support	11	10	0	0
Psychotherapy	1	1	0	0
Mental health medication	2	2	0	0
Hospitalization	1	1	0	0
Mental health counseling	13	12	1	0
Group therapy	8	8	0	0
Interpreter services	0	0	0	0
Translated printed materials	0	0	0	0
Language concordant care	0	0	0	0

Service type	Referred to service	Received service	Referred but didn't receive	Don't know if service was received
Culturally specific care	0	0	0	0
Housing supports	10	8	0	0
Employment supports	10	8	0	0
OHP enrollment	2	2	0	0
SNAP enrollment	2	2	0	0
TANF enrollment	0	0	0	0
Other	0	0	0	0

Table 14. Housing situation at time of deflection (DES)

Living arrangement	Pre-deflection frequency
Personal residence (house/apartment/dorm)	9
Staying with friends or family (couch surfing)	2
Homeless shelter	2
Transitional housing	0
Foster home/foster care	0
Permanent supportive housing	1
Hotel/motel	0
Unsheltered (or other place not fit for human habitation)	6
Living in a tent	2
Living in a vehicle	3
Jail/correctional facility	2
Other	0
Dont know	0
Total	27
Missing data	1

Table 15. Was housing situation stable? (DES)

Stable housing	Pre-deflection frequency
Yes	13
No	14
Dont know	0
Total	27
Missing data	1

Table 16. Was housing situation safe? (DES)

Safe housing	Pre-deflection frequency
Yes	16
No	11
Dont know	0
Total	27
Missing data	1

Table 17. Employment status at time of deflection (DES)

Employment	Pre-deflection frequency
Full time employment	6
Part time employment	3
Not employed, looking for work	11
Not employed, not looking for work	6
Retired	0
SSI/SSDI	0
Student	1
Other	0
Dont know	0
Total	27
Missing data	1

Table 18. Medical needs at time of deflection (DES)

Medical needs	Pre-deflection multiple responses (n=26)
Prescriptions	2
Emergent treatment (ED/urgent care)	2
Chronic condition	1
None	23
Other	1
Don't know	0

Table 19. Food insecurity at time of deflection (DES)

Food insecurity	Pre-deflection frequency
Requires food assistance	3
Does not require food assistance	21
Dont know	0
Total	25
Missing data	3

Table 20. Insurance status at time of deflection (DES)

Insurance	Pre-deflection multiple responses (n=24)
Uninsured	1
OHP/Medicaid	23
Medicare	0
IHS	0
VA health plan	0
Private insurance	1
Other	0
Don't know	1

**Deschutes County Justice Reinvestment
Preliminary Grant Application
Due April 18, 2025**

Cover Sheet

- LPSCC Chair Contact Information
- Applicant Contact Information
- Fiscal Contact Information

Consultation of Data Dashboards

1. Has your county's prison usage increased over the past 12 months or exceeded your historic baseline? If yes, please identify local factors contributing to this trend (150 word Limit).
 - Link to CJC
 - Over the past 12 months, Deschutes County prison usage has fluctuated but remains well below our historic baseline. As of December 2023, we recorded 814 months, reached a low of 659 months in September 2024, and then rose to 988 months in December 2024 (the most recent data available on the JRP prison usage chart). Our historic baseline is 1,727 months, and the December 2024 figure represents 57% of that baseline.

2. Has three-year incarceration recidivism increased in your county in the latest data year or since 2013? If yes, please explain local factors contributing to this trend (150 word limit)
 - Link to CJC
 - Deschutes County's most recent recidivism rate for incarceration is lower than pre-JRP rates from 2014. Over the past 12 months, the incarceration rate has fluctuated, from 17.8% for the 1st cohort of 2017 to 17.1% for the 1st cohort of 2021. While these rates are higher than the statewide averages for the same cohorts, Deschutes County has historically had higher rates. However, there has been no significant increase compared to pre-JRP levels. We continue to monitor recidivism rates and are implementing evidence-based supervision techniques that research shows directly impact a client's likelihood to recidivate. We use Cognitive Behavioral Therapy (CBT) through MRT with male clients and Moving On with female clients. We have also implemented gender-responsive caseloads. Our Parole and Probation Officers (PPOs) utilize core correctional practices, Carey guides, Motivational Interviewing, and other skills-based interventions to address the specific criminogenic risks and needs of our clients.

3. How does your Justice Reinvestment-funded programming address racial disparities or other disparities in historically underserved communities (150 Word Limit)?
 - Our JRP program addresses disparities affecting historically underserved communities through effective supervision, adherence to risk, needs, and responsivity principles, and maintaining manageable caseloads for consistent, fair responses. Supervision is based on validated risk and needs assessments, with an emphasis on building rapport and trust during initial visits. This helps clients share their experiences, including their racial, ethnic, and gender identities, allowing us to connect them with services that meet their responsive needs. Since 2020, a community-based advisory committee has provided feedback on our processes and services. Through this, we've partnered with community organizations offering additional support and recently launched partnerships with peer mentor recovery services specializing in culturally responsive support. We continue to work on our equity plan, developed with the District Attorney's office, including joint training on implicit bias for LPSCC leadership. Additionally, we've introduced a gender-responsive caseload for Spanish-speaking clients.

Proposed Grant Program

1. Program Name: Deschutes County Justice Reinvestment Program
2. Was this program a part of 21-23 Justice Reinvestment funded program?
 - Yes
3. What type of program is this?
 - Downward Departure
4. Provide a summary of the program's purpose and key activities (200 words or less).
 - The Deschutes County Justice Reinvestment Program (JRP) focuses on reducing prison usage and recidivism while ensuring public safety. Clients are assessed using the LSCMI or WRNA and supervised based on their criminogenic risk and needs. Supervision includes core correctional practices, structured skill-building, and cognitive-based programming. JRP refers clients to outside providers for treatment and offers barrier-reduction services, including housing, clothing, DMV IDs, and other supports. The program collaborates with local treatment providers to ensure clients have access to substance use disorder (SUD) treatment, Medication-Assisted Treatment (MAT), or other services as needed. Internally, JRP offers cognitive behavioral therapy (CBT) services, including MRT for men and Moving On for women.
 - JRP also provides gender-specific caseloads and has recently introduced a Spanish-speaking, culturally responsive caseload to better meet the needs of diverse clients. The program prioritizes small caseloads for high-risk clients, particularly those on Downward Departure, providing intensive supervision and

support such as sober housing, case-managed transitional housing, SUD treatment, and transportation assistance. To address public safety concerns in early release or downward departure cases, JRP emphasizes early, accurate assessments, case management based on risk and needs, frequent contact to monitor compliance and safety, random urine analysis testing, and access to cognitive-based and other treatments.

5. Which of the goals of the Justice Reinvestment Program does this program meet (100 word limit)?
 - The Deschutes County Justice Reinvestment Program (JRP) aims to reduce prison usage and recidivism while ensuring public safety and holding individuals accountable. By assessing defendants' criminogenic risk and needs, JRP provides tailored supervision, including cognitive-based programming, specialized services, and intensive supervision for high-risk clients. The program uses evidence-based techniques like Motivational Interviewing, CBT, and Core Correctional Practices, and offers support such as sober housing, transportation, and treatment referrals. Small caseloads, frequent contact, and case management ensure public safety and client accountability. JRP's success in reducing prison usage, combined with targeted interventions and local treatment support, helps reduce recidivism and improve client outcomes.
6. Target Population: Identify the target populations(s) this program serves including underserved groups as defined in HB 3064 (2019).
 - The Deschutes County Justice Reinvestment Program (JRP) specifically targets individuals involved in drug, property, and driving offenses who are eligible for a downward departure and can be safely supervised in the community instead of prison. The program also accepts participants from the Alternative to Incarceration Program (AIP) and those on Short-Term Transitional Leave (STTL), with both groups split among all caseloads but prioritized for JRP resources. These resources include transitional and sober housing to support successful community reintegration. JRP serves individuals across all gender identities, races, ethnicities, and historically underserved communities, focusing on medium and high-risk clients.
7. Gender Identity
 - All
8. Race/Ethnicity
 - All
9. Other Historically Underserved Communities
 - Women
 - Socioeconomically Disadvantaged

10. What risk levels does your program serve?
- Medium to Very High (LSCMI)
 - Moderate to High (WRNA)
 - Does your program mix risk levels?
 - Low risk are on our case bank and our not generally included in services such as CBT groups.
11. Which crime types does this program serve? Select all that apply.
- Driving Offenses (generally ORS chapters 811, 813)
 - Property Offenses (generally ORS chapters 164, 165)
 - Drug Offenses (generally ORS chapters 471, 475)
 - Other: We take a look at all STTL and AIP candidates and if we can safely place them in the community, we will accept them regardless of crime type.
12. Which, if any assessment does this program use?
- PSC
 - LS/CMI
 - WRNA
 - TCU
 - URICA
13. Briefly describe how the above assessments are used in your program.
- The client begins with a Defendant Assessment Report, which includes the PSC, LSCMI/WRNA, URICA, and TCU, along with narratives about past supervision and criminal history information along with an outline of what supervision would look like for this client.
 - Once clients enter supervision, the PSC and LSCMI/WRNA are used to determine caseload placement, the level of supervision, and identify the top criminogenic needs to focus on during case management. This is all tracked using the behavior change plan module in OMS.
14. Has this program received a Corrections Program Checklist or the George Mason University Risk-Need-Responsivity Evaluation in the last 10 years?
- The entire program has not, but specific aspects of the program have.
 - Most recently, our internal MRT program underwent the George Mason review in December of 2022. We received a score indicating high adherence to evidence-based practices, with no major structural changes recommended. In addition, one of our main treatment providers has passed a CPC assessment in the last five years.

15. How does your program meet the legal definition of culturally responsive services as defined in SB 1510 (2022) (150 word limit)?

- Deschutes County is committed to providing culturally responsive supervision, treatment, and resources for individuals on community supervision, particularly those from Black, Indigenous, Latinx, and Asian/Pacific Islander communities. The county collaborates with community conversation group quarterly to target specific needs from our equity assessment. Additionally, Deschutes County partners with First Light, a culturally responsive peer mentor provider, to offer culturally appropriate peer support for recovery. The county also uses gender-responsive caseloads and has a Spanish-speaking culturally responsive caseload. Through these partnerships and targeted support, Deschutes County strives to reduce racial disparities, enhance outcomes, and ensure individuals receive the services they need to thrive.

Eligibility Requirements

1. Does the county consider and accept short-term transitional leave candidates as appropriate?
 - a. Yes
2. Does the county or county partners provide assistance to clients enrolling in the Oregon Health Plan?
 - a. Yes

Planning and Implementation

1. Describe the partnerships that will support your county's effort to achieve Justice Reinvestment goals.
 - Deschutes County's JRP program is built on partnerships at individual, community, organizational, and systemic levels. Staff foster professional relationships with justice-involved individuals, teaching personal accountability and supporting behavior change. Community members, including families and employers, witness and share the success of individuals maintaining sobriety and employment. The Parole & Probation division engages in ongoing Community Conversations with marginalized communities to share experiences and feedback. At the organizational level, the Parole & Probation division and District Attorney's Office meet regularly to coordinate on JRP programming. At the systemic level, the Local Public Safety Coordinating Council oversees the program's impact on recidivism, prison utilization, and public safety, ensuring it aligns with evolving laws and trends.
2. How does your county incorporate input from historically underserved communities and community partners in the design, implementation, and review of the Justice Reinvestment program?

- Deschutes County has fostered a committed community-based partnership through the Community Conversation group, which has been active since 2020. The group consists of community members advocating for marginalized cultural, racial, and ethnic communities, and county staff members. They meet quarterly using a restorative practice circle to build trust, discuss JRP and other justice programming, and address racial and ethnic disparities in the local justice system. The group has helped with implementation of culturally responsive services in the form of mentorship and helped coordinate the leadership Implicit Bias Training. Community Conversation has improved trust, innovation, and equity within the justice system and will continue to evolve, addressing emerging challenges and informing future strategies.
3. How will the county select which community-based victim service providers will be awarded funds? Will the County run a competitive process?
 - We will issue a request for grant proposals, and a committee from LPSCC will be formed to review the submissions. This committee will make a recommendation to LPSCC on how to allocate the award based on the 10% distribution. We will follow the framework provided by the CJC for the requirements of Victim Services Providers in the grant proposal process.

Evaluation Plan

4. How will your county meet the evaluation requirement for this proposal?
 - Remit 3% of the funds awarded to the CJC’s statewide evaluation budget.
5. What is your suggested research topic for the CJC to study?

2025-2027 Competitive Grant

6. Would you like to opt in for the Competitive grant?
 - Yes, we intend to apply and be considered for funding.

Letter of Support from LPSCC

Letter of Support from BOCC

Statement of Commitment from District Attorney

Statement of Commitment from Presiding Judge

Statement of Commitment from Community Corrections



Wells Ashby, Chair
Presiding Judge

Nick Lelack, Vice Chair
County Administrator

Phil Chang
County Commissioner

Stephen Gunnels
District Attorney

Kent van der Kamp
Deschutes County Sheriff

Sara Crosswhite
911 Service District Director

Christa Neal
Interim Trial Court Administrator

Janice Garceau
County Health Services Director

Deevy Holcomb
Community Justice Director

Mike Riley
Bend City Councilor

Mike Krantz
Bend Police Chief

Keith Witcosky
Redmond City Manager

Devin Lewis
Redmond Police Chief

Cory Darling
Interim Sunriver Police Chief

Gil Levy
Citizen Member

Donna Mills
Citizen Member

Joseph Mabonga
Oregon Youth Authority

Brandon Smithers
OSP Lieutenant

Thomas Spear
Attorney at Law

April 18th, 2025

Dear Oregon Criminal Justice Commission,

On behalf of the Deschutes County Local Public Safety Coordinating Council, I would like to convey our approval and support for the FY 25-27 Justice Reinvestment Grant Application submitted by Deschutes County Community Justice. The grant is the efforts of partnerships between our stakeholders, and we are excited to continue with our program that has helped us meet the goals of Justice Reinvestment.

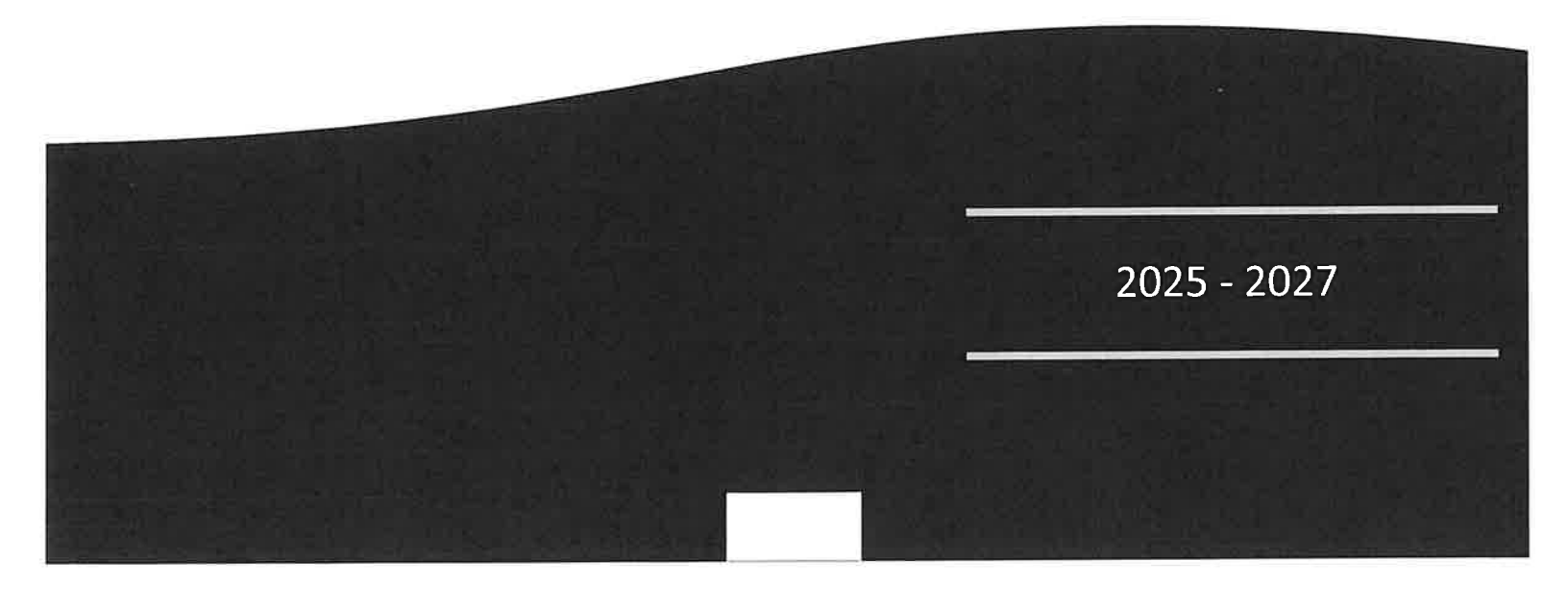
Sincerely,

The Honorable Wells Ashby,
Chair Local Public Safety Coordinating Council




Deschutes County

Juvenile Crime Prevention
Plan



2025 - 2027



Plan Elements

1. Planning Process

Deschutes County Juvenile Crime Prevention (JCP) programming has yielded positive results. NPC's last biennial evaluation showed that statewide, 78% of young people who received JCP services did not have a criminal referral within one year. The most common risk factors for juvenile justice involvement included family conflict, academic failure, and a pattern of impulsivity combined with aggressive behavior toward others. The most significant reductions were seen in areas such as harmful behavior toward others in the past month, recent runaway incidents, and poor family supervision. These focus areas align well with Functional Family Therapy, which was primarily supported by JCP funds during the most recent reporting period.¹

The 2025-2027 Deschutes County Juvenile Crime Prevention Plan will prevent new juvenile justice referrals and community harm through restorative practices and continue to provide evidence-based cognitive programming for young men, addressing antisocial attitudes, values, beliefs, and peer influences. Funding from JCP will allow us to leverage other funding to also provide culturally responsive recovery services for youth with substance use disorder who are also participating in MRT or restorative practices.

This plan is based on several years of development, relationship building and identification of need with Culture of Care, a Trauma-Informed and Restorative Practices coaching team housed at the High Desert ESD; Restorative Justice & Equity, a community-based organization working on building restorative school cultures; and First Light, a community-based organization providing recovery and reentry support to justice-involved individuals using cultural and community-based healing and support model. This plan also represents success in prior JCP plans to train and create restorative practice organizational culture amongst Juvenile division staff, which allows the county to now shift focus to enhancing restorative practices with youth referred to the department.

Together with these partners, Deschutes County's JCP Plan responds to key youth referral trends and needs. First, young men comprise the majority of juvenile justice referrals. Through MRT, an evidence-based peer-based skill building group, JCP funding will allow young men to learn healthy and positive personal and behavioral skills to replace socially accepted or perceived ideas about masculinity that can contribute to delinquency such as aggression, and fear of expressing emotion or vulnerability. It also provides young men an opportunity to reflect and consider what they want from their lives and provides a pathway to get there. Second, restorative practices provides an alternative to punitive or compliance-based accountability measures by offering young people a way to understand the drivers of their own behavior, how they impacted others, and what they can do, or what those they have harmed need to happen, to make things right. Throughout a restorative process, young people hear that they matter, and that what they may have done does not represent who they are. It allows victims an opportunity to truly share the impact of harm and what they need to happen on their healing journey. It also emphasizes the importance of relationship, which is an important factor when working with young women in particular. This approach is also very helpful for young people who experience disparate treatment and social interactions related to racial and other identity factors, including with law enforcement, as it makes space for personal accountability alongside the acknowledgement of lived experience.

¹ NPC Research. July 1 2021-June 30 2023 Juvenile Crime Prevention Data Summary, page. 7

Racial and ethnic disparities continue to be present in Deschutes County. In the Bend-La Pine School District, high school students of color surveyed by YouthTruth consistently reported feeling less safe at school compared to white students. When asked whether adults in their schools respect people from different backgrounds and treat students with respect, students of color gave lower ratings than their white peers. Additionally, when asked whether discipline is administered fairly, students of color were more likely to report feeling treated unfairly.² In 2024, Deschutes County youth identified as Hispanic, Black, and Native American were 1.51 to 6.33 times more likely to be referred to the juvenile department compared to their white counterparts—a persistent trend over the past several years for many communities.³

Evidence-based Practices with Referred Youth

Deschutes County’s juvenile justice landscape continues to have historically low numbers of law enforcement referrals, a strong emphasis on evidence-based practices to drive long-term behavior change, continual reinforcement for the importance of family engagement and community partnerships, and ongoing disparities in who is referred, and who can access and afford treatment and resources during their participation in juvenile justice and other services systems.

While the COVID-19 pandemic accelerated the decade-long decline in referrals, numbers have begun to rise again over the past year. Though the volume, nature, and characteristics of youth referrals have shifted, our commitment remains unchanged: to work creatively, consistently, and equitably in providing evidence-based supervision and services that support long-term behavioral change. For youth whose risk/needs profile indicates that supervision is warranted, the division continues to implement the Effective Practices in Community Supervision (EPICS) model, Functional Family Therapy, restorative community service program, and MRT for young men. The division recently completed an organization-wide assessment on our practices with justice-involved young women and will be implementing improvements identified through that process.

JCP funding will continue to support young men participating in MRT, which integrates education, group and individual counseling, and structured exercises to foster moral development. JCP funding will support staff and materials and supplies costs for MRT facilitation, with the goal of reducing criminogenic risks, preventing further system involvement, and positively impacting youth recidivism rates. MRT is facilitated by designated department staff who are trained by authorized trainers of the model. The program addresses beliefs, reasoning, and antisocial attitudes, values, and behaviors to promote pro-social change. We use regular fidelity and quality assurance measures such as group observations, co-facilitation, and clinical supervision to ensure program effectiveness. Additionally, through MRT’s volunteer requirement and personal goal-setting components, we see strong opportunities to leverage JCP support with this program, to connect youth with culturally responsive community supports, leveraging our existing partnerships with local agencies in Central Oregon.

JCP funding will newly support youth with new referrals, or supervised youth who receive technical violations, with the opportunity to participate in a formal Restorative Conference, utilizing the International Institute for Restorative Practices model. This approach to working with youth demonstrating behavioral concerns has shown widespread success in school settings across the globe, improving student outcomes, fostering belonging, and decreasing suspensions and disciplinary disparities.⁴ JCP funding in the past has supported Juvenile staff to be trained in this model and provide other types of restorative

² Youth Truth Survey Results January 2025 Bend La-Pine School District

³ Juvenile Justice Information System Annual Report. Deschutes County Relative Rate Index 2024

⁴ International Institute for Restorative Practices Research and Evaluation. [Learningpolicyinstitute.org](https://learningpolicyinstitute.org)

practices with youth, and with peers and coworkers in our organizational culture. As we shift towards a new accountability and restoration option for youth with referrals and violating behaviors, we are confident that our juvenile justice setting will mirror these results. A formal restorative conference requires planning, pre-conference interviews, and follows a specific script where the person who has harmed others, the person/s who are harmed, and others involved have an opportunity explore what happened from their perspective, what they were thinking then and now, what the impact has been, and most importantly, what needs to happen to make things right. They end with written agreement on how reparation of harm will occur. Staff working with the youth and those harmed will continue to monitor and support the youth and situation for final resolution.

Key Plan Partners

The juvenile justice system has never been able to create meaningful change for youth or the community in isolation. Collaboration with key partners is essential to the Deschutes County Juvenile Crime Prevention system, ensuring support for young people at risk of or involved with the juvenile justice system.

The following agencies are key partners in this biennium:

- Restorative Justice & Equity – A community-based organization focused on fostering equitable and welcoming school cultures in Deschutes County, currently working in all Bend-La Pine high schools.
- Culture of Care – A community and school-based organization dedicated to improving educational culture and outcomes through trauma-sensitive, relationship-focused, and equity-driven practices in Central Oregon.
- First Light – A community-based organization providing culturally specific, community- and family-centered peer mentor services.
- Better Together (Central Oregon's collective impact movement) – Leads workgroups focused on restorative justice and equity, Latino student success, family support, and youth transitioning from 8th to 9th grade.
- School Safety Threat Assessment Team – A collaborative team across all county school districts, social services, and law enforcement to assess and address school safety concerns.
- System of Care Executive Committee – The regional Community Care Organization's implementation oversight body.
- Local Public Safety Coordinating Council (LPSCC) – Reviews and approves biennial JCP plans submitted to the state. LPSCC approved this plan on April 1, 2025.

2. Population to be served

Strategy / Program Name / Assessment /Activities	Age Range	Gender and Race/Ethnic Identities Served	Legal Status	Risk Profile	Referral Process
Cognitive Behavioral Therapy (CBT): Moral Reconciliation Therapy (MRT) will serve 30-40 young men over the biennium who are referred by their juvenile Community Justice Officer (CJO). If deemed appropriate for MRT, youth	15-17	Gender: Male Race / Ethnic Identities:	Formal or Informal Supervision	Medium or High Risk on the JCP	CJO refers youth to MRT facilitator for

<p>participate in an orientation before being placed in one of our MRT groups.</p> <p>MRT groups require youth to follow a workbook and complete 12 steps. Youth attend group weekly but only present a step when ready, so the program length varies. While youth can complete all steps in as little as 12 weeks, the average completion time is 18-20 weeks.</p> <p>Each participant will receive a JCP assessment before entering the program and another upon completion or termination. Administrative staff maintain completed assessments for data entry in JJIS.</p>		All accepted;		Assessment	orientation and group placement.
<p>Restorative Practices Conference Program:</p> <p>Juvenile staff will work with community partners to design and implement restorative conference options for 15-20 referred youth. This includes individual interviews with youth, families, those harmed, and others involved, preparation and facilitation of the conference, and follow up on agreed upon outcomes and actions.</p> <p>Any referred youth will be assessed using the Juvenile Crime Prevention (JCP) screen in JJIS by juvenile division staff. Those identified as medium or high risk will be assigned a Community Justice Officer (CJO), receive case supervision, and be reassessed every six months.</p>	12-17	<p>Gender: Male and female</p> <p>Race/ Ethnic Identities:</p> <p>Prevention: Black, Indigenous and youth of color</p> <p>Response: All</p>	Not referred and referred.	For referred: 6+ risks in 2+ JCP Assessment Domains	Schools, Law Enforcement TBD

3. Services/programs to be funded

This 2023-25 JCP Plan builds on long-term and new successes implemented as part of our previous plans, and continues to support the continuum of youth-serving programs found in the county.

A. Cognitive Behavioral Therapy for Young Men

Lead Agency: Deschutes County Juvenile Community Justice
 Program Contact Information: Michele Winters, Management Analyst
 Address: 63360 Britta Street Building One Bend, OR 97703

Email: michele.winters@deschutes.org
Telephone: 541-385-1722

Moral Reconciliation Therapy (MRT) is a cognitive-behavioral therapy (CBT) program that integrates education, group and individual counseling, and structured exercises to foster moral development. MRT is facilitated by designated department staff trained in the curriculum by certified trainers of the model. The program addresses beliefs and reasoning to change criminal thinking, aiming to shift attitudes, values, and antisocial tendencies while increasing intrinsic motivation for change.

MRT consists of step-by-step exercises designed to develop self-control, problem-solving skills, and goal management. It also targets issues related to drug and alcohol use, aiming to reduce relapse risks and improve family dynamics.

MRT operates as a revolving-entry, step-by-step group counseling treatment lasting 12 to 20 sessions, depending on youth participation. Deschutes County Juvenile Community Justice will limit MRT groups to six (6) participants and introduce new youth as others complete the program. Formal MRT classes conclude after the 12th step, though youth may independently complete steps 13-16. There is no requirement for all participants to be on the same step, as research indicates that mixed-step groups enhance program effectiveness.

B. Restorative Practices Conference Program

Lead Agency: Deschutes County Juvenile Community Justice
County Program Contact Information: Sonya Littledeer-Evans
Address: 63360 Britta Street Building One Bend, OR 97703
Email: sonyale@deschutes.org
Telephone: 541-385-1728

The juvenile division will utilize JCP funding in 2025-2027 to design and implement formal restorative practices conferences with young people referred for criminal allegations or receiving technical violations while on supervision.

In 2025, the juvenile division is partnering with Culture of Care to create this process starting July 2025.

4. JCP Risk Assessment Tool

All youth referred to the MRT program or served through restorative practices after referral will undergo an initial assessment in the Juvenile Justice Information System (JJIS) before entering the program and will be reassessed in JJIS upon completion or termination of the program.

We will ensure that all facilitators and staff are trained in administering the JCP through training provided by OJDDA trainers and JCP fidelity training materials. Facilitators and supervising Community Justice Officers (CJOs) will collaborate to address identified criminogenic factors, ensuring that youth and family case plans are updated to reflect goals, strategies, interventions, and outcomes targeting risk, criminogenic need, and responsivity factors identified in JCP assessments.

Additionally, MRT group work will be adjusted to address specific criminogenic factors identified through the JCP. Special attention will be given to the dimensions referenced in Attachment B1. The facilitator or administrative staff will enter assessments into JJIS for tracking.

5. Evidence-Based Practice

The county is committed to providing evidence-based practices, including with JCP Prevention funding. See **Attachments B1 and B2** (Evidence-based Practice Checklist) for our proposed program's alignment with evidence-based practices.

6. Cultural appropriateness

See appendix C and D below

7. Relationship of JCP Prevention Services to the JCP Basic and Diversion funds

See Attachment 1

8. Budget

Anticipated Biennium Resources		\$ 225,544
Program Name	Narrative	Biennial JCP Expenses
Cognitive Behavioral Therapy	15-20 youth served each year- .25 FTE Deschutes County personnel [wages + benefits],	\$ 85,500
Cognitive Behavioral Therapy Supplies	Supplies (MRT Books and supplies, Moving On books and supplies, Reinforcers)	\$ 5,000
Restorative Practices	.25 FTE Deschutes County personnel	\$ 112,490

Administrative Costs	Internal Services, Grant Management, Reporting	\$ 22,554
Total Expenditures		\$ 225,544

APPENDIX A – Sample planning partners list

Education representatives	Bend La-Pine School District, Redmond School District, Sisters School District, School Safety Threat Assessment Team.
Public health representatives	Deschutes County Public Health, System of Care Executive Committee, Central Oregon Health Council
Alcohol and drug services	RimRock Trials, New Priorities, and Deschutes County Juvenile Community Justice
Representatives of the court system	Deschutes County Circuit Court
Mental health representatives	Deschutes County Behavioral Health
City or municipal representatives	Deschutes County District Attorney
Local public safety coordinating councils	Deschutes County Local Public Safety Coordinating Council
Community based organizations	Better Together, Culture of Care, Restorative Justice & Equity, First Light, Papalaxsimisha
Youth and families	Deschutes County Juvenile Family Functional Therapy Intercept (Youth Villages)
Culturally specific organizations	Papalaxsimisha, First Light
Workforce boards and services	

Also Please see Attachment 1

Appendix B – Evidence-Based Practice Checklist

JCP FUNDED PROGRAM (fill out a form for each funded program):

Cognitive Behavioral Therapy (CBT): Moral Reconciliation Therapy (MRT)

PROGRAM TYPE (e.g. mentoring, family therapy/counseling, skill building):

Group Therapy

BRIEF DESCRIPTION OF FUNDED PROGRAM:

Moral Reconciliation Therapy (MRT) is a cognitive-behavioral therapy program that integrates education, group and individual counseling, and structured exercises aimed at promoting moral development. MRT is led by trained department staff (CBT Specialists) who are certified by trainers authorized by the creator of the model. The therapy targets beliefs and reasoning to address and change criminal thinking. MRT seeks to alter attitudes, values, and anti-social emotions while boosting intrinsic motivation for change. The program includes specific exercises focusing on self-control, problem-solving, and goal management. MRT also works to reduce issues related to drug and alcohol use, prevent relapse, and improve family dynamics. MRT is a systematic, step-by-step group counseling approach, typically lasting 18 to 20 weeks.

TARGET POPULATION:

Youth on informal or formal supervision who identify as male and who are medium or high risk on the JCP risk assessment.

EVIDENCE-BASED PROGRAM

Program model is cited on (e.g. SAMHSA, OJJDP):

SAMHSA: National Registry of Evidence-Based Programs and Practices

OJJDP: Model Program Guide Cognitive-Behavioral Treatment. Reference CBT as highly effective.

RESEARCH AND THEORY

Based on empirically valid research and theory – multiple sources including clinical and outcomes based research.

- https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/cognitive_behavioral_treatment.pdf
- <https://www.moral-reconciliation-therapy.com/assets/treating-youthful-offenders.pdf>

RISK PRINCIPLE

Uses a validated risk assessment tool (JCP) at pre- and post-therapy. Addresses risk in family, school, peer group, and other relevant social settings.

NEED (CRIMINOGENIC) PRINCIPLE

The intervention focuses on factors closely linked to criminal offending rather than a broad range of needs less related to criminal conduct. Services target dynamic factors and needs associated with criminal behavior, such as antisocial attitudes, values, beliefs, difficulties with self-control and problem-solving, and substance abuse. The intervention is comprehensive and spans multiple systems, addressing various aspects of youths' lives, including health, education, employment, and cognitive and social skills.

RESPONSIVITY PRINCIPLE

A principle of MRT and CBT group facilitation is to meet the client where they are. Facilitators work individually with youth on short- and long-term goal setting, presenting material in a way that aligns with each youth's learning style. They provide individual instruction and assistance outside of the group and support each youth during group sessions to help ensure successful program completion. Youth are offered various communication options with facilitators (e.g., phone calls, texting, Zoom meetings) to help meet group standards and complete the program. Facilitators work to eliminate barriers to group attendance via electronic platforms by strategizing ways to support the youth and their family for consistent participation (e.g., providing access to electronic devices, internet services, etc.).

QUALITY SERVICE DELIVERY

Staff possess relevant education, training, and experience, including training in the MRT curriculum by the curriculum creators. They also undergo regular quality assurance checks to ensure fidelity to the model.

COLLABORATION

Facilitators and CJOs work closely together. CJOs are kept informed of the youth's progress, and staff regularly collaborate to address challenges or celebrate successes as a team. Group progress, staffing, and collateral contacts are tracked in the Juvenile Justice Information System, enhancing communication between facilitators and CJOs. Facilitators meet regularly with management and a clinical facilitator for additional support. MRT offers monthly fidelity calls, allowing facilitators to participate and seek guidance from clinical staff and other agencies using the MRT curriculum.

COGNITIVE-BEHAVIORAL PRINCIPLE

MRT is a Cognitive–Behavioral Therapy/Treatment

- (https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/cognitive_behavioral_treatment.pdf)

CBT is a problem-focused approach that helps individuals identify and change dysfunctional beliefs, thoughts, and behavior patterns contributing to their problems. Its underlying principle is that thoughts influence emotions, which then affect behaviors. CBT combines two highly effective types of psychotherapy: cognitive therapy and behavioral therapy.

CULTURAL ADAPTATION

All staff who facilitate MRT receive ongoing training and discussions on racial equity, racial justice, restorative justice, and restorative practices. The program will collaborate with culturally specific community-based agencies, with whom the Juvenile department has relationships, to create opportunities for mentorship, volunteer work, and relationship-building for young men in the program who need volunteer opportunities as part of the MRT curriculum.

TECHNICAL ASSISTANCE NEEDS

N/A.

JCP FUNDED PROGRAM (fill out a form for each funded program):

Restorative Practices

PROGRAM TYPE (e.g. mentoring, family therapy/counseling, skill building):

The International Institute for Restorative Practices (IIRP) uses school-based normative and responsive practices to build culture and manage disruptions. Developed with collective impact partners, it also addresses trauma and resilience, supports Latinx students, and tackles systemic challenges to social equity for Black, Indigenous, and other students and families of color.

BRIEF DESCRIPTION OF FUNDED PROGRAM:

Juvenile staff training and time to support the implementation of formal restorative practices conferences, in partnership with community-based organizations Restorative Justice, Equity, and Culture of Care.

To strengthen this work, we are also collaborating with a consultant to create a youth and family feedback model and partnering with First Light to provide culturally responsive mentorship services.

TARGET POPULATION:

Middle and high school students, including Black, Indigenous, Latino/x, Asian, and youth of color, as well as students from lower-income families, are supported to thrive within restorative practices.

EVIDENCE-BASED PROGRAM

Program model is cited on (e.g. SAMHSA, OJJDP): International Institute for Restorative Practices, RAND Corporation.

RESEARCH AND THEORY

Theories include: Shame and Affect Theory; emerging social science related to connection and belonging, including school-based research that shows "when students feel stronger bonds and levels of connection with those around them, they are less likely to misbehave and harm others" (Department of Education, 2014). Data includes: lower suspension rates for elementary students, Black students, students from low-income families, and female students (Pittsburgh); the impact of healing historical and intergenerational trauma; and the impact of institutionalizing restorative practices.⁵

RISK PRINCIPLE

We will use a validated risk assessment tool (JCP) for any youth referred to the restorative accountability program. Addresses risk in family, school, peer group, and other relevant social settings. Only youth with higher risk levels will receive direct services and supervision by our department.

NEED (CRIMINOGENIC) PRINCIPLE

The intervention focuses on factors closely linked to criminal offending rather than a broad range of needs less related to criminal conduct. Services target dynamic factors and needs associated with criminal behavior, including antisocial attitudes, values, and beliefs; antisocial peer associations; family issues with supervision, communication, and engagement; difficulties with self-control and problem-solving; and substance abuse. The intervention will be tailored to the youth's risk/needs profile.

RESPONSIVITY PRINCIPLE

The Juvenile department will work with responsivity as indicated on any identified youth's assessment and intake information.

⁵ Miller-Jones, D and Rubin, M. Journal of Public Management and Social Policy. "Achieving Equity in Education: A Restorative Justice Approach." Fall 2020. V27:1 and 2

QUALITY SERVICE DELIVERY

Juvenile Community Justice staff and Culture of Care staff will provide direct service to youth. Culture of Care, a local subject matter expert in Restorative Practices, will assist in developing fidelity mechanisms for our program.

COLLABORATION

The Juvenile division currently holds monthly meetings that work on program development and trainings around restorative practices. We also will be partnering with Culture of Care and First Light.

COGNITIVE-BEHAVIORAL PRINCIPLE

Youth referred to the juvenile department will be assessed and offered services and supervision consistent with the division's EPICS supervision model (Effective Practices in Community Supervision) which utilizes CBT interventions as part of the supervision structure.

CULTURAL ADAPTATION

Culture of Care will work with us to design our restorative practices formal conferencing program, specifically tailored to be welcoming and equitable for all youth, with a focus on ensuring Black, Indigenous, Latino/x, Asian, and students of color experience inclusion and foster healthy cultural identity.

TECHNICAL ASSISTANCE NEEDS

N/A.

Appendix C – Cultural Appropriateness

As listed on page one of this plan, there are a number of ways that young people have reported to us, and/or that are represented in data, where racial and ethnic disparities in education, community and justice area experienced by young people of color in Deschutes County. This plan makes explicit efforts to identify, interrupt and create equitable outcomes within the scope of our control and through partnerships with key youth-serving agencies.

Racial and Ethnic Disparity

In addition to self-report and the formal statistical calculation of Relative Rate Index, which has shown disparity in referrals (see page 1 of this plan), we also note areas of disproportionality in other juvenile justice decision points in our county, where there are insufficient numbers to perform the formal RRI calculation. These include the following 2024 data from JJIS Annual Reports:

- Detention Admission Data: Black youth represent 1.5% of youth age 10-17 in Deschutes County but represent 2.5% of our detention admissions; Hispanic youth represent 13.7% of youth age 10-17 In Deschutes County but represent 14.8% of our warrant-based detention admissions; Native American youth represent .8% of youth age 10-17 in Deschutes County but represent 12.3% of our detention admissions⁶.
- Disposition Data: Black youth represent 1.5% of youth age 10-17 in Deschutes County but represent 4% of our youth dispositions; Hispanic youth represent 13.7% of youth age 10-17 In Deschutes County but represent 17.9% of our youth dispositions; Indigenous youth represent .8% of our youth age 10-17 in Deschutes County but represent 1.6% of our dispositions⁷.

Building An Inclusive Organization

The JCP-specific supports described in this plan are facilitated by Juvenile Community Justice, which has as one of its 2030 strategic goals to eliminate racial and ethnic disparities thorough equitable and inclusive practices. Staff and partners involved in the JCP-specific programming are also involved in:

- Quarterly staff restorative practice circles focusing on definitions, concepts and theories related to racial and ethnic disparity;
- Staff-based affinity group meetings as a method of training/modeling, creating shared language and vocabulary, and creating healing where necessary;
- Utilizing the Government Alliance for Racial Equity (GARE) racial equity toolkit when designing all yearly team goals, to include analysis of quantitative and qualitative data that shares the experiences that youth of color have in Deschutes County and our region, and how those experiences should inform the type and manner of service delivery once youth enter the juvenile justice system; and
- Community-based agency contracts to help support youth who come into detention who may identify as Indigenous and to support cultural awareness of all youth in our facility using Indigenous Arts and Crafts.
- Recent completion of a gender responsivity assessment.
- Launch of an internal Substance Use Disorder pilot program with staff trained in restorative practices and that will be supported by culturally responsive and gender specific mentor services.
- Provision of interpretation services through contract for youth whose primary language is Spanish or whose parent/guardian's primary language is Spanish, or American Sign Language.

⁶ 2024 JJIS Annual Report: Dispositions and Detention Admissions

⁷ 2024 JJIS Annual Report: Dispositions and Detention Admissions

- The majority of our regularly used documents and forms have been translated to Spanish.
- Staff representatives who are bilingual in Spanish/English who are trained in Intake procedures, JCP, Case Management, and EPICS. These staff have specialty caseloads to meet the needs of our Spanish speaking youth and families.

Youth Engagement in JCP Plan

In 2022, the Juvenile Community Justice Restorative Practices staff cohort turned to the Little Book of Restorative Justice and Youth Engagement to inform one area of ongoing improvement across youth-serving agencies: co-creating services with youth, not for them. The department is currently working with a consultant to establish a youth and family feedback model that aligns with restorative practices. This has been in development for several years, and due to staff capacity, we are collaborating with a consultant to help define what this will look like. For the 2025-2027 JCP Plan, we have continued to review secondary data and qualitative sources where young people have already shared their voices, sometimes repeatedly. We do not yet have the foundation in place to co-create reciprocal, equitable partnerships where young people have shared ownership of program design and goals, and plans. We will prioritize and build in robust youth engagement in the restorative practices formal conferencing program to provide feedback, help improve and perhaps act in advisory or other program capacity after they have completed the program themselves. We look forward to reporting on the progress of our youth feedback process throughout 2025-2027.

Appendix D - Best practices for LGBTQ+ youth

Juvenile Community Justice continues to focus on creating inclusive environments for young people from all of the diverse identities and experiences that exist in Central Oregon. We are aware of the vulnerability that LGBTQ+ young people share based on the manner in which their sexual orientation and/or gender identities can be received by their families, peers and dominant heteronormative culture that relies on outdated understanding of gender binaries. In our department we led our systemic work on inclusion and equity through the lens of race, because, as GARE states “we also know that other groups of people are still marginalized, including based on gender, sexual orientation, ability and age, to name but a few. Focusing on racial equity provides the opportunity to introduce a framework, tools and resources that can also be applied to other areas of marginalization.”

Our current efforts to provide inclusive and supportive service environment for LGBTQ+ youth include:

- We invite youth at the time of intake to self-identify their race, ethnicity, gender and gender identity, without regard to the way that the Juvenile Justice Information System (JJIS) may or may not have ability to identify them.
- The identities that young people share and prefer are the identities that we honor in our interactions.
- We note each youth’s preferred pronouns and gender preference in JJIS, via low level alerts, creating ways that all who come into contact with youth know and use any preferred name and/or pronouns.
- Policy and expectations for our entire department are to provide supervision and services that recognized the youth’s self-identified gender and to utilize their preferred pronouns.
- Staff have attend training on working with transgender youth and understanding their options, decisions related to their health care and health decisions. This includes trainings on pronouns and identity as well as LGTBQ youth specific trainings.

APPENDIX E – BUDGET

BUDGET CATEGORY	Amount
Personnel <ul style="list-style-type: none"> • .25 FTE Community Justice Officer • .25 FTE Community Justice Supervisor 	\$197,990
Fringe Benefits	(include above based on total FTE cost)
Travel	
Equipment	
Supplies (MRT Books and supplies, Moving On books and supplies, Reinforcers)	\$5,000.00
Consultants/Contracts	
Grant Administration Applicant's administration of the grant funds, including indirect costs.	\$22,554.00
Total	\$225,544.00

COUNTY CONTACTS

Authorized Contract Signer Contact Information:

(County Administrator of BOCC Chair)

Name: Patti Adair

Title: BOCC Chair

Address: P.O. Box 6005, Attn: BOCC, Bend, Oregon 97703

Email: board@deschutes.org

Telephone: 541-388-6570

Lead Agency:

(Juvenile or Prevention Department Director)

Lead Agency Director Contact Information:

Name: Deevy Holcomb

Title: Director

Address: 63360 Britta Street Building #1 Bend, OR 97703

Email: deevyh@deschutes.org

Telephone: 541-322-7644

County/Lead Agency Fiscal Contact Information:

Name: Trevor Stephens

Title: Business Manager

Address: 63360 Britta Street Building #1 Bend, OR 97703

Email: trevor.stephens@deschutes.org

Telephone: 541-330-8261

Electronic Grant Management System (EGMS) Contact

(Who will submit financial claims?)

Name: Michele Winters

Title: Management Analyst

Address: 63360 Britta Street Building #1 Bend, OR 97703

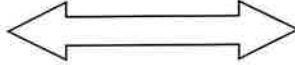
Email: michele.winters@deschutes.org

Telephone: 541-385-1722

Please submit your plan by March 31, 2025, via email to JCP@ode.oregon.gov

Submitted as Attachment 1 to Deschutes County JCP Plan 2025-2027
 Juvenile Crime Prevention/Intervention Continuum

	Early learning/wellness/prevention		Balanced and Restorative Intervention & Treatment		State Custody
	ALL KIDS Universal Prevention	TARGETED/AT RISK Selective & Indicated Prevention	LOWER JCP RISK First Time / Less Serious Offenders	ELEVATED JCP RISK Multiple / More Serious Offenders	
<p>Younger Children Age 0</p> <p>Ready for Kindergarten – home visits, parent involvement, child care, health, nutrition. <i>Better Together, Healthy Beginnings, Deschutes County Public Health, School Based Health Clinics</i></p> <p><u>Developmental Screenings</u></p> <p>Parent Skill Development Families with children all ages.</p> <p>Community Prevention Teams <i>LaPine, Redmond, Sisters-</i> adult and youth teams, TAPS</p> <p>Culture of Care Initiative Creating trauma-informed schools</p> <p><u>Affordable After-school activities</u> <i>Boys and Girls Clubs</i> <i>Parks & Rec</i></p> <p><u>Youth Skill Development</u> <i>Life Skills curriculum (11-14)</i> <i>Friendly PEERsuasion (11-14)</i></p> <p><u>Bullying, Peer Pressure Curricula</u> – Middle Schools</p> <p><u>Volunteer support</u></p> <p>Youth Career Connect Work experiences for all Central Oregon students</p>	<p>Home Visits – high-risk families with newborns. Nurse Family Partnership</p> <p><u>Early Spanish Literacy</u> Ages 3-10 bringing families and students together to learn in Spanish</p> <p><u>Bridges</u> Serving young people outside of school time particularly transition years between 8th and 9th grade.</p> <p><u>Parent Skill Development</u> Families with children all ages.</p> <p><u>Mentoring</u> – <i>Big Brothers Big Sisters</i> (ages 7-15)</p> <p>Family-based Therapy at-risk kids <i>Functional Family Therapy</i></p> <p><u>Youth Skill Development</u> <i>Boy's Council</i> at-risk Bend-LaPine middle school boys</p> <p><u>Family Crisis/Mediation</u> <i>CYFC</i></p> <p><u>Emergency Shelter</u> <i>Runaway & Homeless Program</i></p> <p><u>Restorative Justice & Equity</u> <i>Creating culture of care for students of color and restorative justice approach to bullying and harassment based on race, ethnicity or culture.</i></p>	<p>Parent Skill Development DHS/Court mandated parenting classes</p> <p>Early identification/intervention <i>Using validated risk instruments to identify youth needing higher levels of supervision.</i></p> <p><u>Juvenile Department Supervision – Formal Accountability Agreements</u> offering all above programs, plus emphasis on <i>Victim Offender Mediation</i> where applicable; on-site <i>Drug/Alcohol evaluation</i></p> <p>AOD Out-patient Rimrock Trails Adolescent Treatment Center, New Priorities Family Services, Turning Points Recovery Services</p> <p><u>National Guard Youth Challenge Program</u></p>	<p><u>Family-Based Therapy</u> <i>Functional Family Therapy</i> for youth on FAA or B/C-Misd. Probation</p> <p><u>Court Probation – Court and Effective Practices in Community Services supervision; Specialized Sex Offender caseloads; Add'l skills groups; Electronic Monitoring; Detention Sanctioning</u> (holding, pre-adjudication, 8-day program)</p> <p><u>Victim Advocacy</u> – <i>Victim Advocate</i> located in juvenile complex</p> <p><u>Regional Detention Services</u> – Medical services, food services for <i>pre-adjudication</i> Deschutes and neighboring County youth</p> <p><u>Family-Based Therapy</u> <i>Functional Family Therapy</i> for youth A-Misd probation or more serious</p> <p><u>Youth Skill Development</u> MRT for medium and high risk males involved with juvenile supervision.</p>	<p><u>Multi-disciplinary Placement Committee</u> MH, OYA, Juv Dept, DHS</p> <p><u>30-Day detention program</u></p> <p><u>Short-term up to 90 days out of home placements</u> <i>LOFT, CYFC</i></p> <p><u>Intensive family preservation</u> <i>Intercept / Youth Villages.</i></p> <p>OYA Residential AOD, Mental Health, Behav TX</p> <p>OYA Close Custody/Correctional Facility</p> <p>OYA Parole/Probation community services</p>	
<p>Older Youth Age 17</p>					



This document is not intended to encompass all programs serving youth in our community. Purple indicates Collective Impact strategies; green funded through JCP Prevention; blue funded through OYA Basic; red OYA Diversion; black other initiatives/funds



Wells Ashby, Chair
Presiding Judge

Nick Lelack, Vice Chair
County Administrator

Phil Chang
County Commissioner

Stephen Gunnels
District Attorney

Kent van der Kamp
Deschutes County Sheriff

Sara Crosswhite
911 Service District Director

Christa Neal
Interim Trial Court Administrator

Janice Garceau
County Health Services Director

Deevy Holcomb
Community Justice Director

Mike Riley
Bend City Councilor

Mike Krantz
Bend Police Chief

Keith Witcosky
Redmond City Manager

Devin Lewis
Redmond Police Chief

Cory Darling
Interim Sunriver Police Chief

Gil Levy
Citizen Member

Donna Mills
Citizen Member

Joseph Mabonga
Oregon Youth Authority

Brandon Smithers
OSP Lieutenant

Thomas Spear
Attorney at Law

April 1st, 2025

Dear Oregon Department of Education:

Enclosed please find a copy of the Deschutes County Juvenile Community Justice Juvenile Crime Prevention Plan for the period of July 1, 2025 through June 30, 2027. The Deschutes County Public Safety Coordinating Council (Council) reviewed and approved the plan at our April 1st, 2025 meeting.

The plan describes the use of JCP funds to provide services for Deschutes County medium and high risk youth. The goal of the plan is to target youth with criminogenic risk factors such as poor family functioning or poor family support; school failure; substance abuse or negative peer association, and are clearly demonstrating at-risk behaviors. Specifically Deschutes County Juvenile Community Justice will be focusing on CBT services for youth as well as Restorative Practice in partnership with our schools and community based organizations.

The Council understands that there is some flexibility in regard to implementation of the plan over the next biennium.

Sincerely,

The Honorable Wells Ashby,
Chair Local Public Safety Coordinating Council