



Wheat Fields

Sherman County

County DataBook

Department of Human Services

Office of Mental Health and Addiction Services

November 2002

On the cover:

Oregon photos provided by Secretary of State, Archives Division
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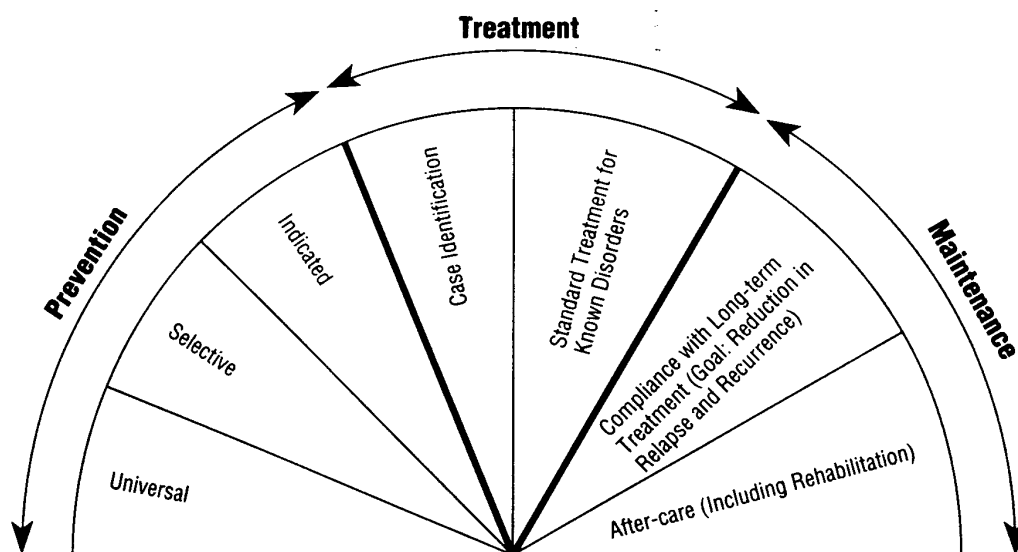
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This is the second edition of the County DataBooks prepared to assist counties in planning for effective alcohol and other drug (AOD), mental health and problem gambling services. This edition includes information about AOD use, abuse, and dependency as well as archival or social indicator data about environmental risk factors associated with AOD use. For the first time, we have also included information about mental health and problem gambling treatment need to help with your comprehensive planning.

This book is organized around the *Spectrum of Intervention* model developed by the National Academy of Sciences' Institute of Medicine (IOM). The model provides a framework to help planners target service to clients' needs. The result is a cost-effective delivery system consistent with evidence-based practices.

As shown in Figure 1, the model contains three stages of intervention.

FIGURE 1
SPECTRUM OF INTERVENTION



The IOM Model

- Prevention services are directed at “persons not motivated by current suffering.” All of the population benefits from prevention services.
- Treatment services are directed at people who meet diagnostic criteria for addiction or mental illness.
- Maintenance services are directed at people who have been actively engaged in treatment for a period of time to reduce relapse or recurrence.

Universal prevention is directed at the entire population regardless of level of risk.

Selective prevention is directed at groups of people who are at above average risk for addiction or mental health disorders.

Indicated prevention is directed at individuals who show early, detectable signs of addiction or mental illness, but do not have a diagnosis.

ESTIMATED NEED FOR PREVENTION SERVICES IN SHERMAN COUNTY

Universal Prevention		Selective Prevention		Indicated Prevention	
100%	476	44.0%	209	14.3%	68

Selective prevention estimate = “Above average risk” is determined by comparing the percent of the county’s population who are above average risk based on their scores using the risk factor/protective factor framework developed by Hawkins and Catalano.

Indicated prevention estimate = Number of youth who are frequent or intense users of alcohol and or other drugs.

Source: Department of Human Services, Oregon Healthy Teens Student Survey

**ESTIMATED NEED FOR TREATMENT SERVICES IN SHERMAN COUNTY –
ALCOHOL AND OTHER DRUGS**

Estimated need for substance abuse treatment – (alcohol, other drugs or both)

Total Population			Male Population			Female Population		
All Ages	10-17	18 and Older	All Ages	10-17	18 and Older	All Ages	10-17	18 and Older
199	28	171	129	17	112	70	11	59

Estimated need for other (than alcohol) drug treatment

Total Population			Male Population			Female Population		
All Ages	10-17	18 and Older	All Ages	10-17	18 and Older	All Ages	10-17	18 and Older
136	16	120	87	11	76	49	5	44

Estimated need for alcohol treatment

Total Population			Male Population			Female Population		
All Ages	10-17	18 and Older	All Ages	10-17	18 and Older	All Ages	10-17	18 and Older
117	18	99	79	10	69	38	8	30

Standard treatment estimate = Estimated number of adults who have a diagnosis of alcohol or other drug abuse or dependency at a point in time, using the American Psychiatric Association’s DSM-IV criteria. Estimated number of youth who reported using AOD more than 10 times in the prior 30 days or binge drinking on more than three occasions.

Adult estimates based on 1999 Oregon Household Treatment Needs Survey, Portland State University, and U.S. Bureau of the Census, July 1, 2001, Oregon population estimates.

Youth estimates based on 2001 Oregon Healthy Teens Survey, Oregon Research Institute, and U.S. Bureau of the Census, July 1, 2001, Oregon population estimates.

**ESTIMATED NEED FOR TREATMENT SERVICES IN SHERMAN COUNTY–
MENTAL HEALTH**

The prevalence of serious mental health disorders statewide among adults is estimated to be 5.9 percent. In addition, the statewide estimate for adults with serious and persistent mental illness (SPMI)(analogous to a chronic disease) is 2.84 percent. It is further estimated that 12-22 percent of children in Oregon need mental health services.

Total Population			Male Population			Female Population		
All Ages	0-17	18 and Older	All Ages	0-17	18 and Older	All Ages	0-17	18 and Older
164	33	131	80	17	63	84	16	68

The statewide estimate for the percentage of population needing mental health services is 5.9 percent of adults and 7.0 percent of children. However, this figure is likely to vary from county to county.

**ESTIMATED NEED FOR TREATMENT SERVICES IN SHERMAN COUNTY –
PROBLEM GAMBLING**

The statewide estimate for the percentage of the adult population needing problem gambling treatment is 1.4 percent problem gamblers and .9 percent pathological gamblers. The estimate for adolescents (13-17) is 11.2 percent problem gamblers and 4.1 percent pathological gamblers.

Sherman County represents 0.8% of the total population of the EOHSC Region.

Region	Counties Included in Region	Estimate of Need in Region
EOHSC	Baker, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler	4,338

Source: Herbert & Louis, LLC, FY01-02

Adult estimates based on The Prevalence Of Disordered Gambling Among Adults In Oregon: A Secondary Analysis. T. Moore, 2001, Oregon Gambling Addiction

Treatment Foundation, and U.S. Bureau of the Census, July 1, 2001, Oregon population estimates.

Youth estimates based on Adolescent Gambling In Oregon: A Report To The Oregon Gambling Addiction Treatment Foundations, M. Carlson and T. Moore, Gambling Addiction Treatment Foundation, and U.S. Bureau of the Census, July 1, 2001, Oregon population estimates.

ESTIMATED NUMBER OF PEOPLE RECEIVING TREATMENT IN SHERMAN COUNTY – ALCOHOL OR OTHER DRUGS DURING FY 01-02

Total Population			Male Population			Female Population		
All Ages	10-17	18 and Older	All Ages	10-17	18 and Older	All Ages	10-17	18 and Older
20	0	20	12	0	12	8	0	8

Standard treatment = Estimated number of adults and youth who were actively enrolled in substance abuse treatment programs during FY01-02.

Source: Department of Human Services, Office of Mental Health and Addiction Services, Client Process Monitoring System

ESTIMATED NUMBER OF PEOPLE RECEIVING TREATMENT IN SHERMAN COUNTY – MENTAL HEALTH DURING 2001

Total Population			Male Population			Female Population		
All Ages	10-17	18 and Older	All Ages	10-17	18 and Older	All Ages	10-17	18 and Older
79	42	37	39	26	13	40	16	24

Standard treatment = Estimated number of adults and youth who were actively enrolled in mental health programs during 2001.

Source: Department of Human Services, Office of Mental Health and Addiction Services, Client Process Monitoring System

ESTIMATES OF PEOPLE RECEIVING TREATMENT IN SHERMAN COUNTY – CO-OCCURRING DISORDERS DURING 2001

Mental health disorders affect at least one in every five adult Americans, translating to an estimated 504,161 Oregon adults. One in ten American children and adolescents suffer from mental disorders severe enough to cause some level of impairment, this would be an estimated 88,148 Oregon children and adolescents. Approximately 30 percent of people with mental health disorders also experience a co-occurring substance abuse disorder, also known as dual diagnosis.

ESTIMATED NUMBER OF PEOPLE RECEIVING TREATMENT IN THE EOHSC REGION – PROBLEM GAMBLING DURING FY01-02

Sherman County represents 0.8% of the total population of the EOHSC Region.

Region	Counties Included in Region	
EOHSC	Baker, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler	
Total Number Served	Males	Females
94	60	34

Standard treatment = number of adults who were actively enrolled in problem gambling treatment programs during FY01-02. Source: Herbert & Louis, LLC

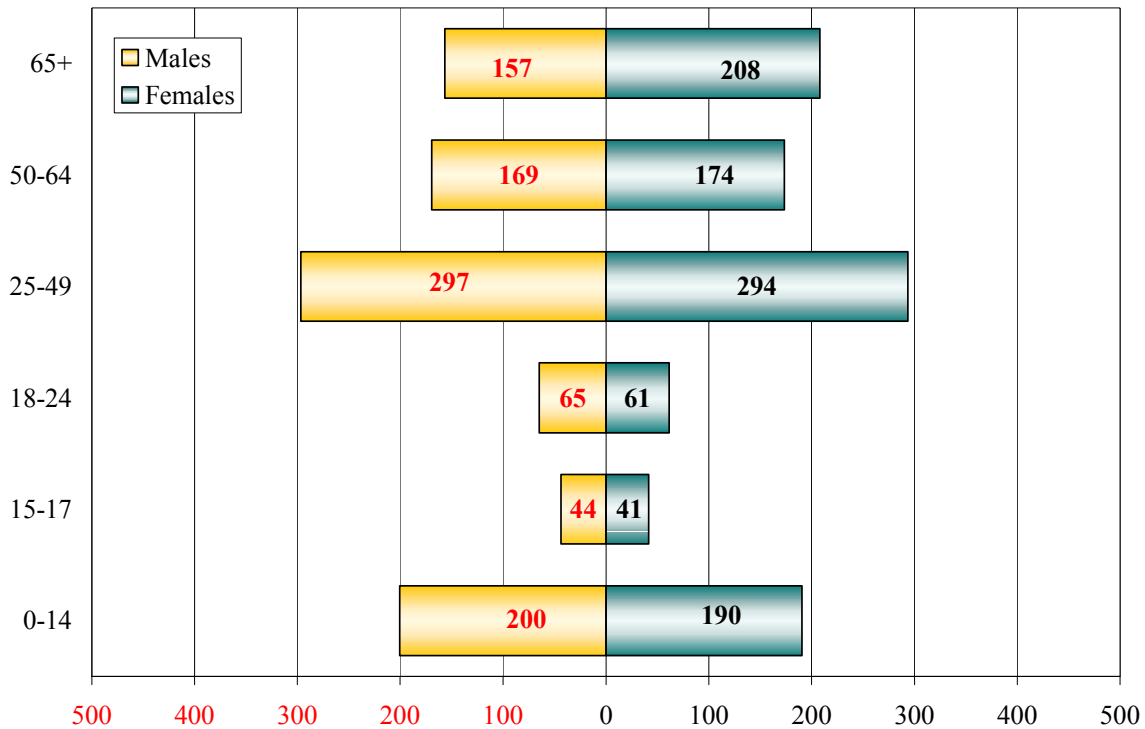
COUNTY DEMOGRAPHICS

The best programs are tailored to clients’ needs. Clients’ needs are influenced by characteristics such as age, gender, and culture. The following tables and charts provide demographic information about your county.

TABLE 1
SHERMAN COUNTY POPULATION BY AGE AND GENDER

	0-14	15-17	18-24	25-49	50-64	65+	Total
Total	390	85	126	591	343	365	1,900
Males	200	44	65	297	169	157	932
Females	190	41	61	294	174	208	968

FIGURE 2
SHERMAN COUNTY POPULATION BY AGE AND GENDER



Source: U.S. Bureau of the Census, July 1, 2001, Oregon population estimates

Sherman County Demographics

TABLE 2
SHERMAN COUNTY POPULATION BY ETHNICITY

Ethnicity/Age Group	Total Population	Adults (18 and older)	Youths (0-17)
White	1,810	1,352	458
African American	4	1	3
American Indian Alaska Native	27	16	11
Asian	9	9	-
Native Hawaiian Other Pacific Islander		-	-
Other	54	27	27
Two or more	30	18	12
Total	1,934	1,423	511
Non Hispanic	1,840	1,380	460
Hispanic	94	43	51

Source: U.S. Bureau of the Census 2000

TABLE 3
PERCENT OF SHERMAN COUNTY'S POPULATION LIVING IN POVERTY

Percent of Federal Poverty Level	Percent of County's Population	Number of People	Cummulative Total of County Population
Under 50%	7.1%	134	134
50 to 74%	5.4%	102	236
75 to 99%	2.1%	41	277
100 to 124%	5.4%	103	380
125 to 149%	4.5%	86	466
150 to 174%	2.6%	49	515
175 to 184%	3.1%	59	574
185 to 199%	3.1%	59	634
200% and over	66.6%	1,266	1,900

Source: U.S. Bureau of the Census, July 1, 2001, Oregon population estimates

SNAPSHOT OF SUBSTANCE ABUSE

The following tables and charts provide a snapshot of alcohol and other drug use and abuse, mental health treatment need and problem gambling among youth and adults in your county.

ALCOHOL AND OTHER DRUG USE, ABUSE AND DEPENDENCY

FIGURE 3
ADULT USE OF ANY SUBSTANCE
(ALCOHOL OR ILLICIT DRUGS OR BOTH)

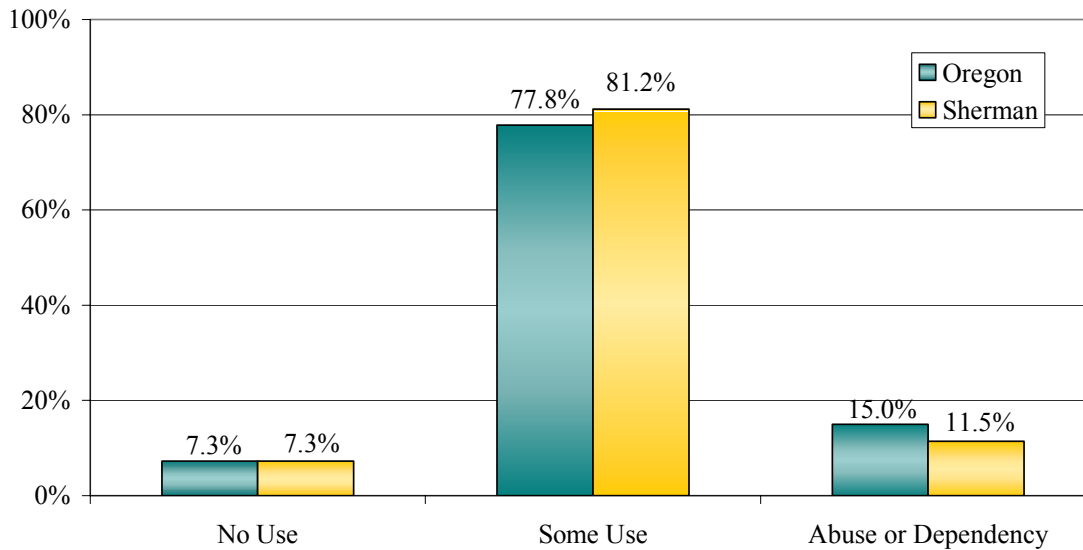


FIGURE 4
ADULT USE OF ANY ILLICIT DRUG

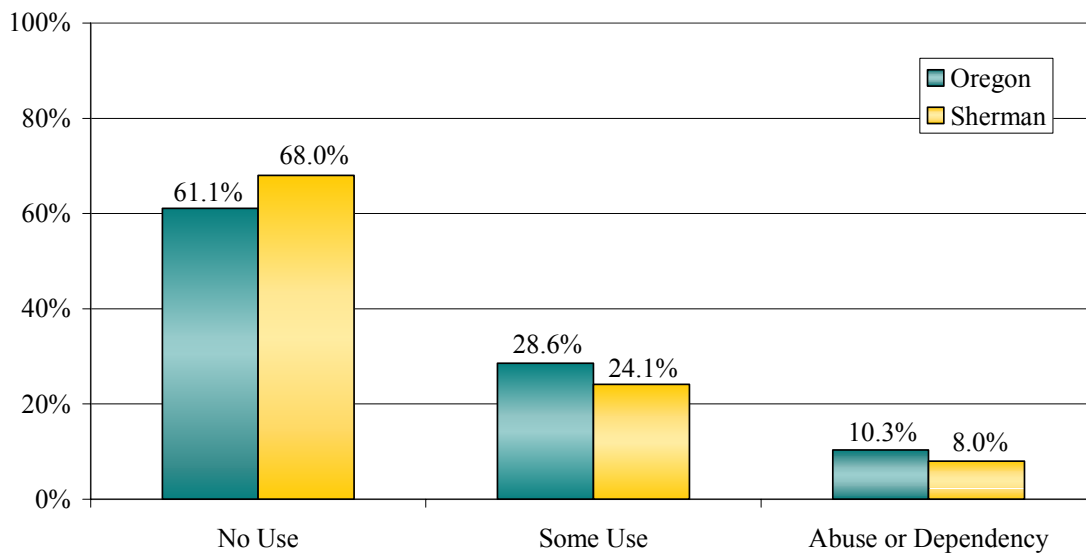
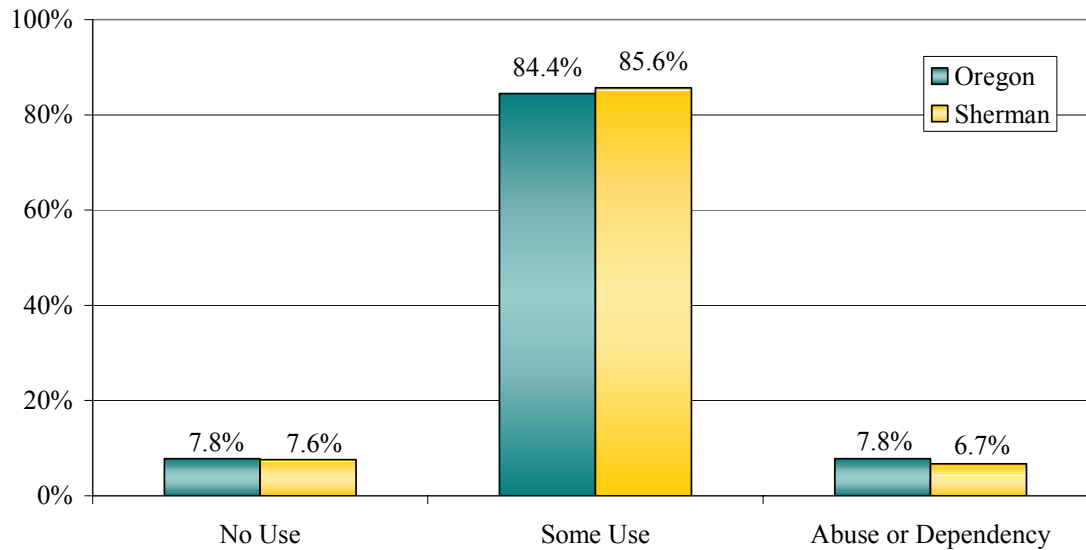


FIGURE 5
ADULT USE OF ALCOHOL



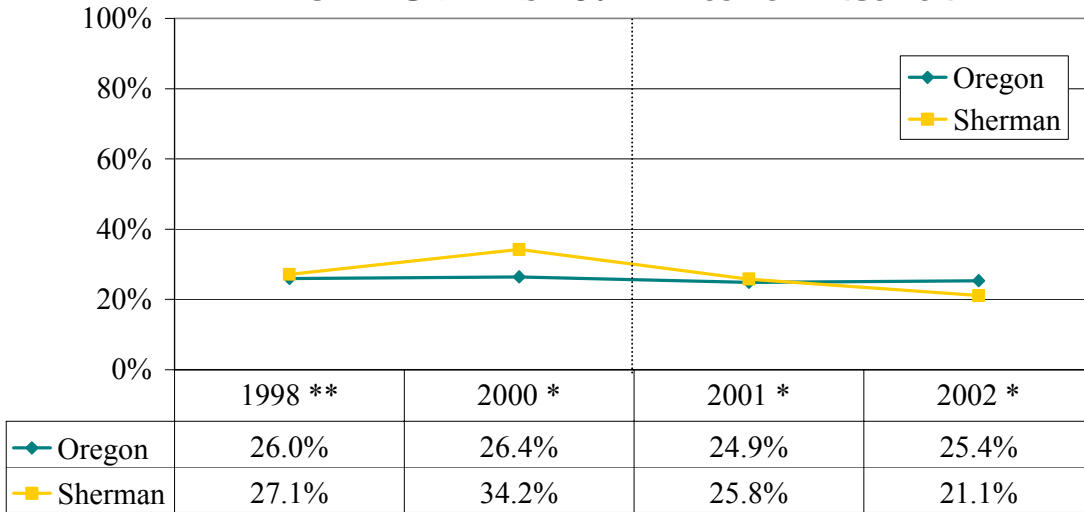
ALCOHOL AND OTHER DRUG USE AMONG YOUTH

The next set of charts shows the proportion of 8th and 11th grade students reporting some use of alcohol or other drugs in the 30 days prior to taking the student survey in their classrooms. The survey instrument used for the school years 1997-1998 and 1999-2000 was the Oregon Public Schools Drug Use Survey administered by the Office of Alcohol and Drug Abuse Programs (OADAP).

In 2000, a newly developed consolidated survey instrument was created, combining OADAP's instrument and the Youth Risk Behavior Survey. The Oregon Research Institute in Eugene administers that survey. Because of the different instruments and methodology used in the two administrations, the findings from the 1998 and 2000 surveys are not directly comparable to the 2001 and 2002 surveys, but the information gained is still very useful in your community planning efforts.

EIGHTH GRADERS

FIGURE 6
EIGHTH GRADERS – 30 -DAY USE OF ALCOHOL



* Denotes SDA level responses

**Denotes Regional level responses

Chart corrected 5/5/2003

FIGURE 7
EIGHTH GRADERS – 30-DAY USE OF OTHER ILLICIT DRUGS



* Denotes SDA level responses

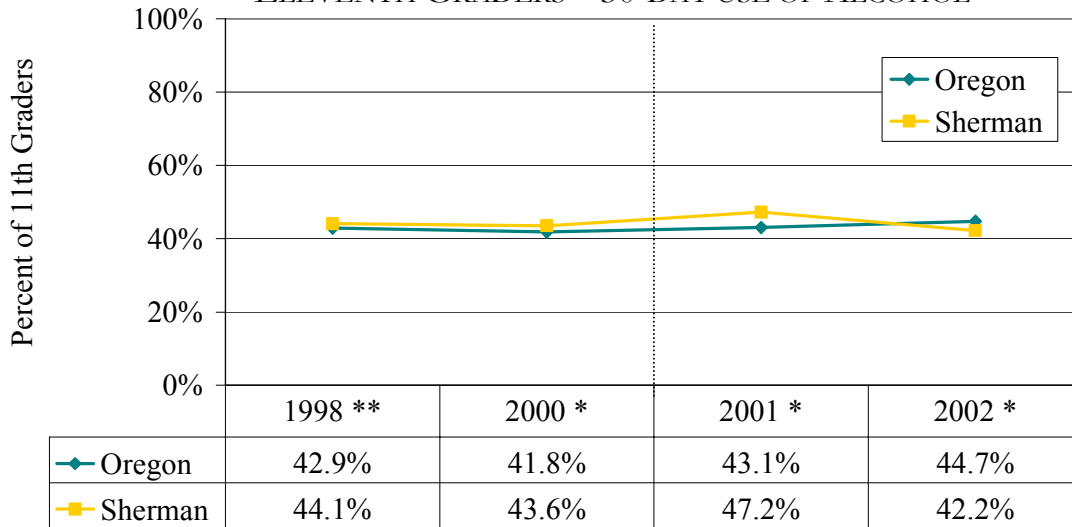
**Denotes Regional level responses

Illicit Drugs include marijuana, inhalants, stimulants, cocaine, heroin, ecstasy, or hallucinogens. Source: OHT Survey

ELEVENTH GRADERS

FIGURE 8

ELEVENTH GRADERS – 30-DAY USE OF ALCOHOL



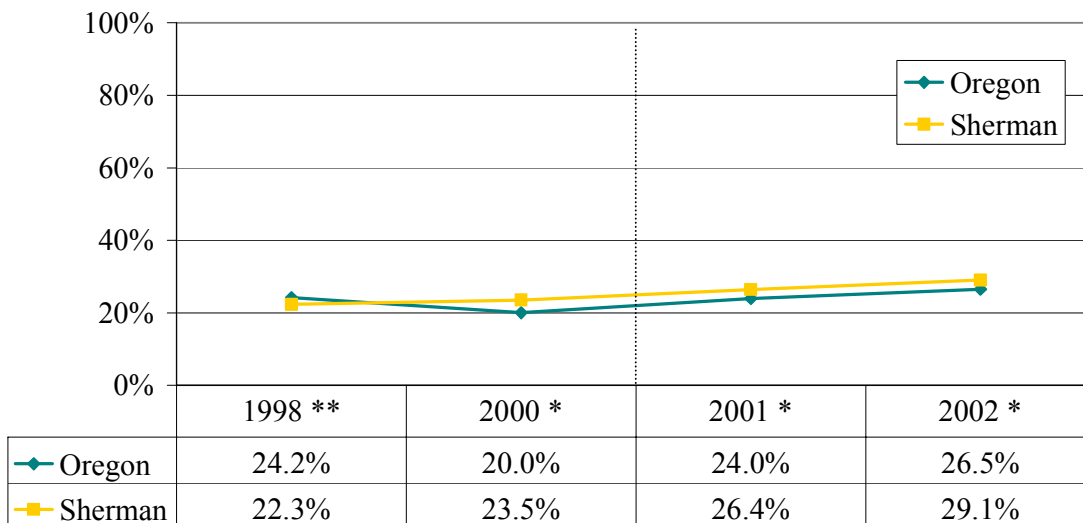
* Denotes SDA level responses

**Denotes Regional level responses

Chart corrected 5/5/2003

FIGURE 9

ELEVENTH GRADERS – 30-DAY USE OF OTHER ILLICIT DRUGS



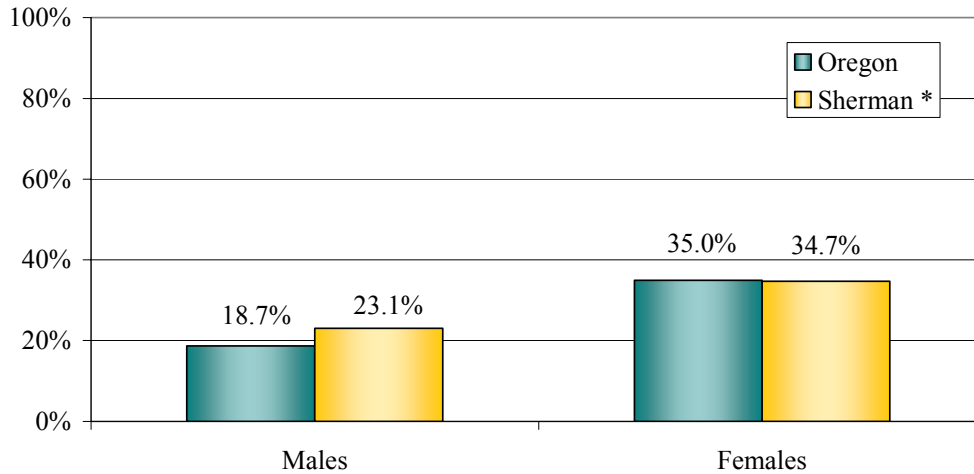
* Denotes SDA level responses

**Denotes Regional level responses

Illicit Drugs include marijuana, inhalants, stimulants, cocaine, heroin, ecstasy, or hallucinogens. Source: OHT Survey

Eighth and eleventh graders were also asked a series of questions in the recent student survey regarding their moods and behaviors. Below is a summary of their responses.

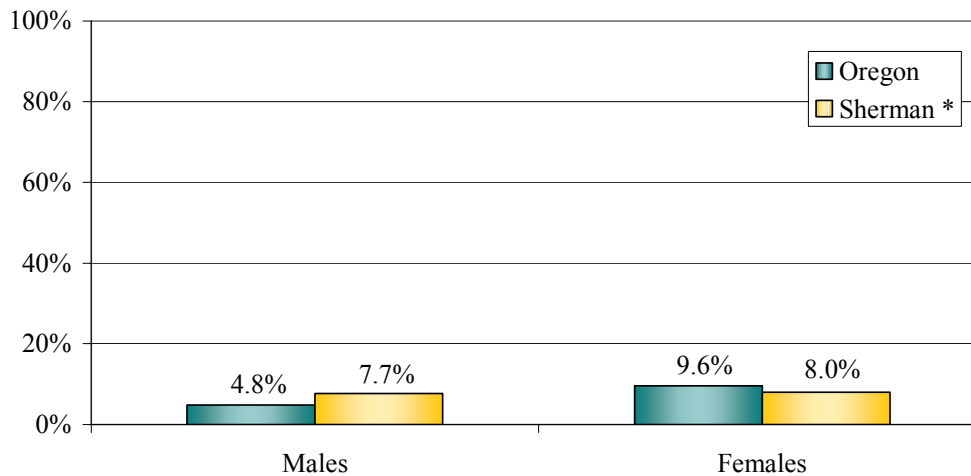
FIGURE 10
DEPRESSION SCALE



* Denotes SDA level response

Depression Scale – A student survey scale reporting the responses of 8th and 11th graders regarding their own assessments of their mood, level of sadness, and energy. Source: OHT Survey 2002

FIGURE 11
RESPONSE TO SUICIDE ATTEMPT QUESTION



* Denotes SDA level response

Suicide – A summary of student survey responses from 8th and 11th graders regarding their own personal experiences with attempting suicide. Source: OHT Survey 2002

PREVENTION PLANNING

Hawkins and Catalano have identified a number of risk and protective factors that are associated with alcohol and other drug use, delinquency and violence, teen pregnancy and school drop out rates. These factors are divided into four domains.

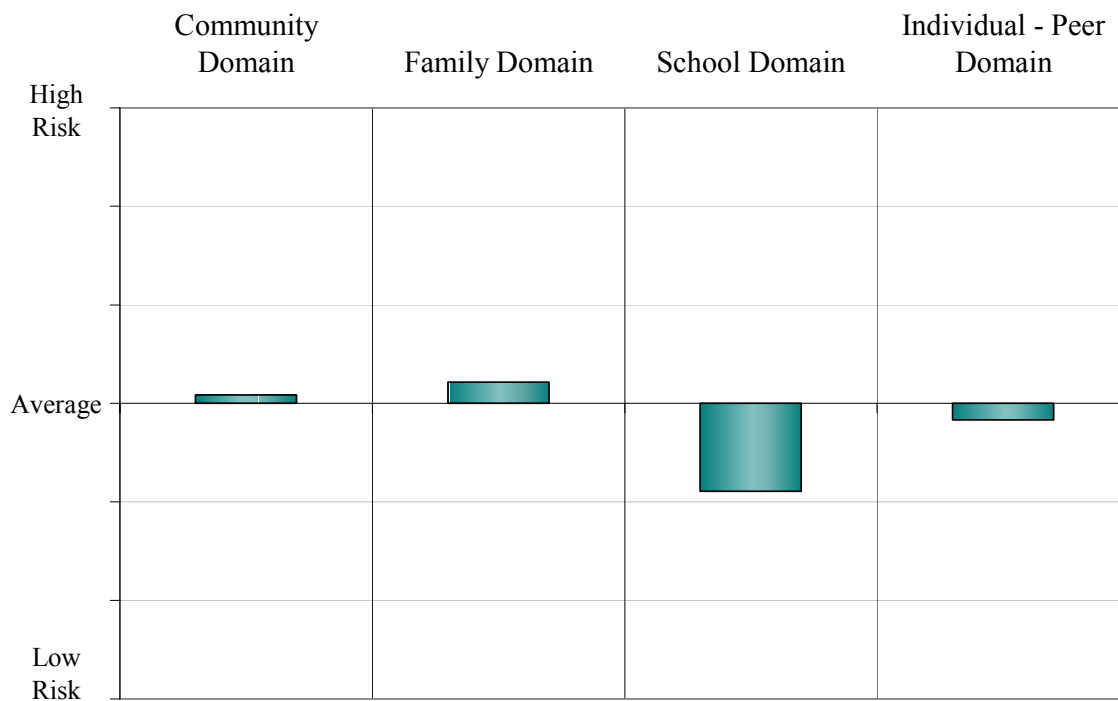
Risk Factor	Page Number
Community Domain	
Availability	22
Community Laws and Norms	24
Transitions and Mobility	25
Low Neighborhood Attachment and Community Disorganization	27
Extreme Economic Deprivation	29
Protective Factors	33
Family Domain	
Family History	36
Family Management Problems	37
Family Conflict	38
Parental Attitudes Favorable to the Problem Behavior	40
Protective Factors	41
School Domain	
Low Commitment to School	43
Academic Failure	45
Protective Factors	48
Individual – Peer Domain	
Early Initiation of the Problem Behavior	50
Friends who Engage in the Problem Behavior	53
Favorable Attitudes toward the Problem Behavior	54
Anti-Social Behavior	55
Protective Factors	57

Risk-focused prevention is based on a simple premise: to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks in way that enhance protective or resiliency factors. Within each domain are a number of indicators that determine whether youth are at risk for problem social and health behaviors. These measurements are specific groupings of social indicators and student survey scales. The more risk factors an individual is exposed, the greater the likelihood that the individual may engage in problem behaviors.

The following charts and tables summarize these risk and protective factors to illustrate the personal and environmental risks present in the lives of the youth of your county. If we can reduce risks while increasing protection throughout the course of young people’s development, we may be able to prevent these problems and promote healthy, pro-social growth.

Remember, the higher the score (bar on the graph) the greater the risk or protection.

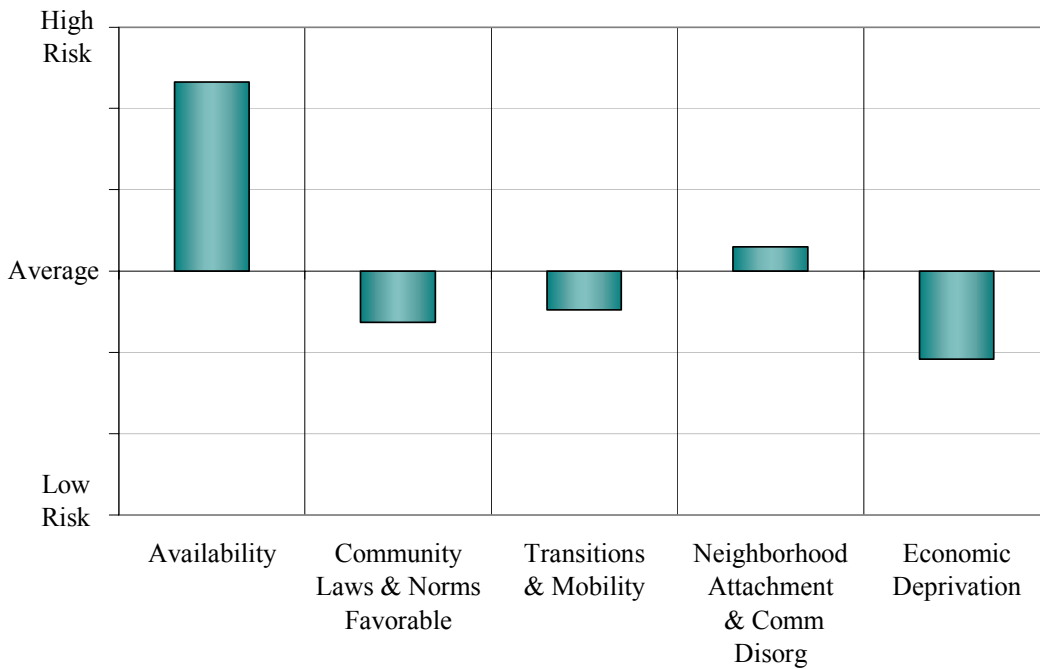
FIGURE 12
SUMMARY OF RISK FACTORS FOR SHERMAN COUNTY YOUTH



COMMUNITY DOMAIN

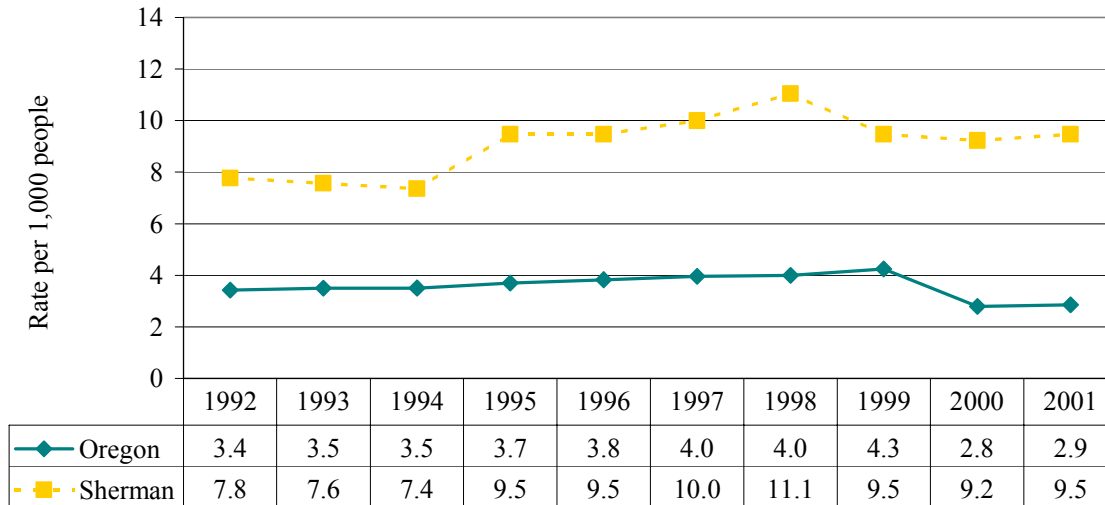
Youth are influenced by factors present in their neighborhood and community. These include such things as which laws and rules are present and how they are enforced; whether a neighborhood is predominantly homeowners or renters and the community is transient; whether the community is filled with graffiti and families are fearful of spending time outdoors; and the level of poverty and social deprivation existing.

FIGURE 13
SUMMARY OF COMMUNITY DOMAIN RISK FACTORS FOR SHERMAN COUNTY



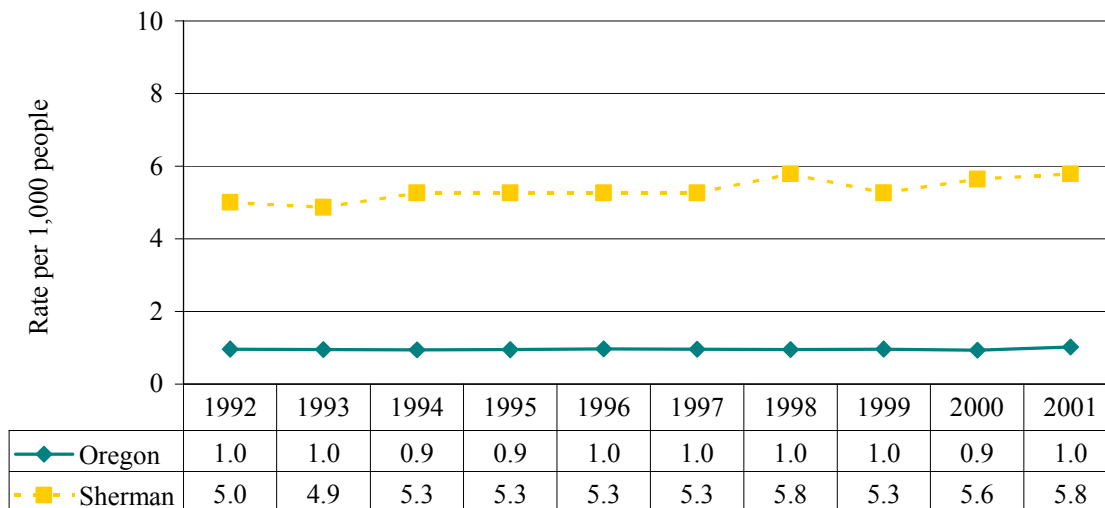
Availability

Indicator 1
Alcohol Sales Outlets



Alcohol Sales Outlets – The average yearly number of retail alcohol sales outlets on record in relationship to the total population. Reported as the number of alcohol sales outlets per 1,000 population. Source: Oregon Liquor Control Commission

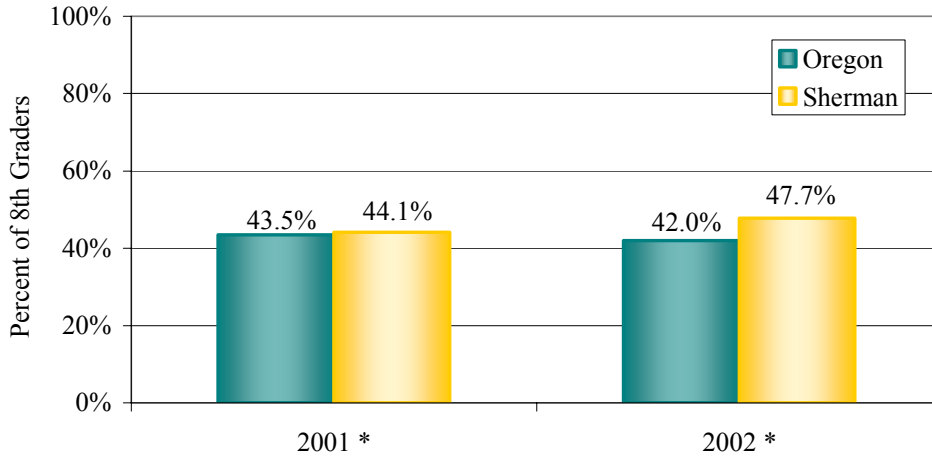
Indicator 2
Tobacco Sales Outlets



Tobacco Sales Outlets – Reported as the yearly average number of retail tobacco sales outlets in relationship to the total population. Reported as the number of tobacco sales outlets per 1,000 population. Source: Oregon Liquor Control Commission

Availability

Indicator 3
Perceived Availability of Drugs Scale

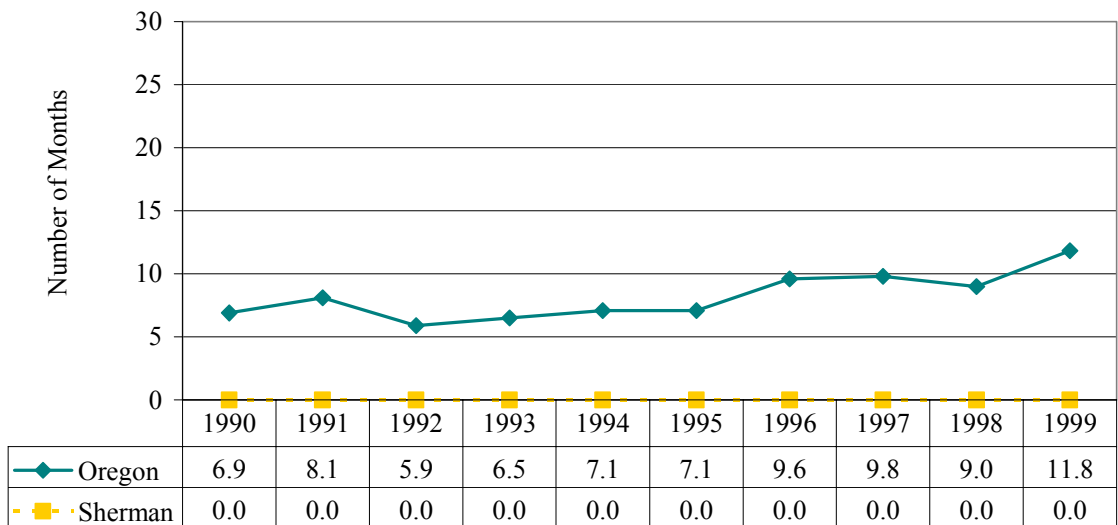


* Denotes SDA level response

Perceived Availability –A student survey scale measuring the perception of 8th graders ease of obtaining ATOD. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

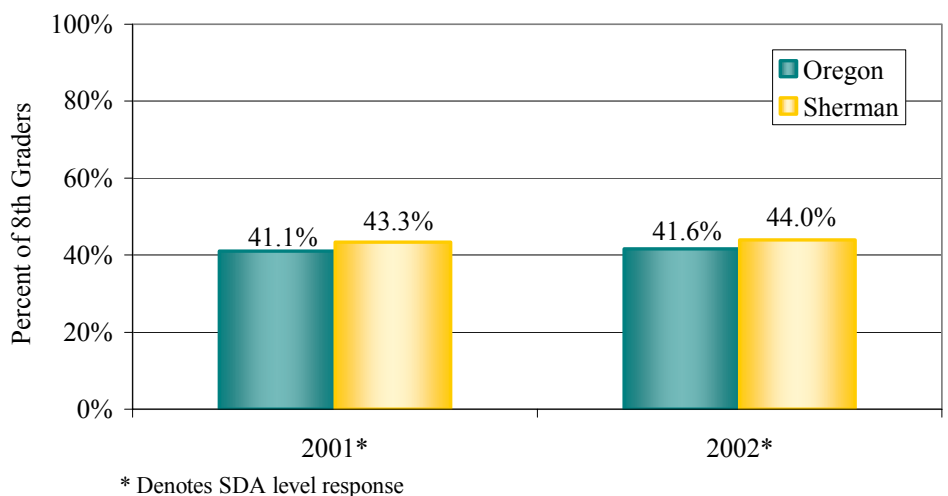
Community Laws and Norms

Indicator 1
Prison Time for Drug Crimes



Prison Time for Drug Crimes – Average amount of time spent in jail for drug related offenses. Reported as the average number of months served by county. Source: Department of Corrections

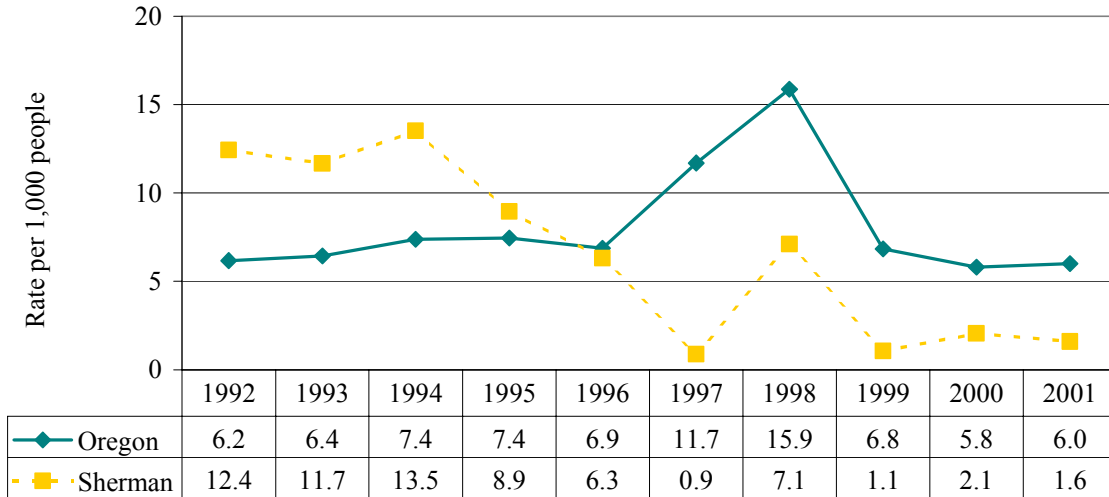
Indicator 2
Laws and Norms Favorable to Drug Use Scale



Laws and Norms Favorable to Drug Use – A student survey scale measuring 8th graders perception to their community’s norms and enforcement of laws regarding youth’s use of ATOD. Reported as percentage of 8th graders who are at high risk. Source: OHT Survey

Transitions and Mobility

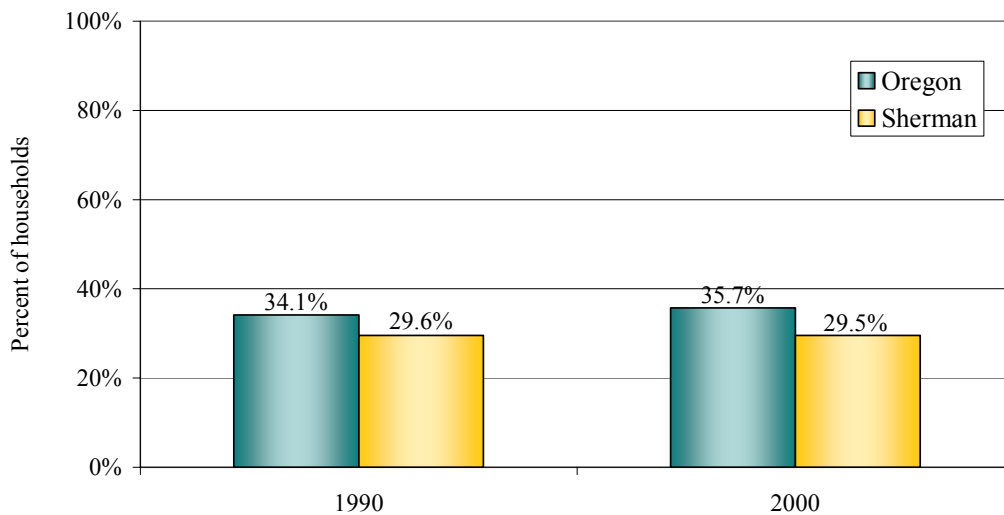
Indicator 1
Building Permits Issued



Building Permits Issued – Reported as the number of new building permits issued for single and multi-family dwellings, per 1,000 population.

Source: Portland State University

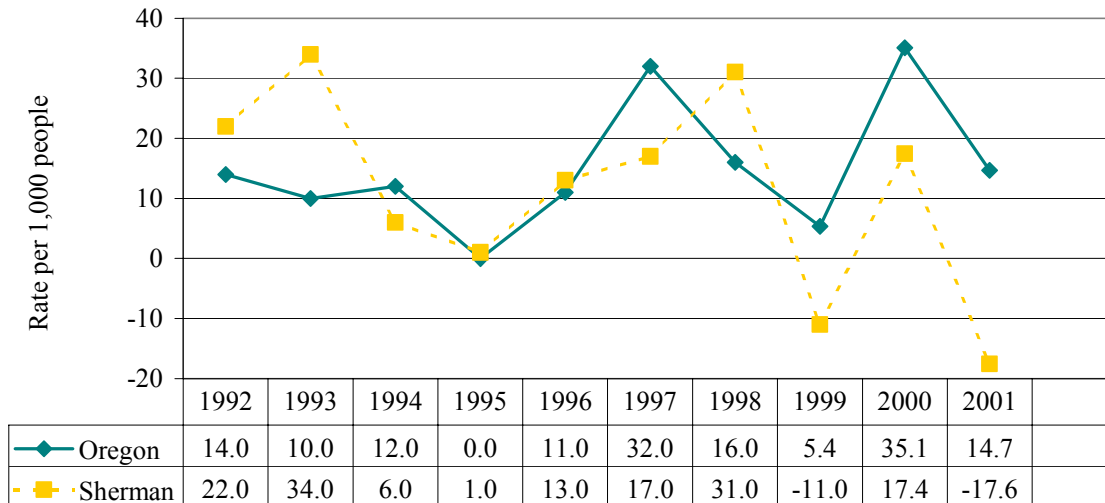
Indicator 2
Household in Rental Property



Households in Rental Properties – Reported as the percentage of households living in rental housing. Calculated as: Renter occupied units divided by the total number of occupied units. Source: U.S. Census

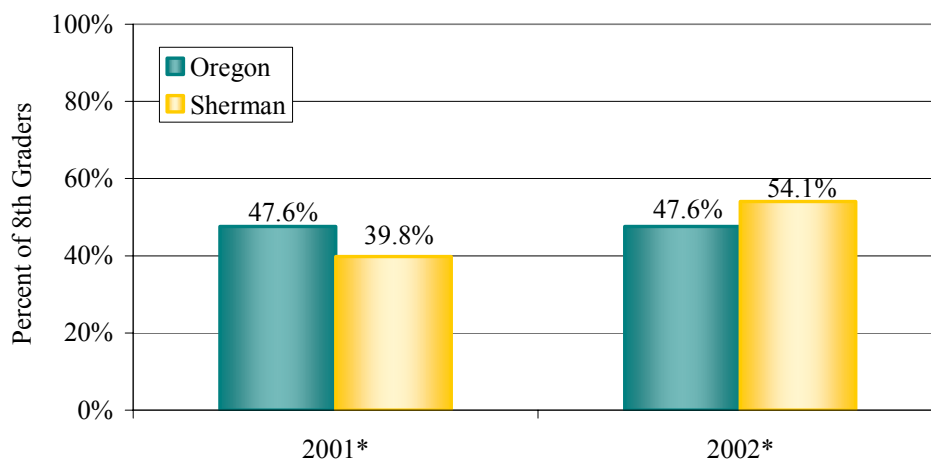
Transitions and Mobility

Indicator 3
Net Migration



Net Migration – Reported as the number of residents who moved into an area minus the number of residents who moved out of an area, per 1,000 population.
Source: Portland State University

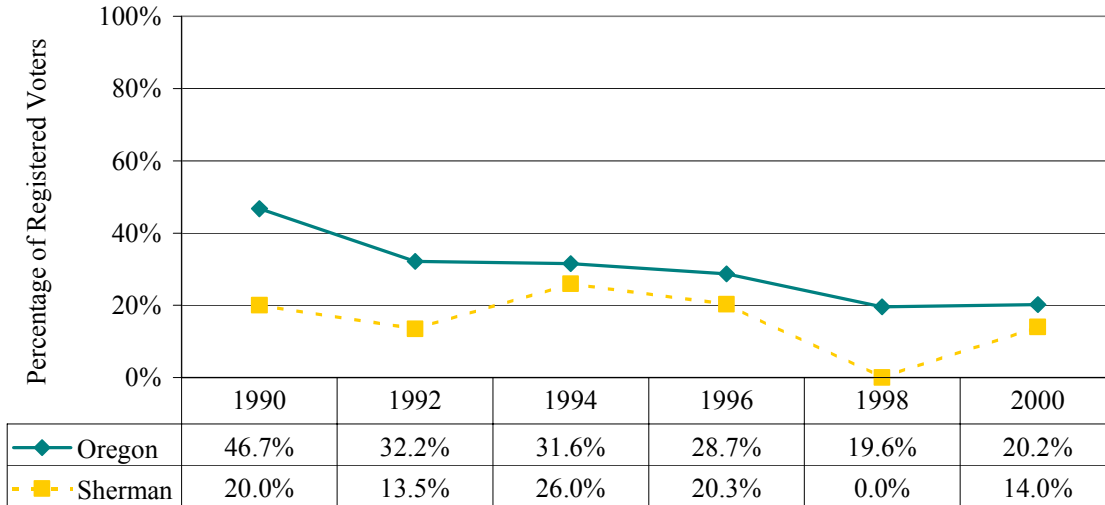
Indicator 4
Personal Transitions and Mobility Scale



* Denotes SDA level response

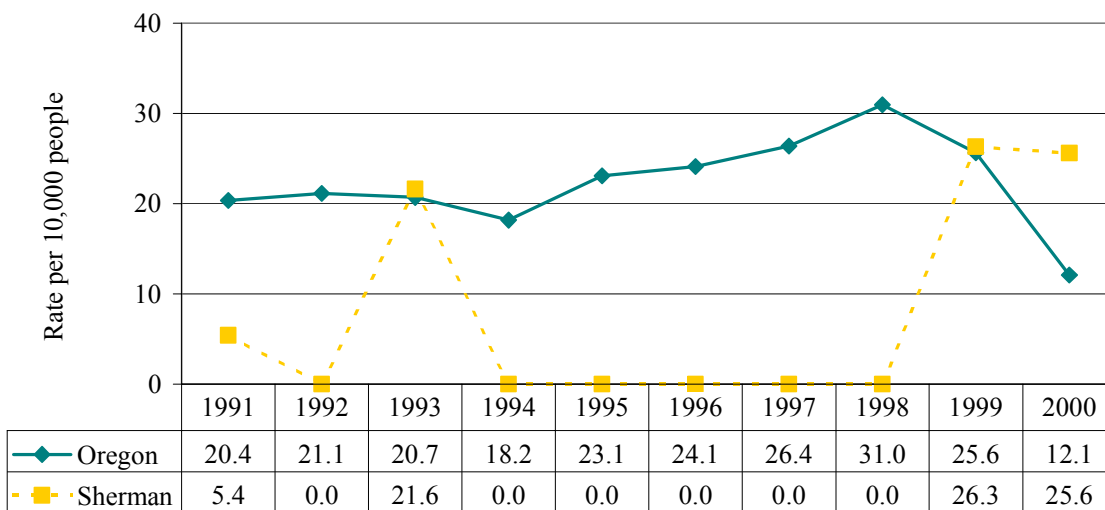
Personal Transitions and Mobility – A student survey scale reporting the percentage of 8th graders who have moved and or changed schools during their school years. Reported as the percentage of 8th graders who are at high risk.
Source OHT Survey

Low Neighborhood Attachment and Community Disorganization
Indicator 1
Population Not Voting in General Elections



Population Voting in General Elections – Reported as the percentage of the registered voters population who did not vote in the November general elections. Source: Secretary of State

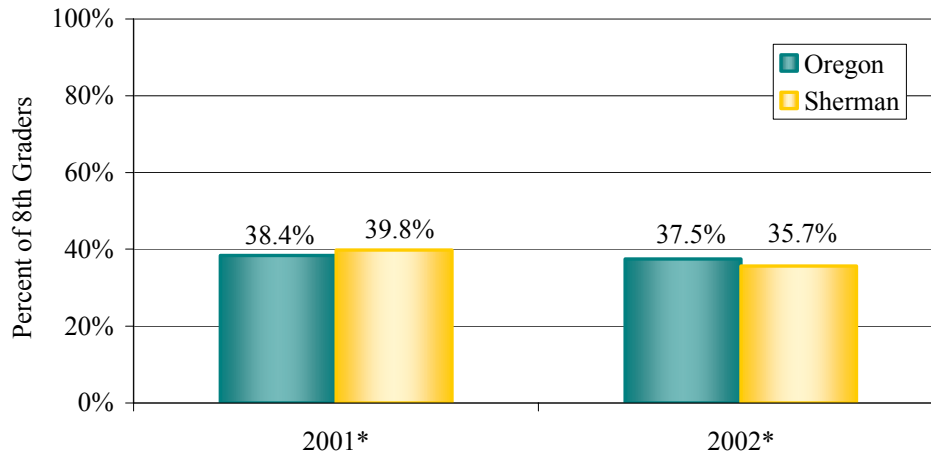
Indicator 2
Prisoners in State and Local Correctional Facilities



Prisoners in State and Local Correctional Facilities – Reported as the duplicated number of new admissions to state and local prisons, by prisoners’ county of residence, per 10,000 population. Source: Department of Corrections

Low Neighborhood Attachment and Community Disorganization
Indicator 3

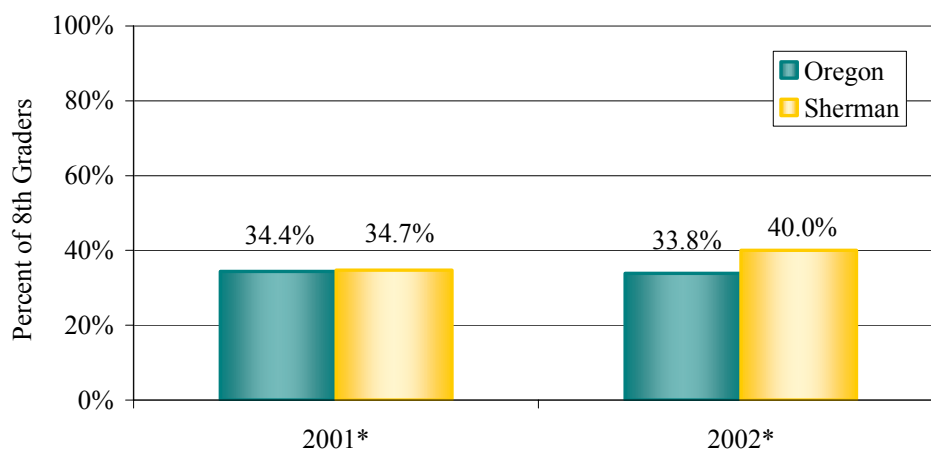
Low Neighborhood Attachment Scale



* Denotes SDA level responses

Low Neighborhood Attachment – A student survey scale measuring the lack of attachment 8th graders have to their current neighborhood. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

Indicator 4
Community Disorganization Scale



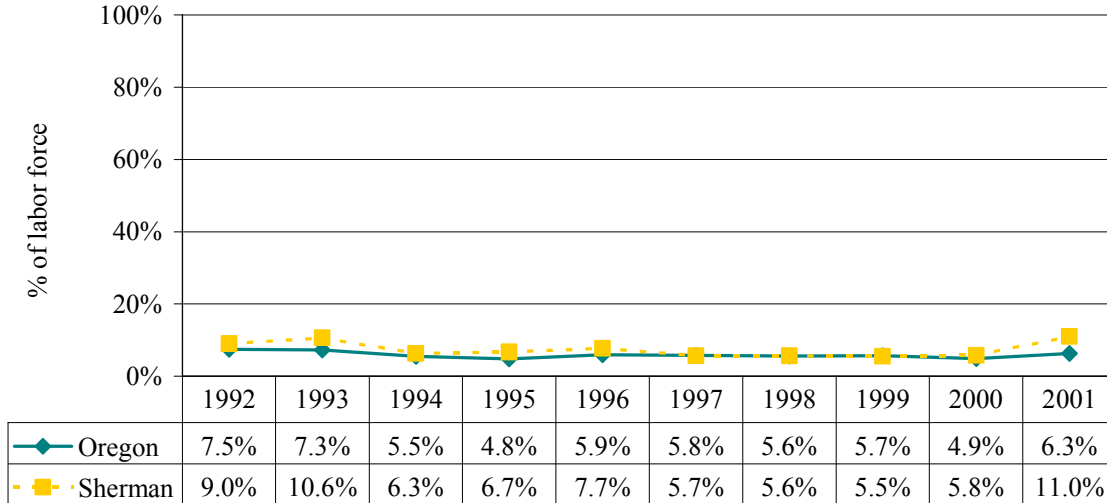
* Denotes SDA level responses

Community Disorganization – A student survey scale measuring the opinions of 8th graders regarding the unsafe and undesirable conditions of their neighborhood. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

Extreme Economic and Social Deprivation

Indicator 1

Unemployment

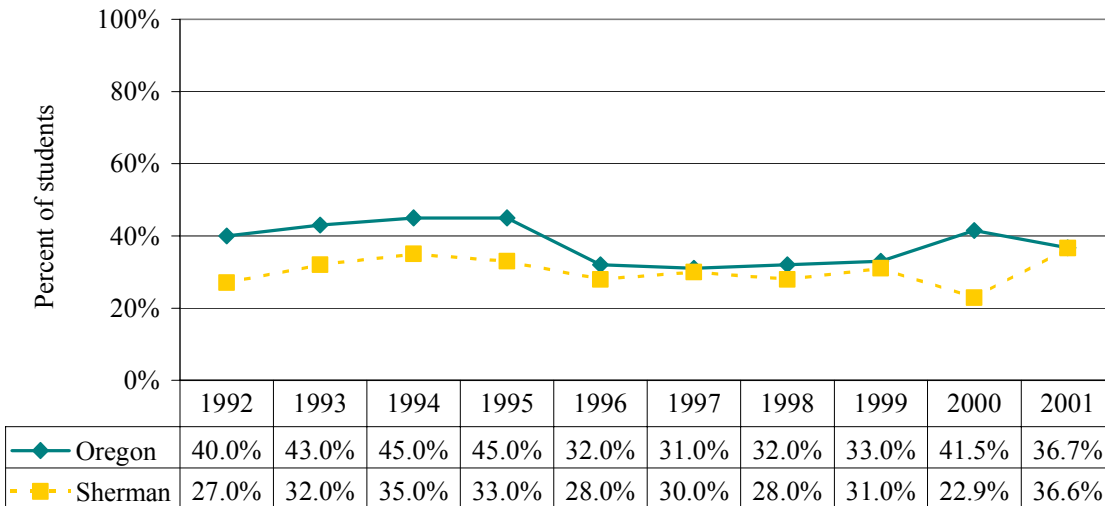


Unemployment – Reported as the percentage of labor force not employed, reported on an average annual basis as the percentage of the total work force.

Source: Oregon Employment Department

Indicator 2

Free and Reduced Lunch Program



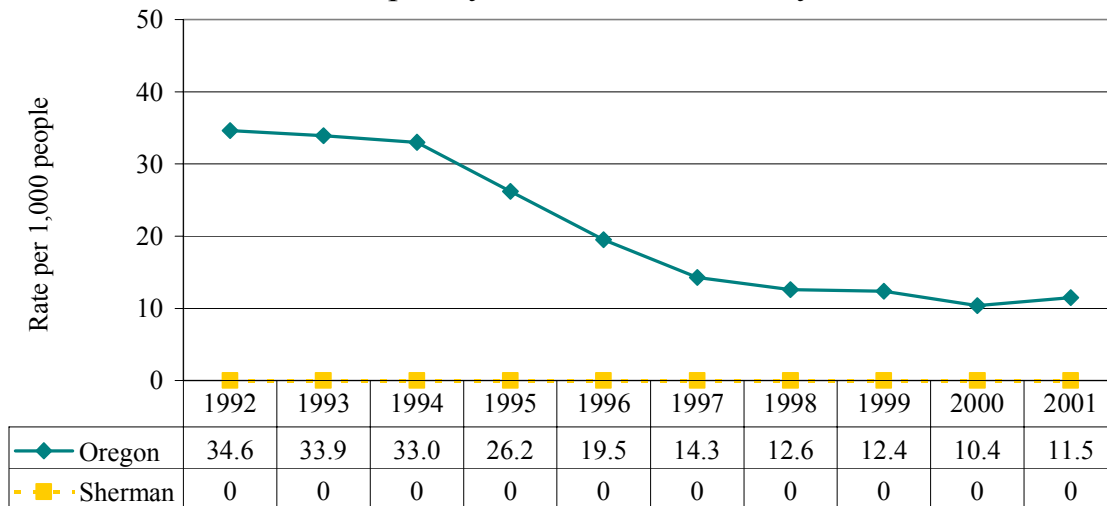
Free and Reduced Lunch Program – Reported as the percentage of students in public schools (K-12) whose applications have been approved for Free and Reduced Lunch Programs.

Source: Oregon Department of Education

Extreme Economic and Social Deprivation

Indicator 3

Temporary Assistance for Needy Families



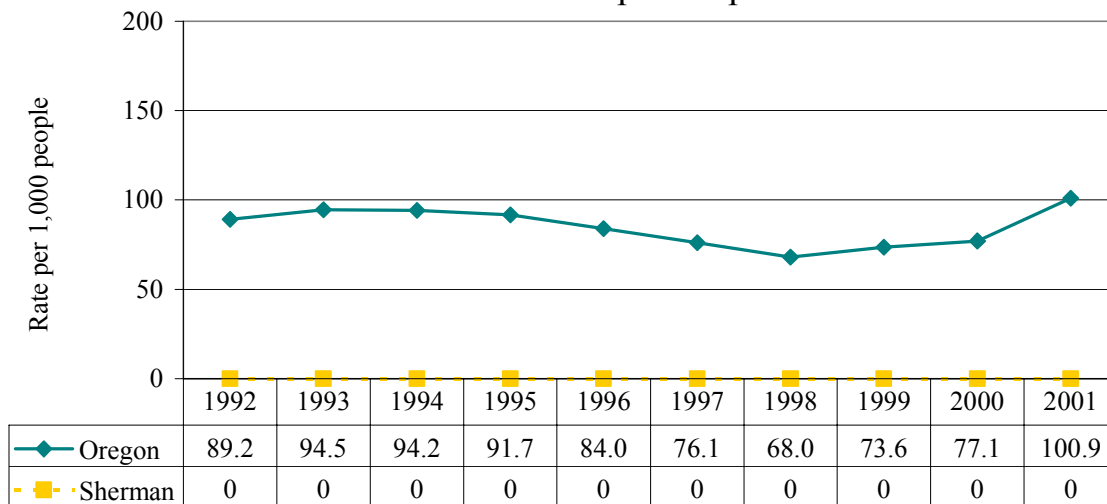
No AFS offices in Sherman County

Temporary Assistance for Needy Families (TANF) – Reported as the rate of persons (all ages), participating in TANF programs per 1,000 population.

Source: Department of Human Services, Children, Adults, and Families

Indicator 4

Food Stamps Recipients



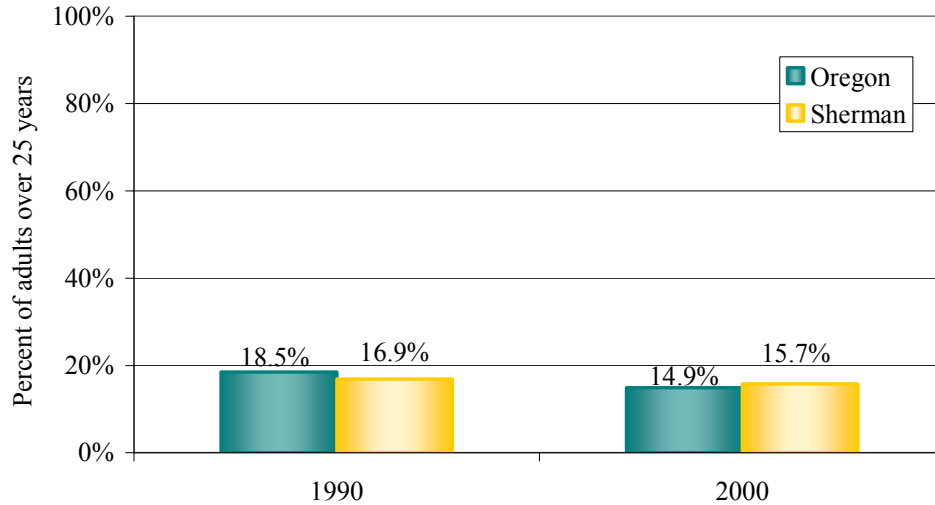
No AFS offices in Sherman County

Food Stamps Recipients – Reported as the average monthly number of food stamps recipients, per 1,000 population. Source: Department of Human Services, Children, Adults, and Families

Extreme Economic and Social Deprivation

Indicator 5

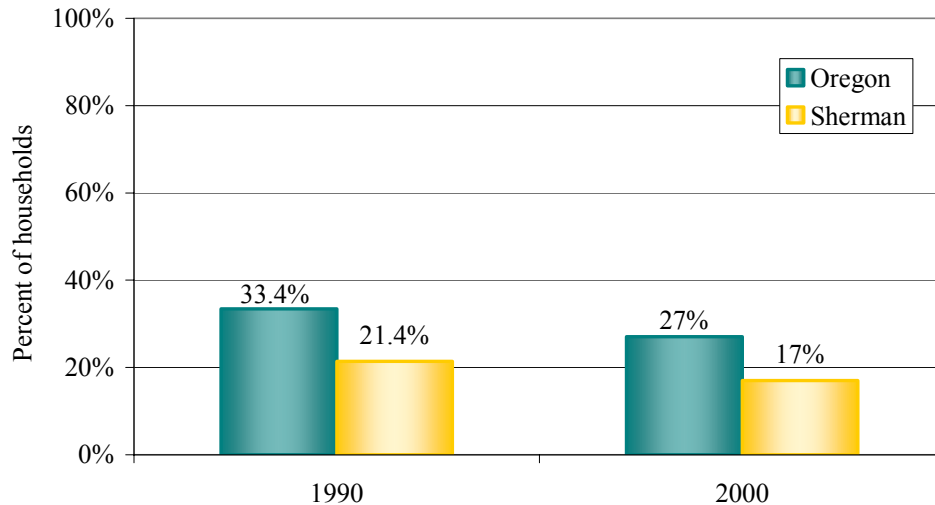
Adults without High School Diplomas



Adults without High School Diplomas – Reported as the percentage of total population age 25 and older, who did not complete high school, did not receive a diploma or GED. Source: U.S. Census

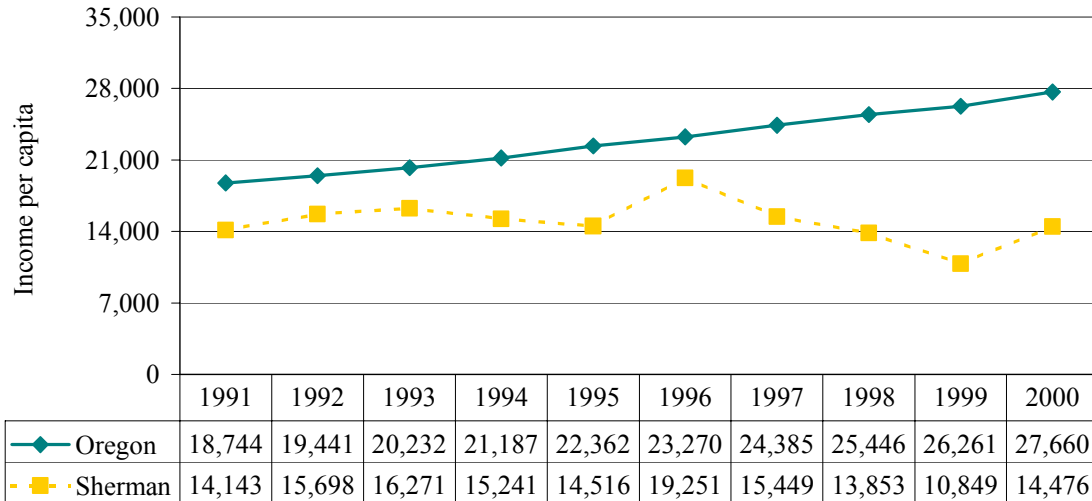
Indicator 6

Single Parent Households



Single Parent Households – Reported as the percentage of total family households with a spouse absent. Source: U.S. Census

Extreme Economic and Social Deprivation
 Indicator 7
 Average Per Capita Income



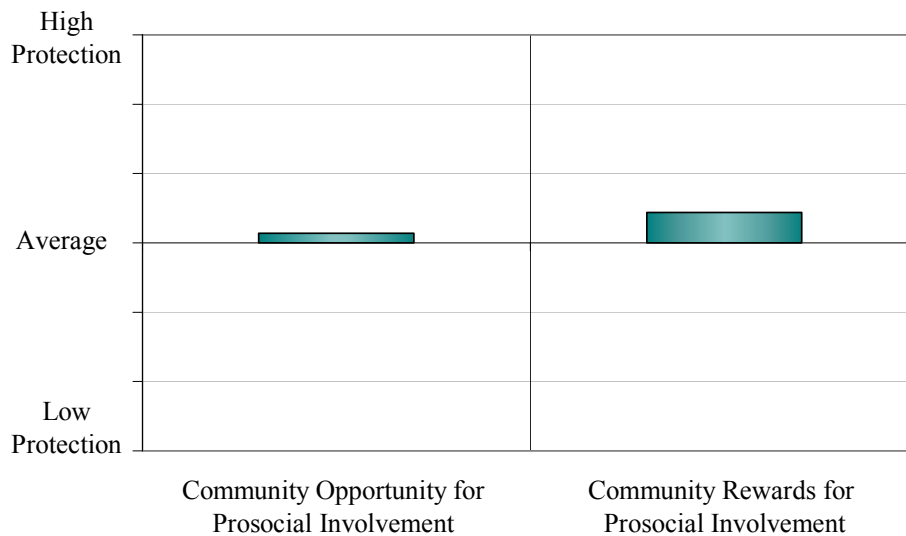
Average Per Capita Income – Reported as the average income per total population.
 Source: Oregon Employment Department

COMMUNITY DOMAIN PROTECTIVE FACTORS

Protective factors may buffer or protect the exposures to risks and simply reducing risks may not be enough. Protective factors are conditions that protect young people from the negative consequences of risks. By boosting the protective factors, you are building on the strengths of a community, regardless of the level of risk.

Community protective factors are focused in two areas, the availability and opportunities for young people to participate in community activities and then be recognized for their involvement.

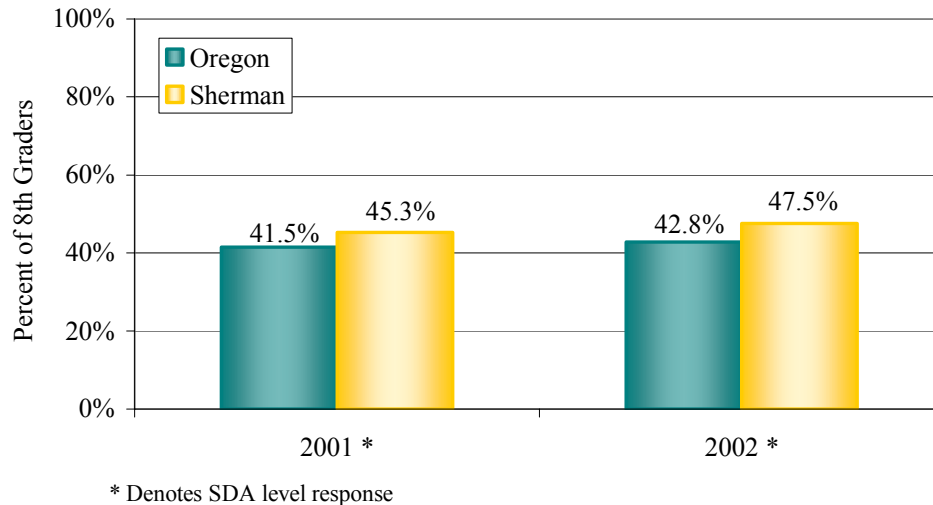
FIGURE 14
SUMMARY OF COMMUNITY DOMAIN PROTECTIVE FACTORS FOR SHERMAN COUNTY



Community Protective Factors

Indicator 1

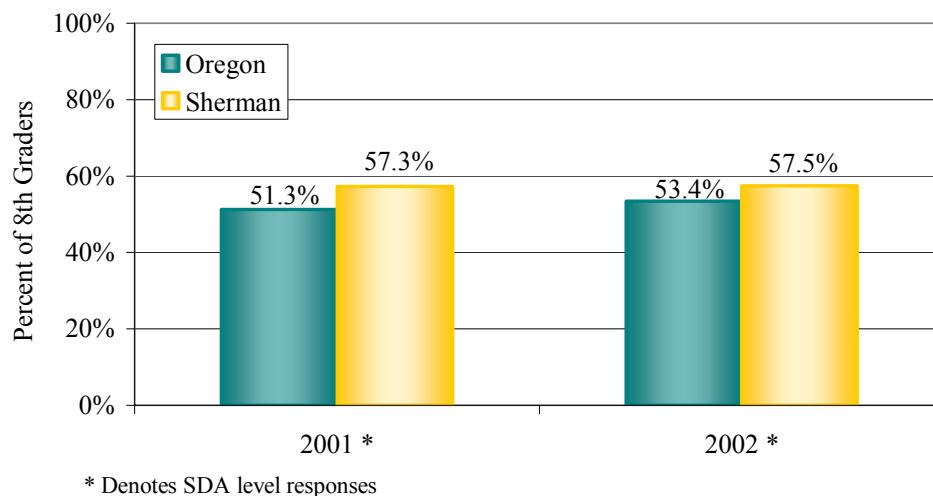
Community Rewards for Prosocial Involvement



Community Rewards for Prosocial Involvement – A student survey scale measuring involvement and interaction with community members of 8th graders. Reported as the percentage of 8th graders who are at high protection. Source: OHT Survey

Indicator 2

Community Opportunities for Prosocial Involvement

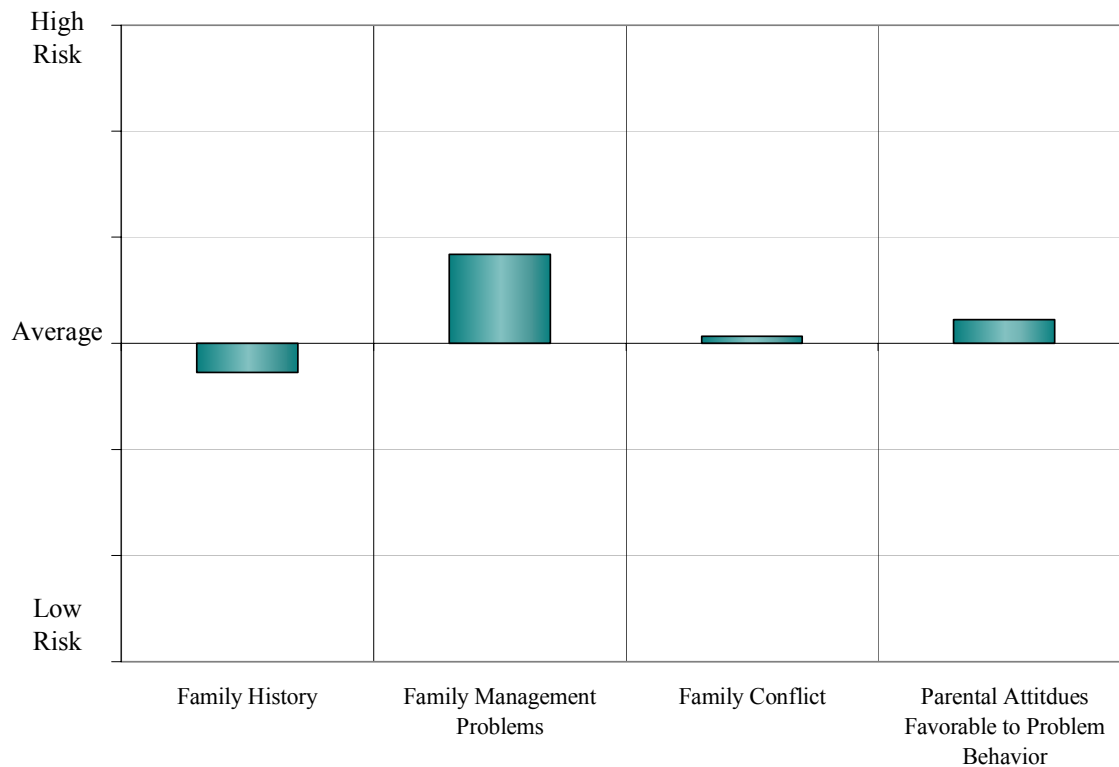


Community Opportunities for Prosocial Involvement – A student survey scale measuring the perception of 8th graders regarding the availability of community activities. Reported as the percentage of 8th graders who are at high protection. Source: OHT Survey

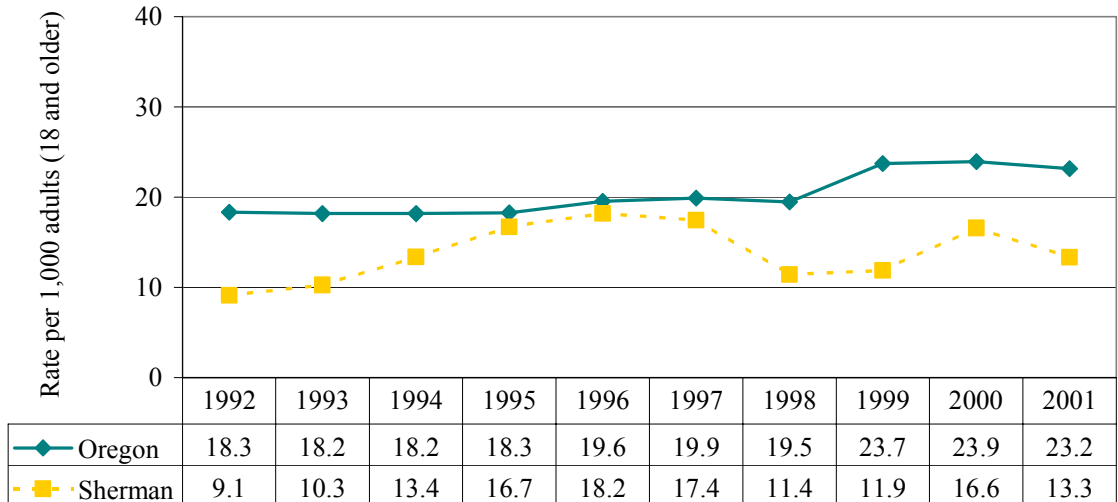
FAMILY DOMAIN

Youth are affected by their families and are either put at higher risk or higher protection based on these dynamics. Factors such as consistent parenting, violent or argumentative family members, and parental opinions and involvement in drug use and antisocial behavior may direct the health and social behaviors of their children.

FIGURE 15
SUMMARY OF FAMILY DOMAIN RISK FACTORS FOR SHERMAN COUNTY

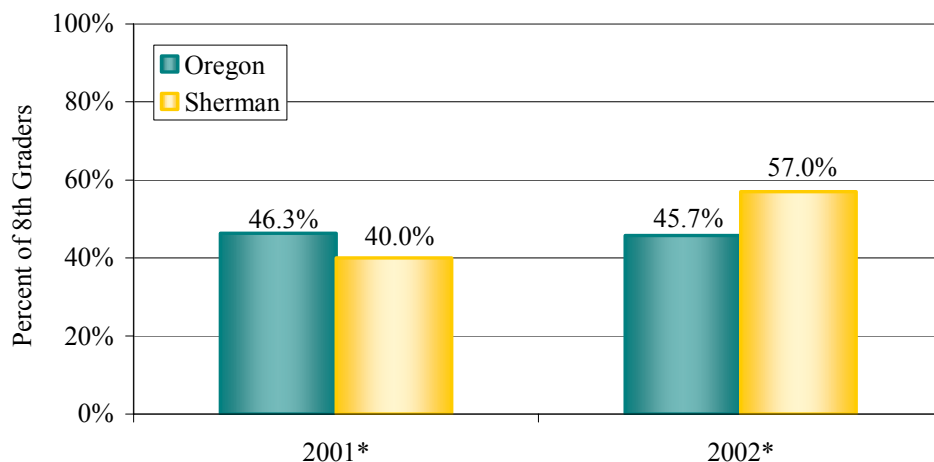


Family History of Substance Use and High Risk Behavior
 Indicator 1
 Adults in AOD Treatment



Adults in AOD Treatment – Reported as the unduplicated number of adults (18 and older) in state-supported alcohol and other drug abuse treatment programs, per 1,000 adults. Source: Department of Human Services, Mental Health and Addiction Services

Indicator 2
 Family History of Antisocial Behavior Scale



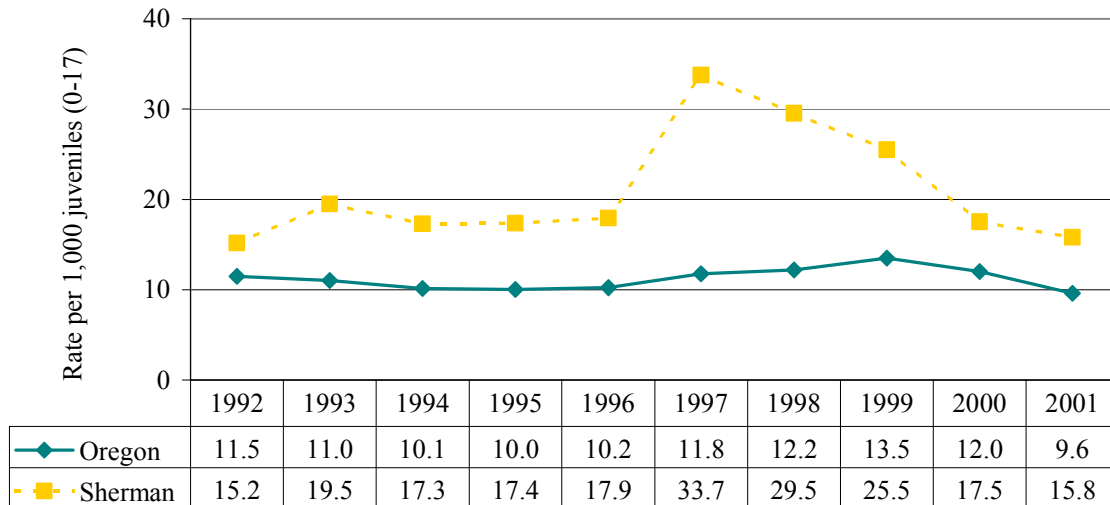
* Denotes SDA level response

Family History of Antisocial Behavior – A student survey scale reporting the percentage of 8th graders who report family members involved with AOD abuse, and crime. Reported as the percentage of 8th graders who are at high risk.

Source: OHT Survey

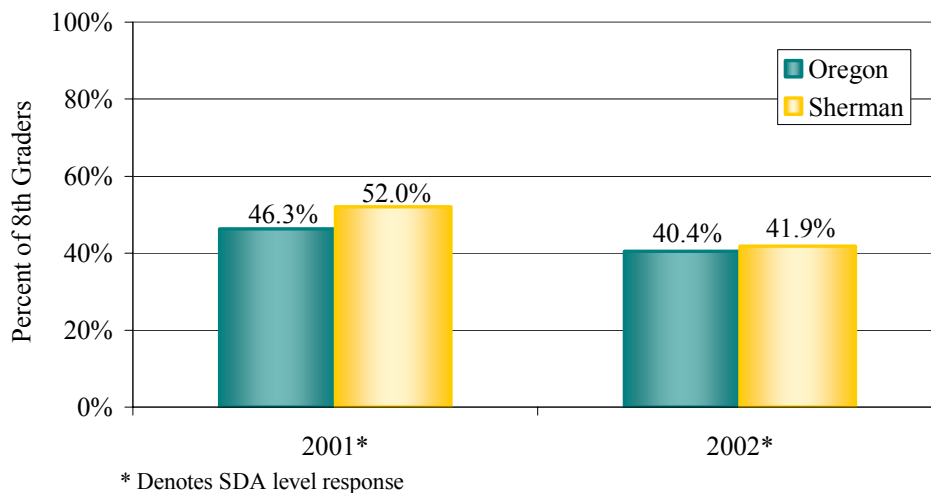
Family Management Problems

Indicator 1
Child Abuse and Neglect



Child Abuse and Neglect – Reported as the duplicated rate of juveniles (0-17) reported for maltreatment to Department of Human Services, Children, Adults, and Families, per 1,000 juveniles. Source: Department of Human Services, Children, Adults and Families

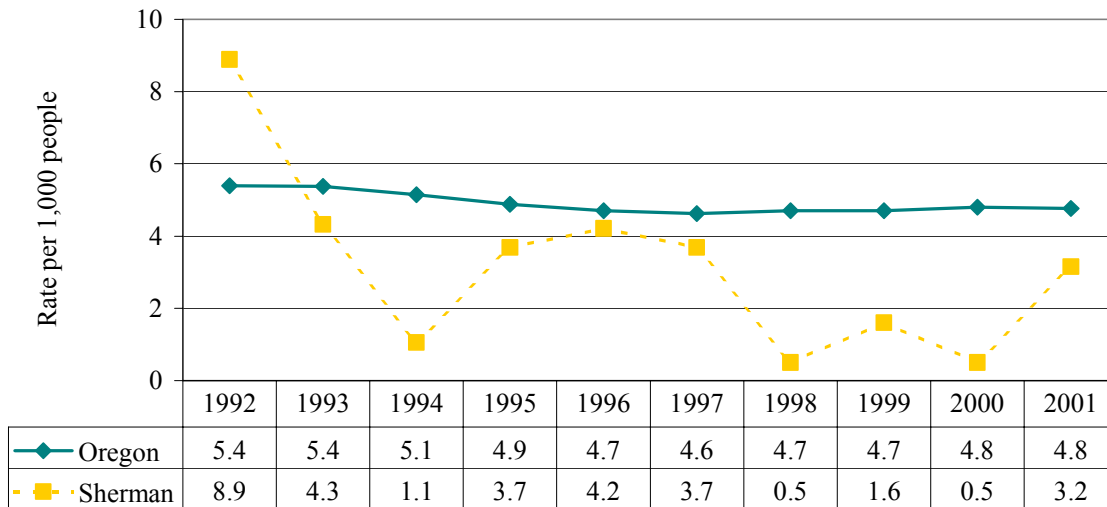
Indicator 2
Poor Family Management Scale



Poor Family Management – A student survey scale measuring the responses of 8th graders to questions about rules and expectation in their homes. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

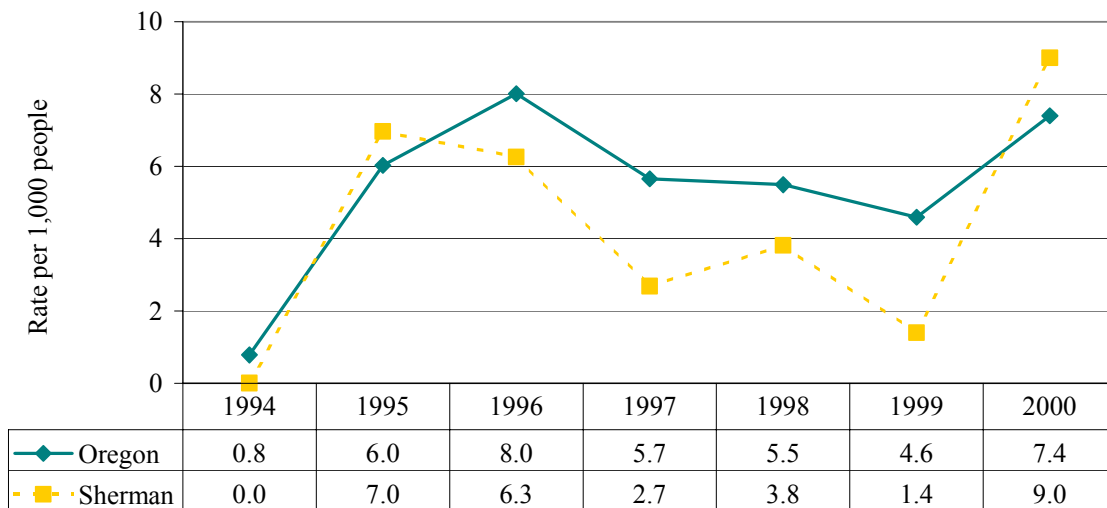
Family Conflict

Indicator 1
Divorce



Divorce – Reported as the rate of divorce (dissolution and annulment) per 1,000 population. Source: Department of Human Services, Health Services

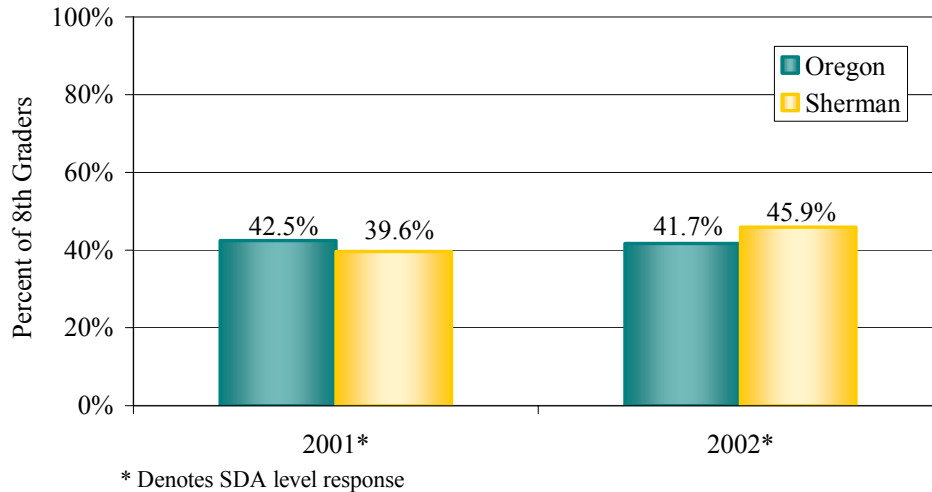
Indicator 2
Domestic Violence Arrests



Domestic Violence Arrests – Reported as the rate of domestic violence arrests of partners (including spouses, former spouses, and lovers) per 1,000 adults (18 and older). Does not include child abuse. Source: Law Enforcement Data Systems

Family Conflict

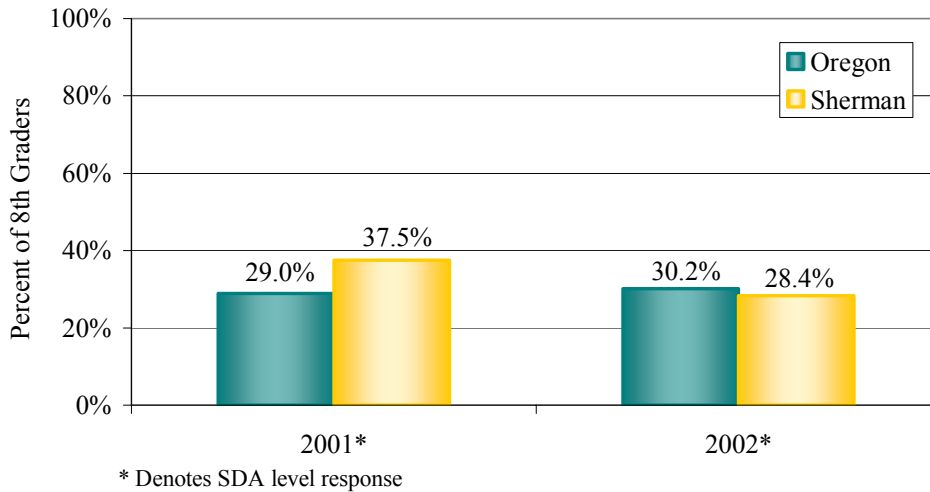
Indicator 3 Family Conflict Scale



Family Conflict – A student survey scale measuring the responses of 8th graders regarding their family behaviors and arguments. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

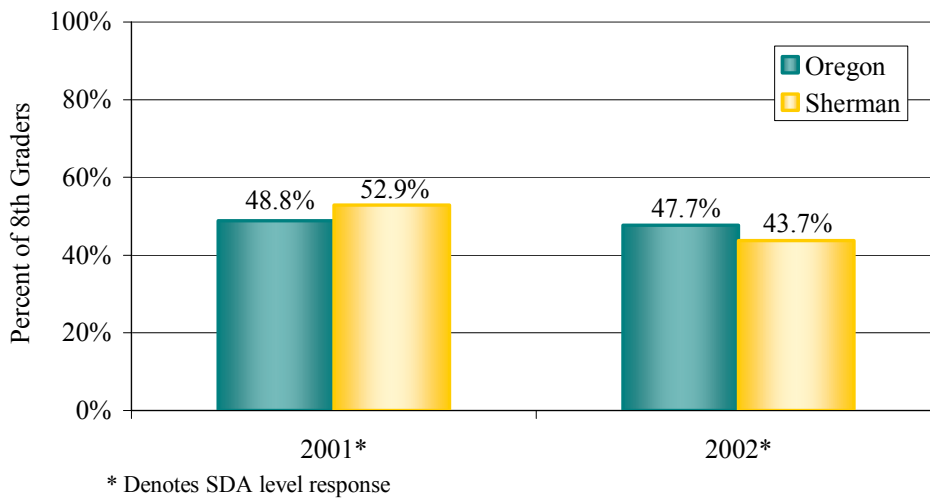
Favorable Parental Attitudes to Antisocial Behavior
Indicator 1

Parental Attitudes Favorable toward Drug Use Scale



Parental Attitudes Favorable to Drug Use – A student survey scale measuring 8th graders perceptions of their parent’s attitudes about youth’s ATOD use. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

Indicator 2
Parental Attitudes Favorable to Antisocial Behavior

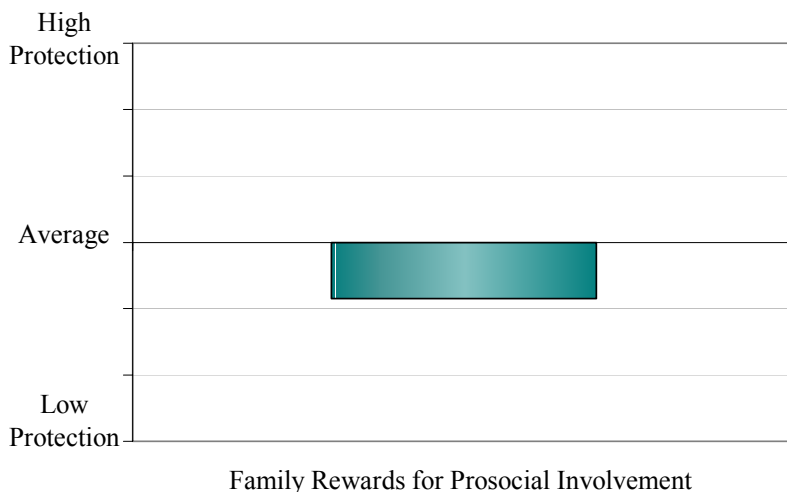


Parental Attitudes Favorable to Antisocial Behavior – A student survey scale measuring 8th graders’ perceptions of their parent’s attitudes about youth’s delinquent behavior. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

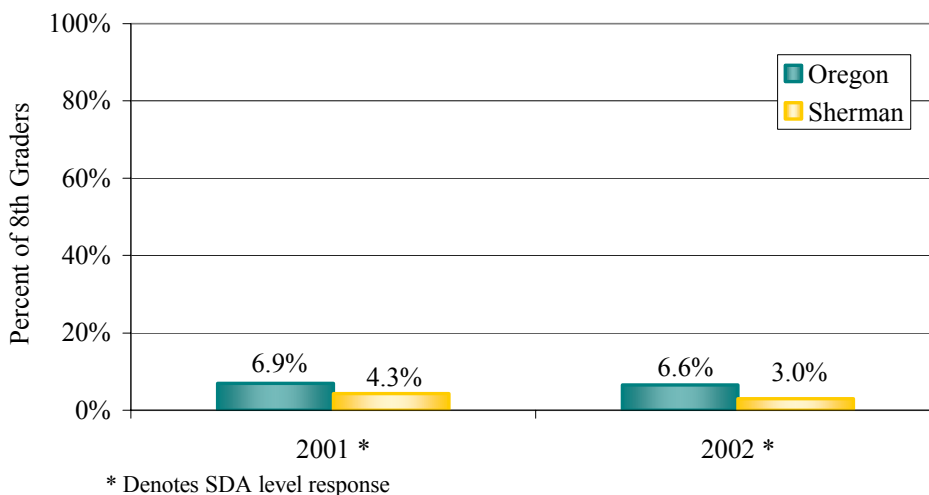
FAMILY DOMAIN PROTECTIVE FACTORS

The family protection is provided through opportunities to participate in family decisions and being recognized for the participation and the level of attachment children have toward their parents.

FIGURE 16
SUMMARY OF FAMILY DOMAIN PROTECTIVE FACTORS FOR SHERMAN COUNTY



**Indicator 1
Family Rewards for Prosocial Behavior**

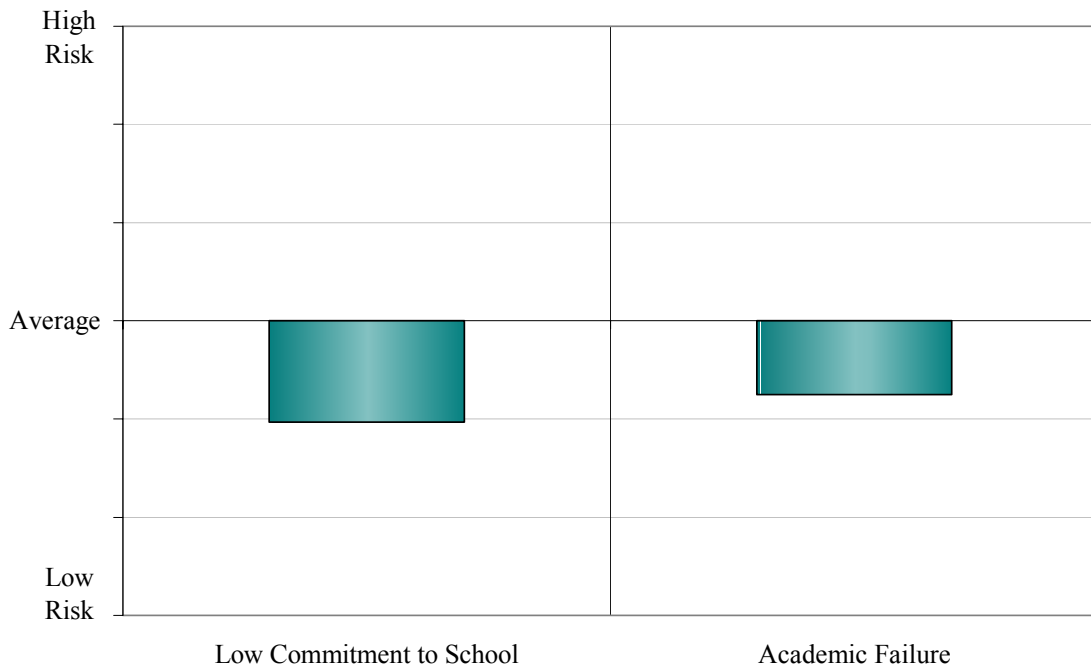


Family Rewards for Prosocial Behavior – A student survey scale measuring 8th graders’ perception of their parents’ acknowledgement of positive behavior. Reported as the percentage of 8th graders who are at high protection.
Source: OHT Survey

SCHOOL DOMAIN

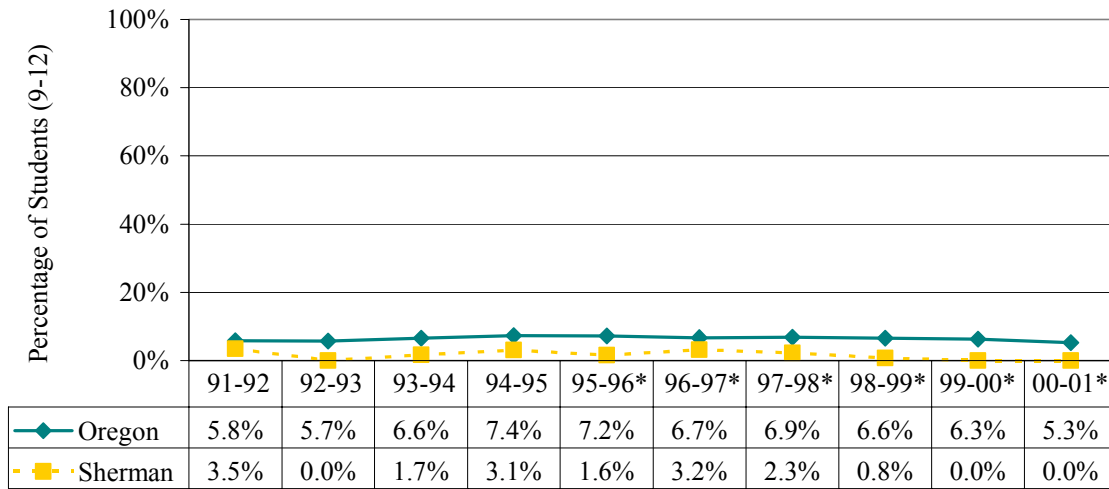
Specific factors in a young person’s school life also affect their health and social behavior. Such things as opportunities to participate in school decisions, being recognized for their participation and simply doing well and feeling their schoolwork will make a difference in their adult life may put youth at risk or protect them from AOD use, school dropout, teenage pregnancy, or violent and delinquent behavior.

FIGURE 17
SUMMARY OF SCHOOL DOMAIN RISK FACTORS FOR SHERMAN COUNTY



Low Commitment to School

Indicator 1
Event Dropout

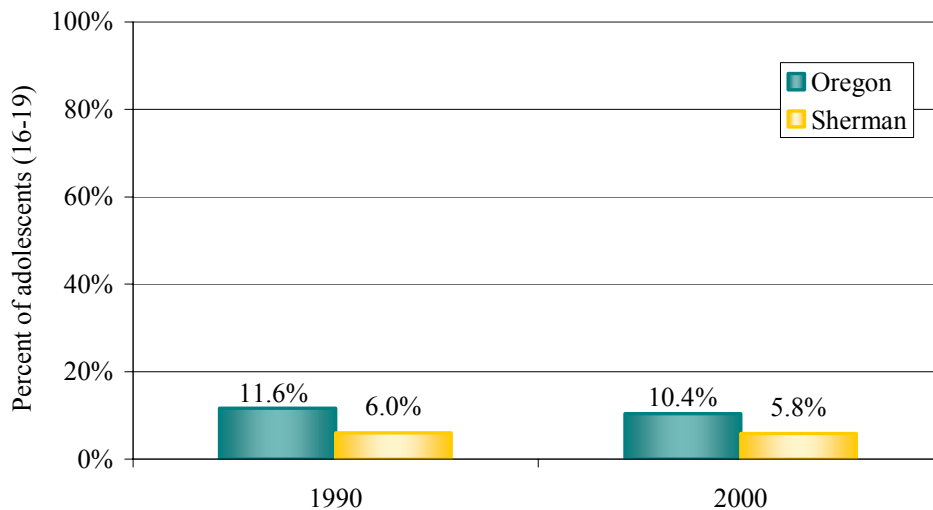


*Comparability of data before 1996 and after 1996 is unwarranted because of definitional changes of what constitutes a dropout.

Event Dropout – Reported as the percentage of students (grades 9-12) who drop out of school in a single year without completing high school.

Source: Oregon Department of Education

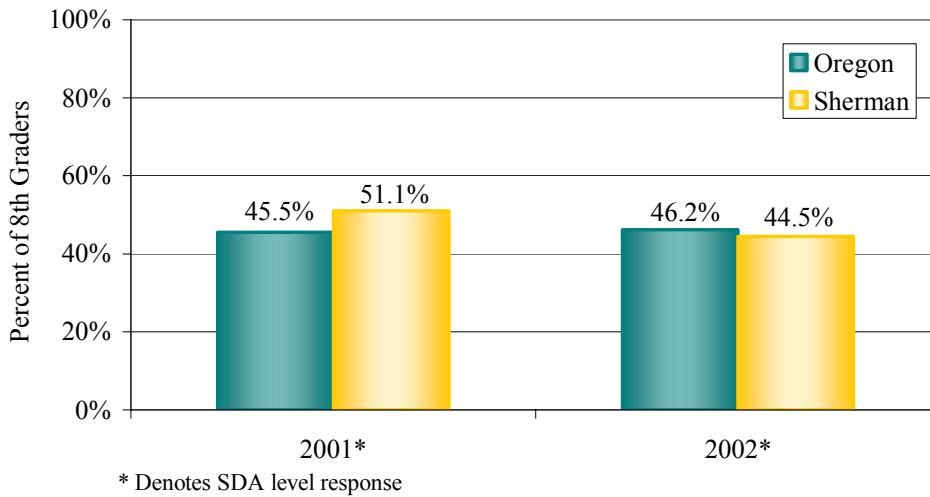
Indicator 2
Status Dropout



Status Dropout – Reported as the percentage of youth (16-19) who have not completed high school and are not enrolled in school, regardless of when they dropped out of school. Source: U.S. Census

Low Commitment to School

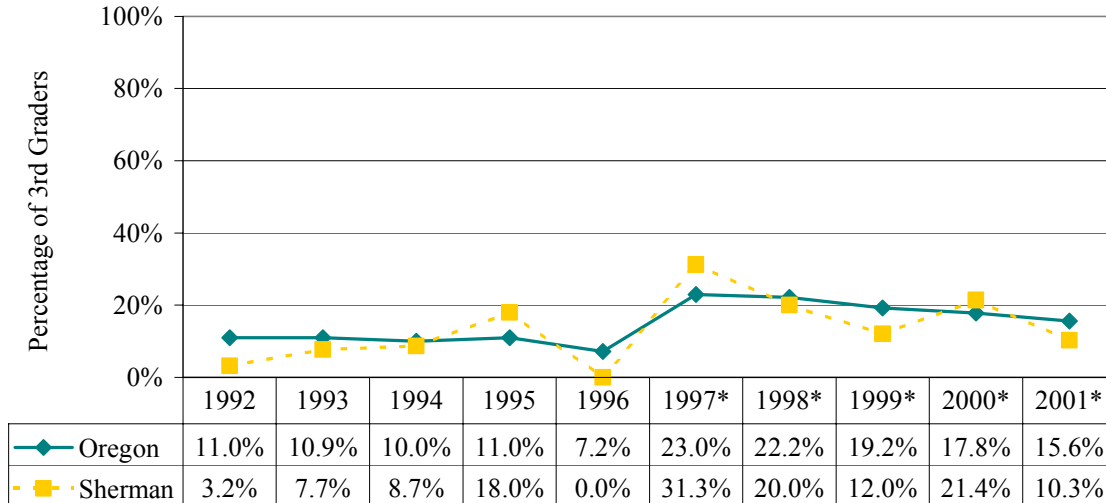
Indicator 3
Low Commitment to School Scale



Low Commitment to School – A student survey scale measuring the responses of 8th graders regarding their own level of commitment and involvement with their schoolwork. Reported as the percentage of 8th graders who are at high risk.
Source: OHT Survey

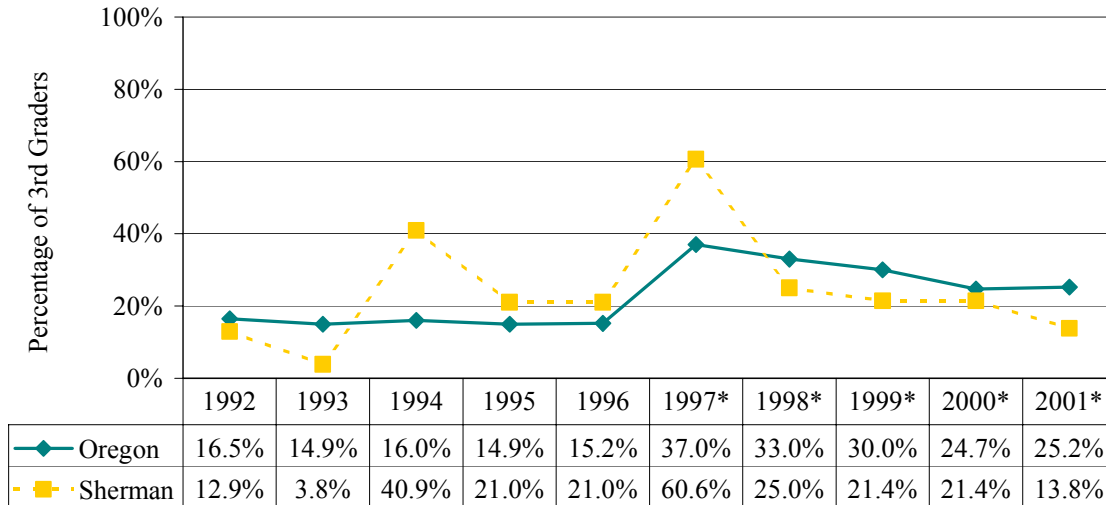
Academic Failure

Indicator 1
3rd Graders Not Proficient in Reading



3rd Graders Not Proficient in Reading – Reported as the percentage of 3rd grade students who have not achieved established skills in reading. Source: Oregon Department of Education

Indicator 2
3rd Graders Not Proficient in Math

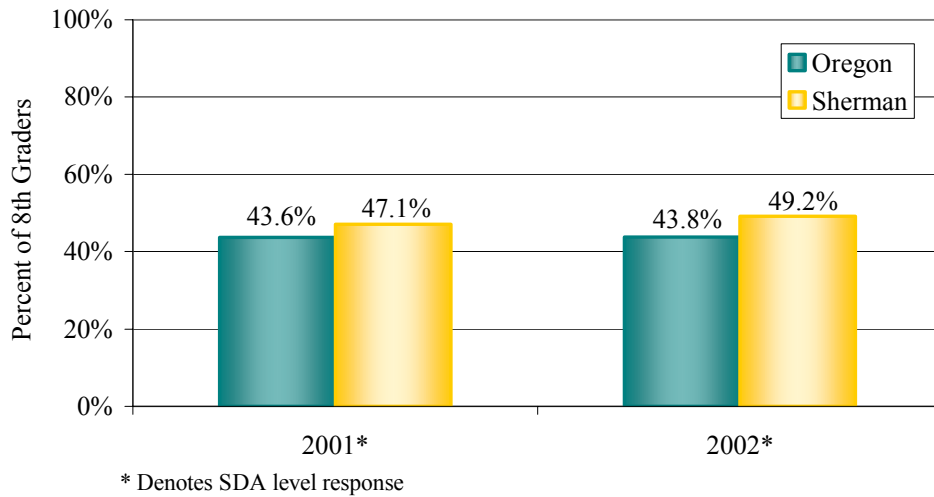


3rd Graders Not Proficient in Math – Reported as the percentage of 3rd grade students who have not achieved established skills in math. Source: Oregon Department of Education

* 1997 Forward data reflect performance standards adopted by the State Board of Education in September 1996. They are not comparable with earlier standards used to report achievement.

Academic Failure

Indicator 3
Academic Failure Scale

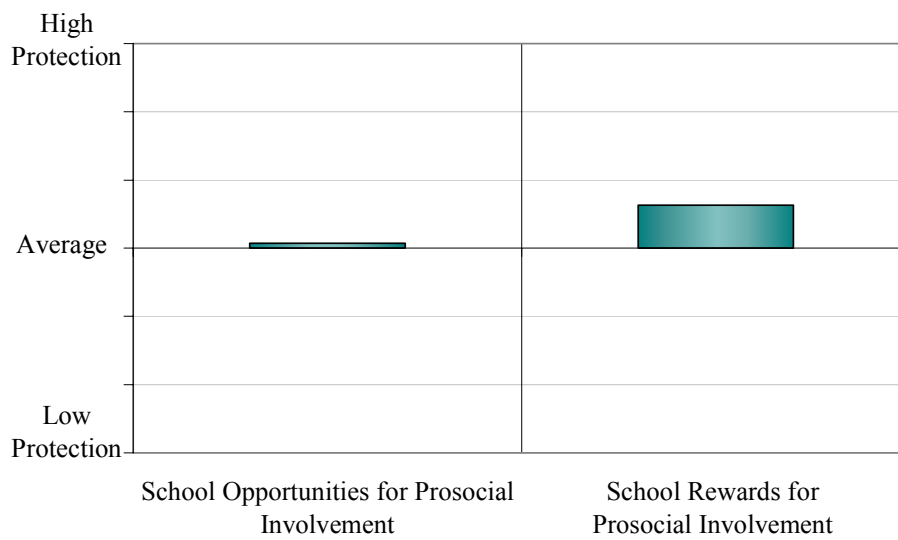


Academic Failure – A student survey scale asking 8th graders about their grades. Reported as the percentage of 8th graders who are at high risk.
Source: OHT Survey

SCHOOL DOMAIN PROTECTIVE FACTORS

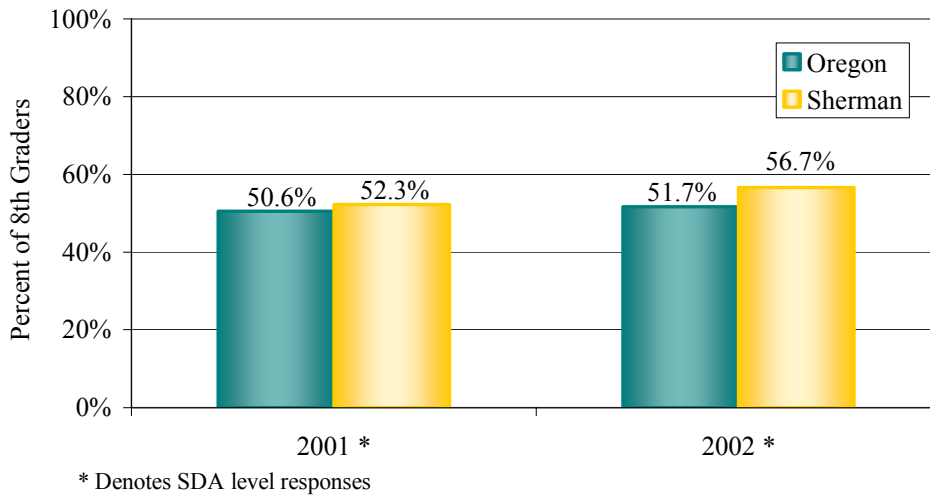
School protective factors focus on the youths’ participation in activities and decisions within their school environment. Protection is provided when students are given the opportunity to participate in prosocial activities and are then recognized and rewarded for their participation.

FIGURE 18
SUMMARY OF SCHOOL DOMAIN PROTECTIVE FACTORS FOR SHERMAN COUNTY



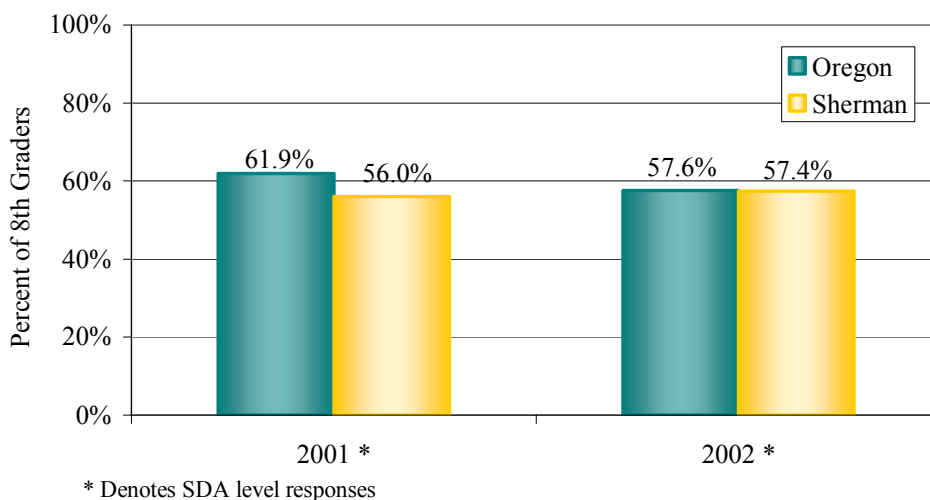
Protective Factors

Indicator 1
School Rewards for Prosocial Involvement Scale



School Rewards for Prosocial Involvement – A student survey scale asking 8th graders about positive recognition for their school involvement. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

Indicator 2
School Opportunities for Prosocial Involvement Scale

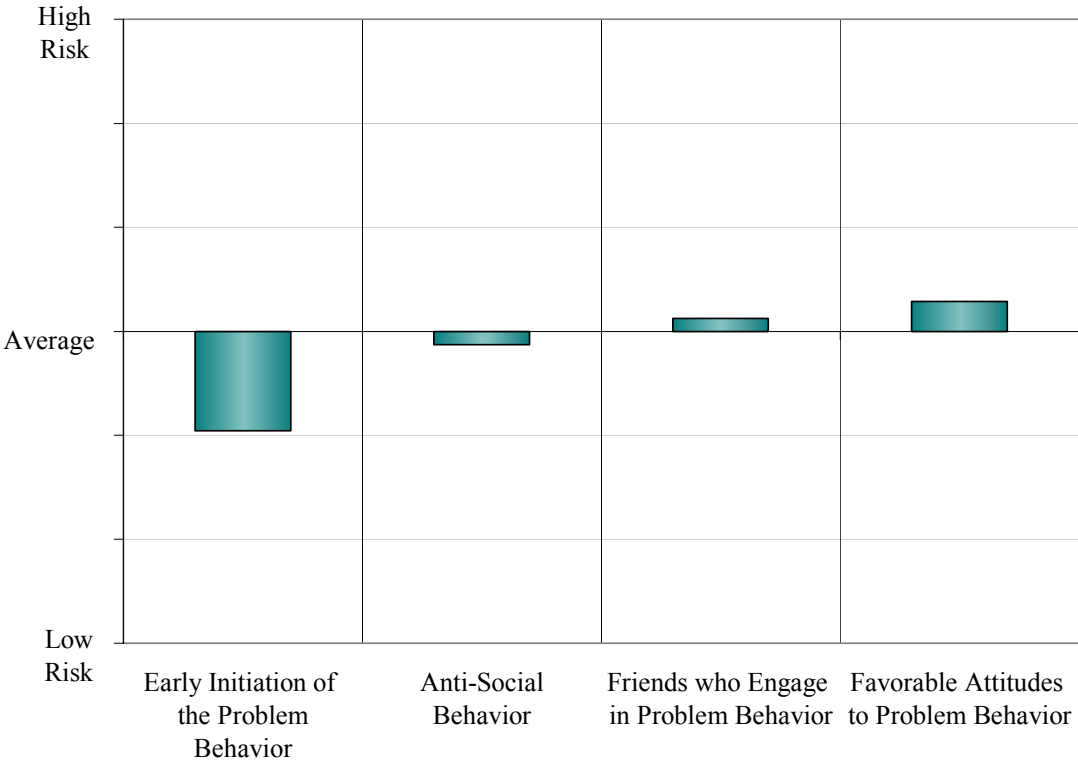


School Opportunities for Prosocial Involvement – A student survey scale asking 8th graders about their opportunities to participate in decisions and activities at school. Reported as the percentage of 8th graders who are at high protection. Source: OHT Survey

INDIVIDUAL-PEER DOMAIN

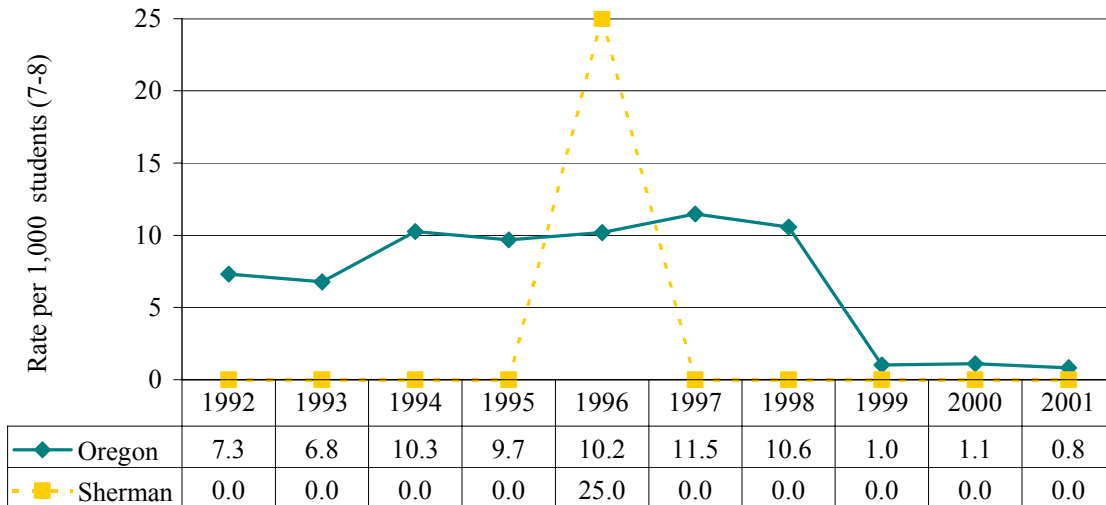
How young people develop and begin to make decision for themselves also affects their future AOD use and antisocial behaviors. Such factors include who their peers are and what opinions and perceptions they are developing about risky behavior and accepted practices. This exposure to risk may determine their future behaviors.

FIGURE 19
SUMMARY OF INDIVIDUAL PEER DOMAIN RISK FACTORS FOR SHERMAN COUNTY



Early Initiation of the Problem Behavior

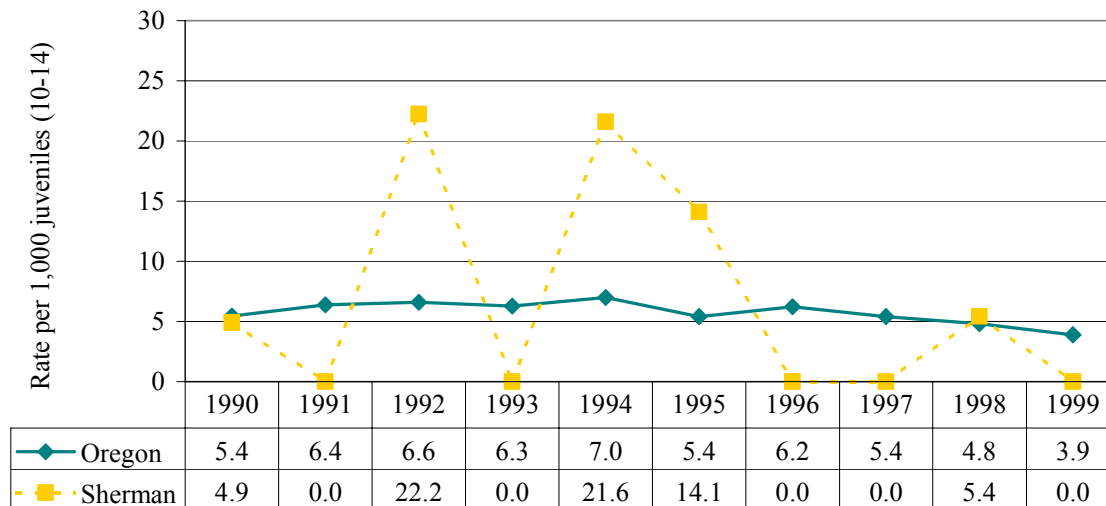
Indicator 1
Dropouts Prior to the 9th Grade



Dropouts prior to the 9th grade – Reported as the number of students (grades 7-8) dropping out of school prior to the 9th grade per 1,000 students (grades 7-8).

Source: Oregon Department of Education

Indicator 2
Vandalism Arrests – Juveniles 10-14 years old

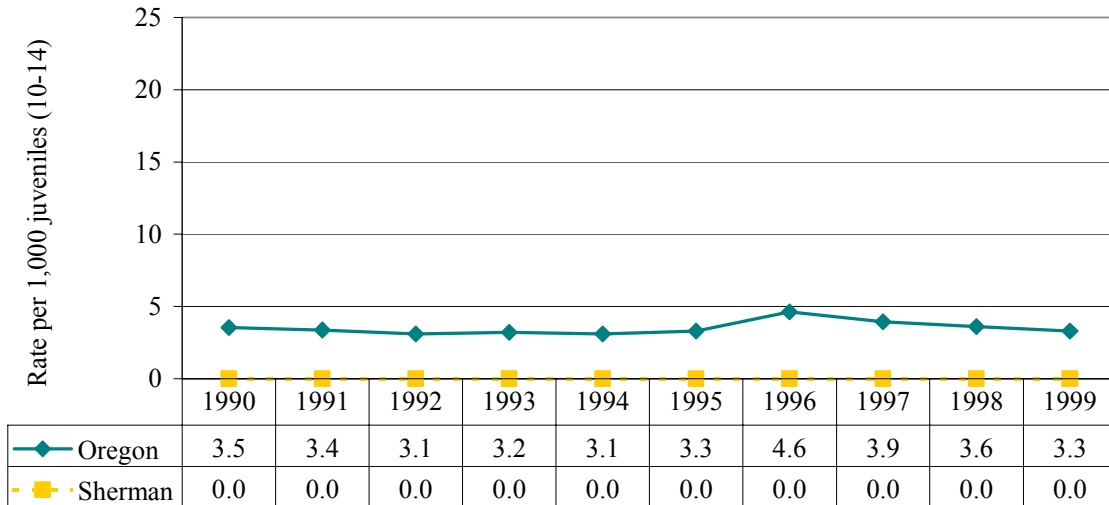


Vandalism Arrests – Reported as the rate of juveniles (10-14) arrested for vandalism (including residence, non-residence, vehicle-venerated objects, police cars, or other) per 1,000 juveniles (10-14). Source: Law Enforcement Data Systems

Early Initiation of the Problem Behavior

Indicator 3

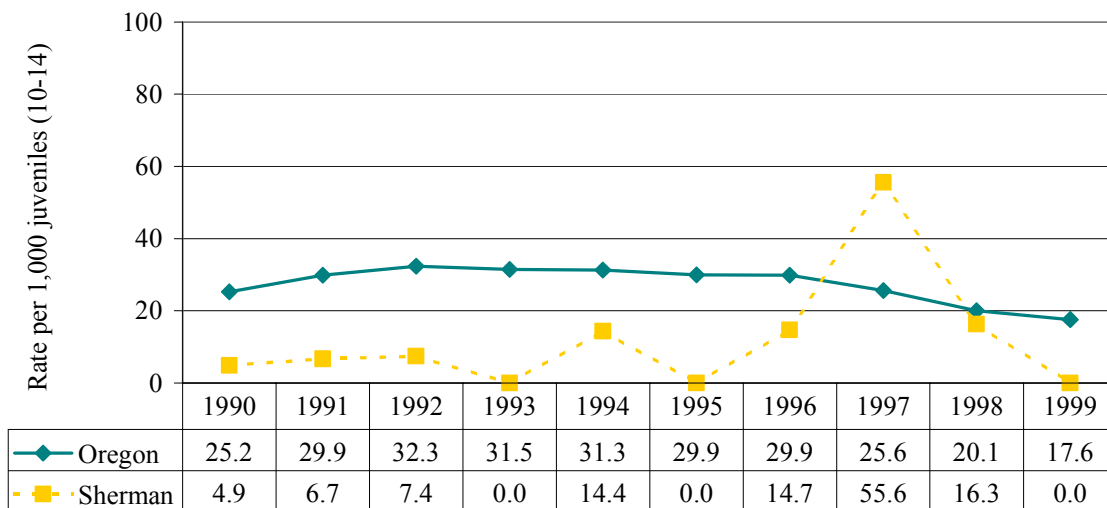
Alcohol-related Arrests – Juveniles 10-14 years old



Alcohol-related arrests – Reported as the rate of juveniles (age 10-14) arrested for alcohol law violations (DUII, drunkenness, liquor law violations) per 1,000 juveniles (10-14). Source: Law Enforcement Data Systems

Indicator 4

Personal and Property Crime Arrests – Juveniles 10-14 years old

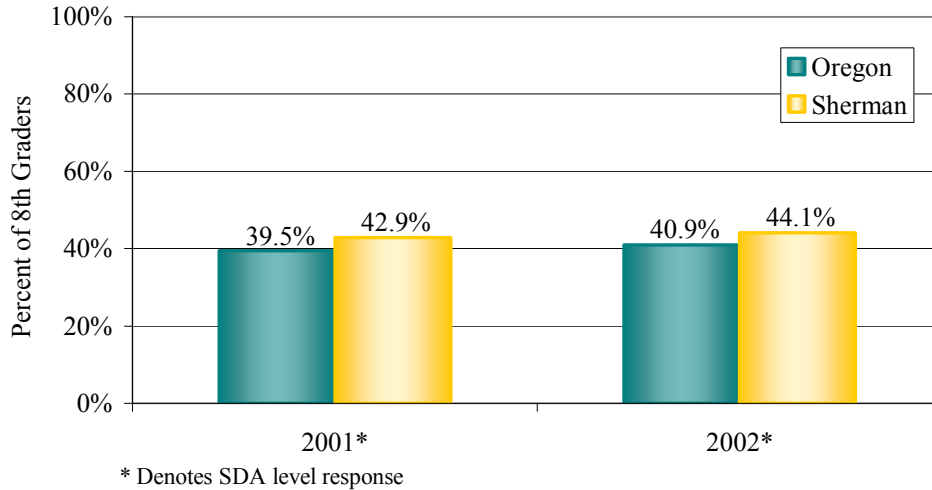


Personal and Property crime arrests – Reported as the rate of juveniles (10-14) arrested for personal (criminal homicide, aggravated assault, robbery, rape) and property crimes (burglary, larceny theft, arson, motor vehicle theft) per 1,000 juveniles (10-14). Source: Law Enforcement Data Systems

Early Initiation of the Problem Behavior

Indicator 5

Early Initiation of Drug Use Scale

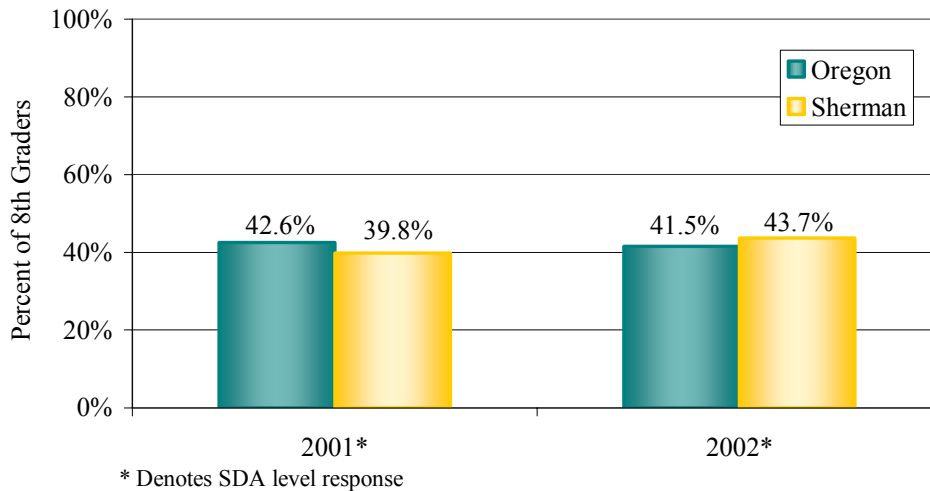


Early Initiation of Drug Use – A student survey scale asking 8th graders who had used ATOD, how old they were when they first used. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

Friends Who Engage in the Problem Behavior

Indicator 1

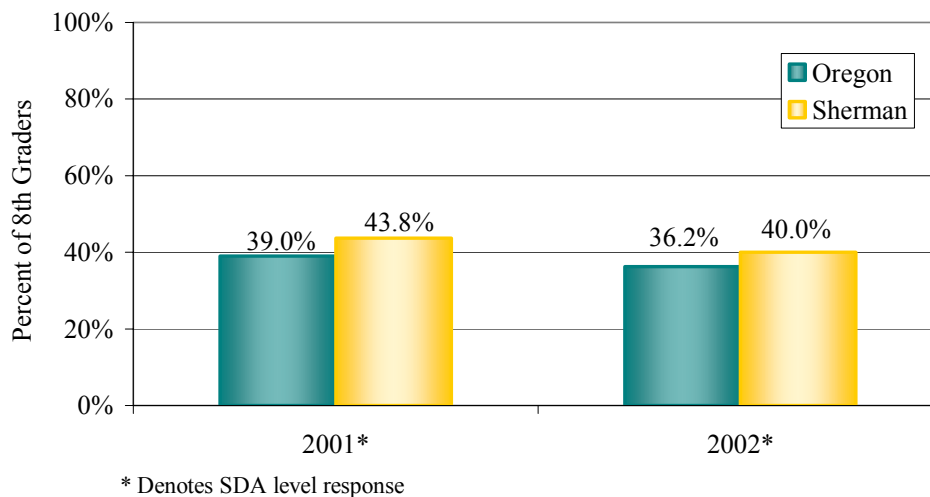
Interaction with Antisocial Peers Scale



Interaction with Antisocial Peers – A student survey scale asking 8th graders about their four best friends and their behaviors. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

Indicator 2

Friends' Use of Drugs Scale

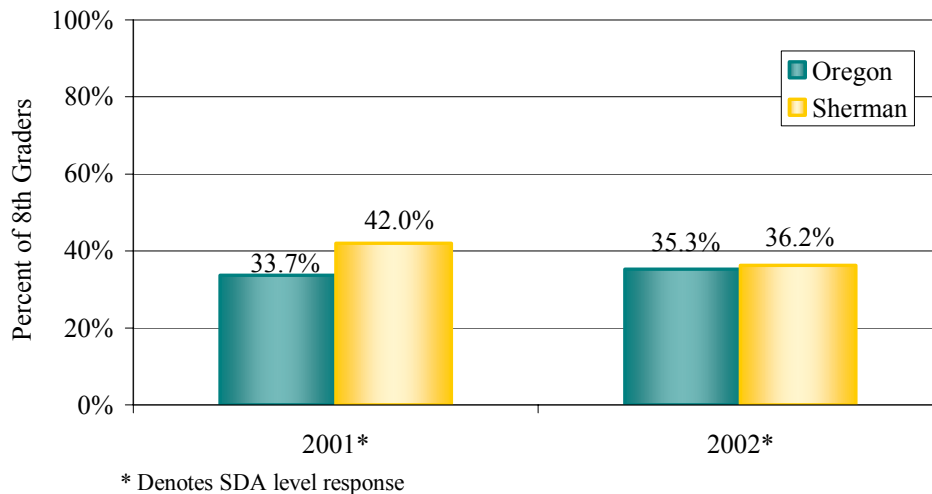


Friends' Use of Drugs – A student survey scale asking 8th graders about their four best friends' use of ATOD. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

Favorable Attitudes toward the Problem Behavior

Indicator 1

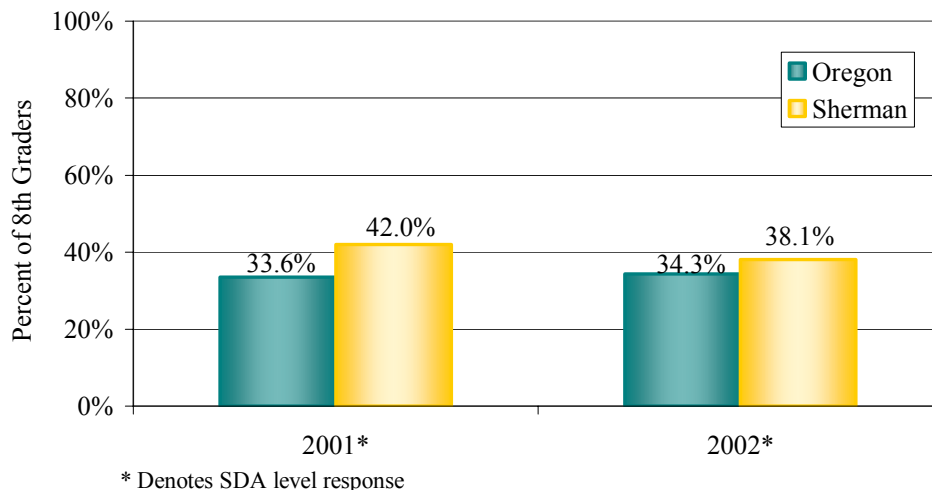
Favorable Attitudes to Antisocial Behavior Scale



Favorable Attitudes to Antisocial Behavior – A student survey scale asking 8th graders about their attitudes about antisocial behavior in youth, including stealing, fighting, and skipping school. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

Indicator 2

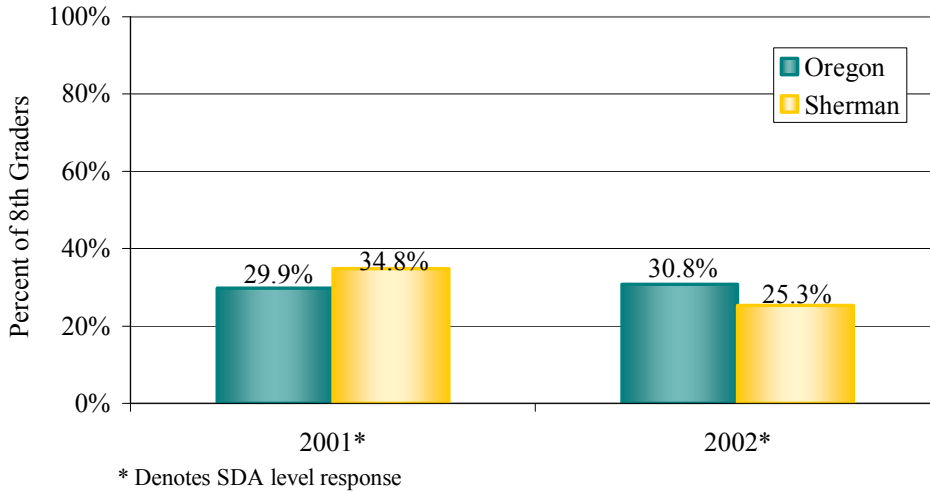
Favorable Attitudes toward Drug Use Scale



Favorable Attitudes toward Drug Use – A student survey scale asking 8th graders about their attitudes toward youth using ATOD. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

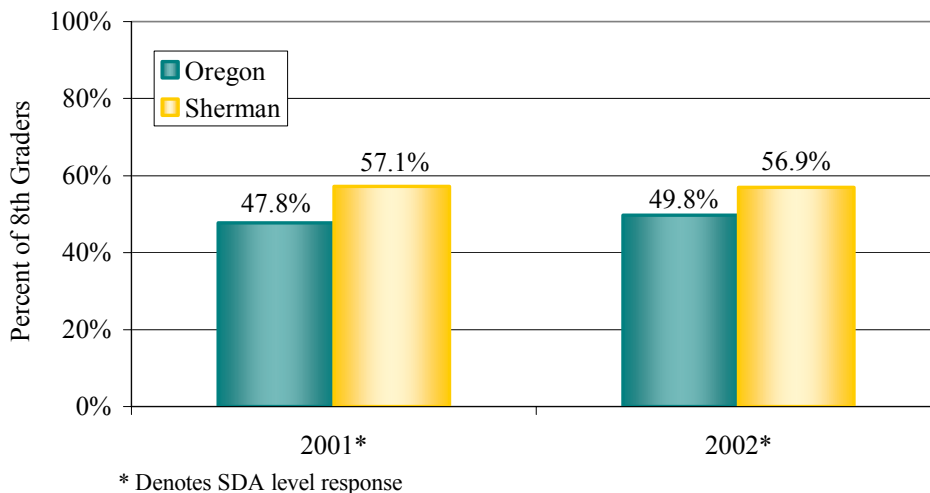
Anti-Social Behavior

Indicator 1
Rebelliousness Scale



Rebelliousness – A student survey scale asking 8th graders about their own behaviors and how they make choices. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

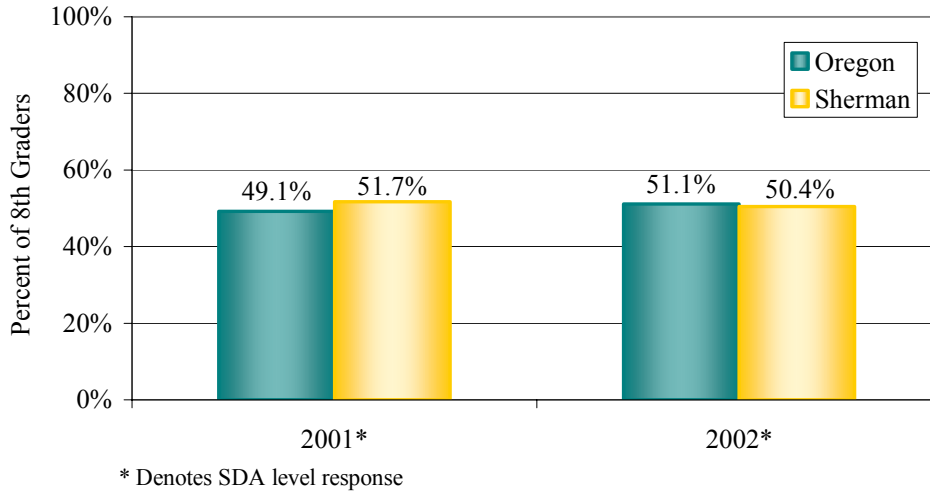
Indicator 2
Perceived Risk of Drug Use Scale



Perceived Risk of Drug Use – A student survey scale asking 8th graders about their opinions on risk/harm of using ATOD. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

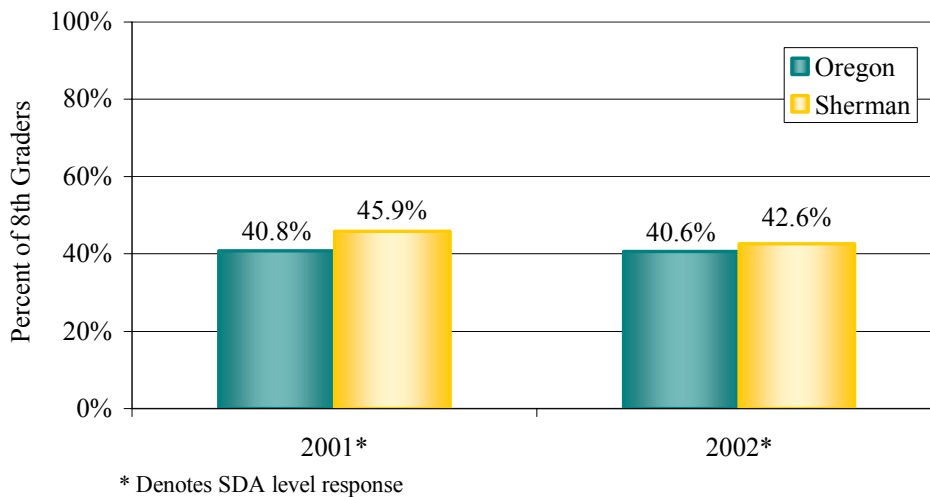
Anti-Social Behavior

Indicator 3
Sensation Seeking Scale



Sensation Seeking – A student survey scale asking 8th graders about their own risk taking behaviors. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

Indicator 4
Rewards for Antisocial Involvement Scale

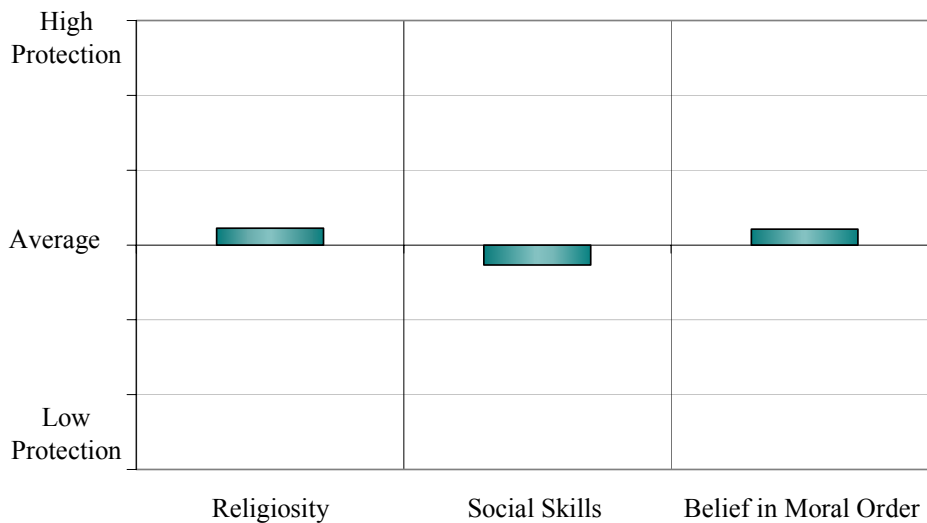


Rewards for Antisocial Involvement – A student survey scale asking 8th graders their opinions regarding “being cool” or perceived as being cool. Reported as the percentage of 8th graders who are at high risk. Source: OHT Survey

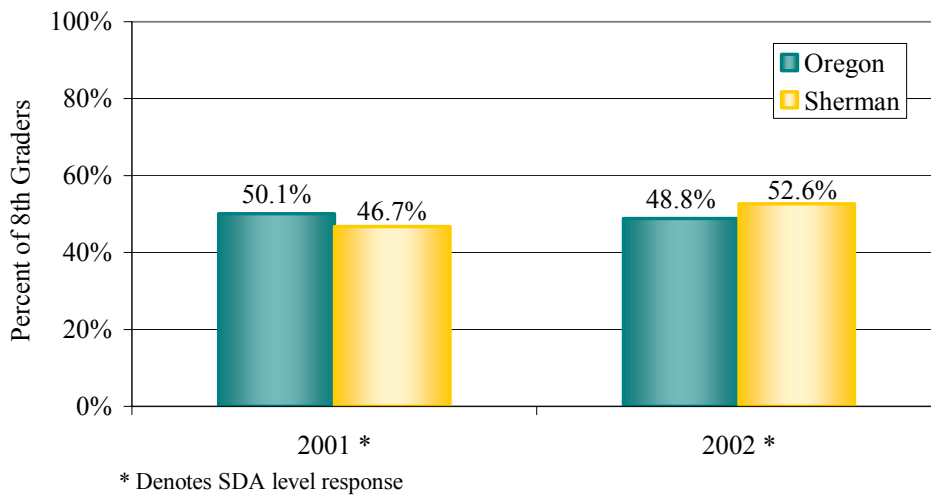
INDIVIDUAL-PEER DOMAIN PROTECTIVE FACTORS

The young person may be protected or buffered from the risk factors associated with their peers and individual development. Such protection comes from their development of social skills and the ability to tell right from wrong.

FIGURE 20
SUMMARY OF INDIVIDUAL PEER PROTECTIVE FACTORS FOR SHERMAN COUNTY



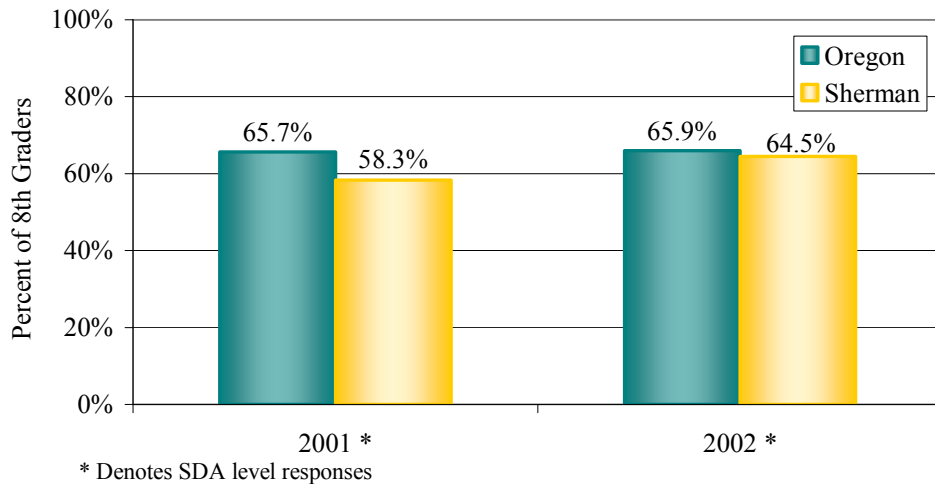
**Indicator 1
Religiosity Scale**



Religiosity – A student survey scale asking 8th graders about their participation in religious services. Reported as the percentage of 8th graders who are at high protection. Source: OHT Survey

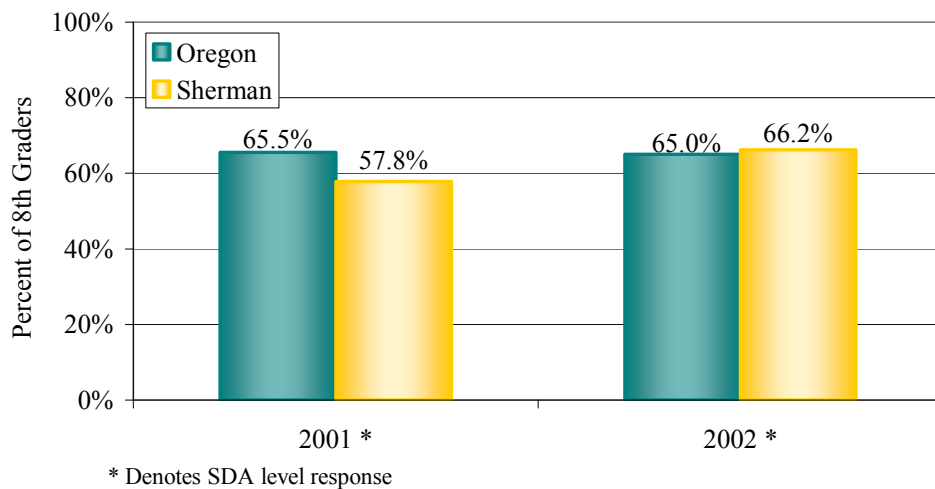
Protective Factors

Indicator 2
Social Skills Scale



Social Skills – A student survey scale asking 8th graders how they would behave in given scenarios. Reported as the percentage of 8th graders who are at high protection. Source: OHT Survey

Indicator 3
Belief in the Moral Order Scale



Believe in the Moral Order – A student survey scale asking 8th graders their opinions of right and wrong. Reported as the percentage of 8th graders who are at high protection. Source: OHT Survey

TREATMENT PLANNING

Treatment interventions for alcohol and other drug abuse are directed at people who meet or are close to meeting the American Psychiatric Association criteria for AOD dependency.

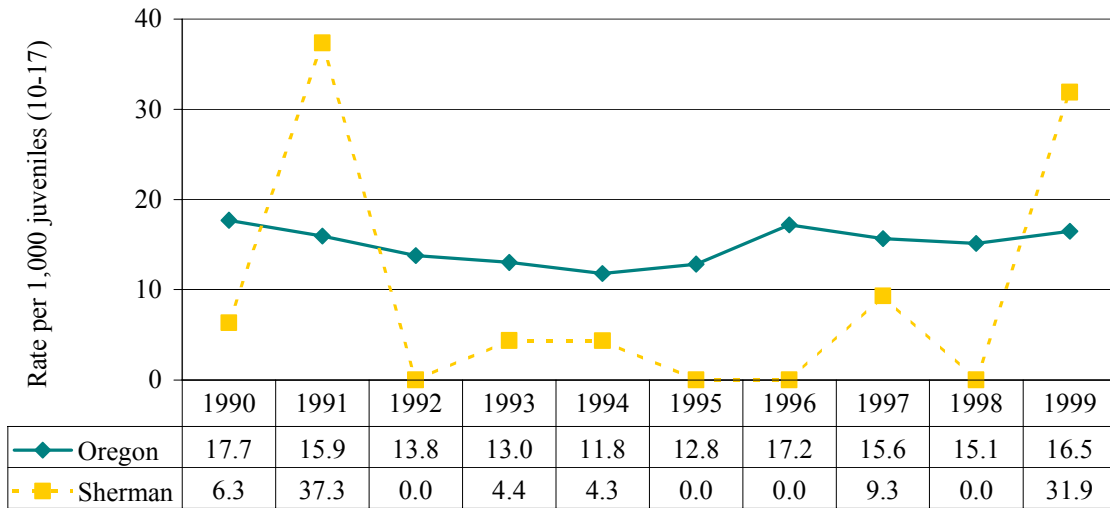
ALCOHOL AND DRUG CASE IDENTIFICATION

Services are provided to individuals who voluntarily or involuntarily seek AOD assessments. Often, the courts, employers, or other government agencies refer these individuals.

The following charts provide planners with information about individuals who have already become involved in alcohol and or other drug use and who may be referred for screening or assessments to determine the extent of their involvement.

Alcohol and Other Drug Related Criminal Behavior

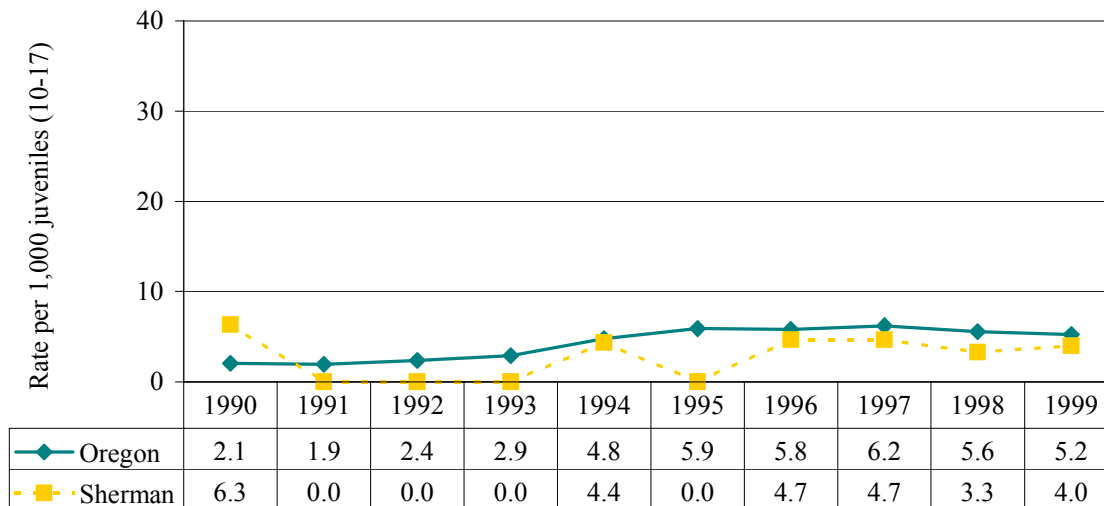
FIGURE 21
JUVENILE ALCOHOL-RELATED ARRESTS (10-17)



Juvenile Arrests for alcohol-related violations – Reported as the juvenile arrest rate for alcohol violations (DUII, liquor law violations, drunkenness) per 1,000 juveniles (10-17). Reported for all alcohol violations combined.

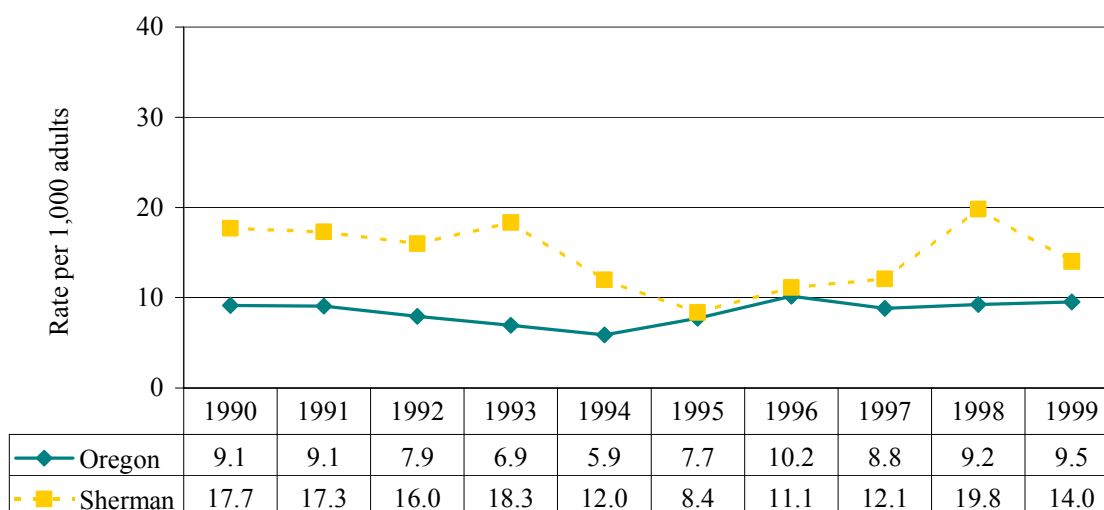
Source: Law Enforcement Data Systems

FIGURE 22
JUVENILE DRUG-RELATED ARRESTS (10-17)



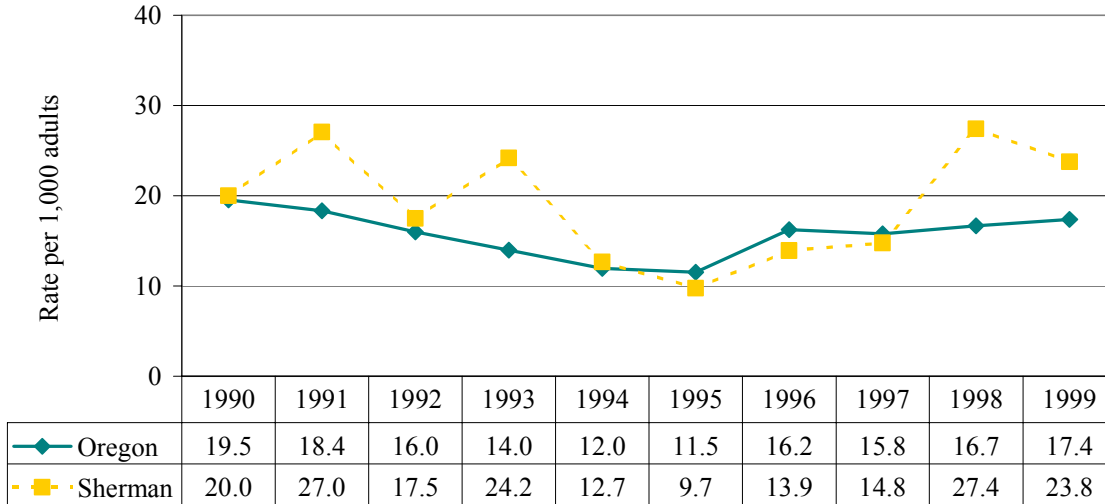
Juvenile Arrests for drug-related violations – Reported as the juvenile arrest rate for drug law violations, (possession, sale, use, growing, and manufacturing of illegal drugs) per 1,000 juveniles (10-17). Source: Law Enforcement Data Systems

FIGURE 23
ADULT DRUNKEN DRIVING ARRESTS



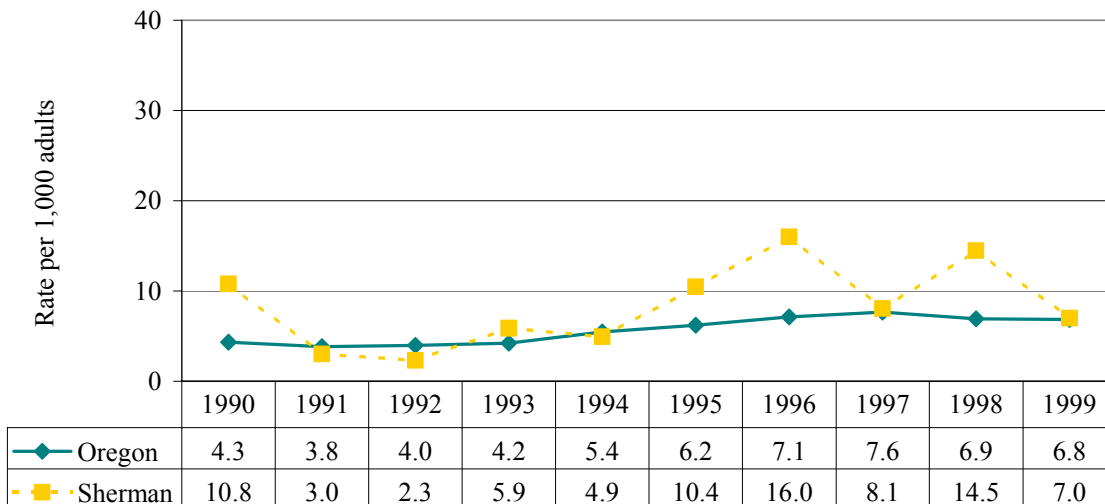
Adult Drunken Driving Arrests – Reported as the adult (18 and older) arrest rate for drunken driving (DUI) per 1,000 adults (18 and older). Source: Law Enforcement Data Systems

FIGURE 24
ADULT ALCOHOL-RELATED ARRESTS



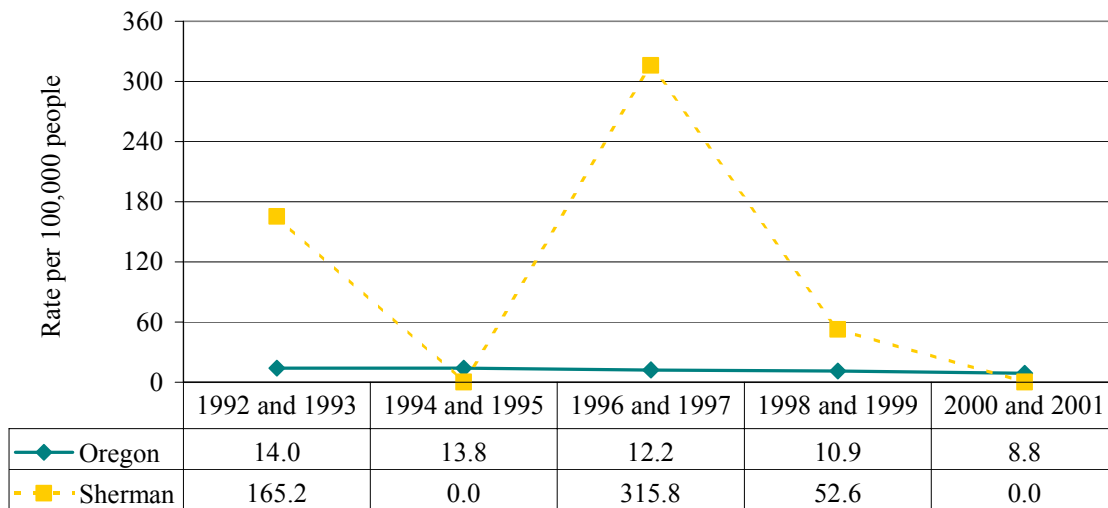
Adult Alcohol-related Arrests – Reported as the adult arrest rate for alcohol related crimes (DUII, liquor law violations, drunkenness) per 1,000 adults (18 and older). Source: Law Enforcement Data Systems

FIGURE 25
ADULT DRUG-RELATED ARRESTS



Adult Drug-related Arrests – Reported as the adult arrest rate for drug related crimes (illegal possession, sale, use, manufacturing, growing of illegal drugs) per 1,000 adults (18 and older). Source: Law Enforcement Data Systems

FIGURE 26
ALCOHOL-RELATED TRAFFIC FATALITIES



Alcohol-related Traffic Fatalities – Reported as the percentage of all traffic fatalities related to alcohol, per 100,000 population.

Source: Oregon Department of Transportation

ALCOHOL AND DRUG STANDARD TREATMENT

Using the findings of the 1999 Household Survey, the following table is prepared, applying the percentage of your county’s adult population who abuse or are dependent on alcohol and/or other illicit drugs to the latest annual population estimates.

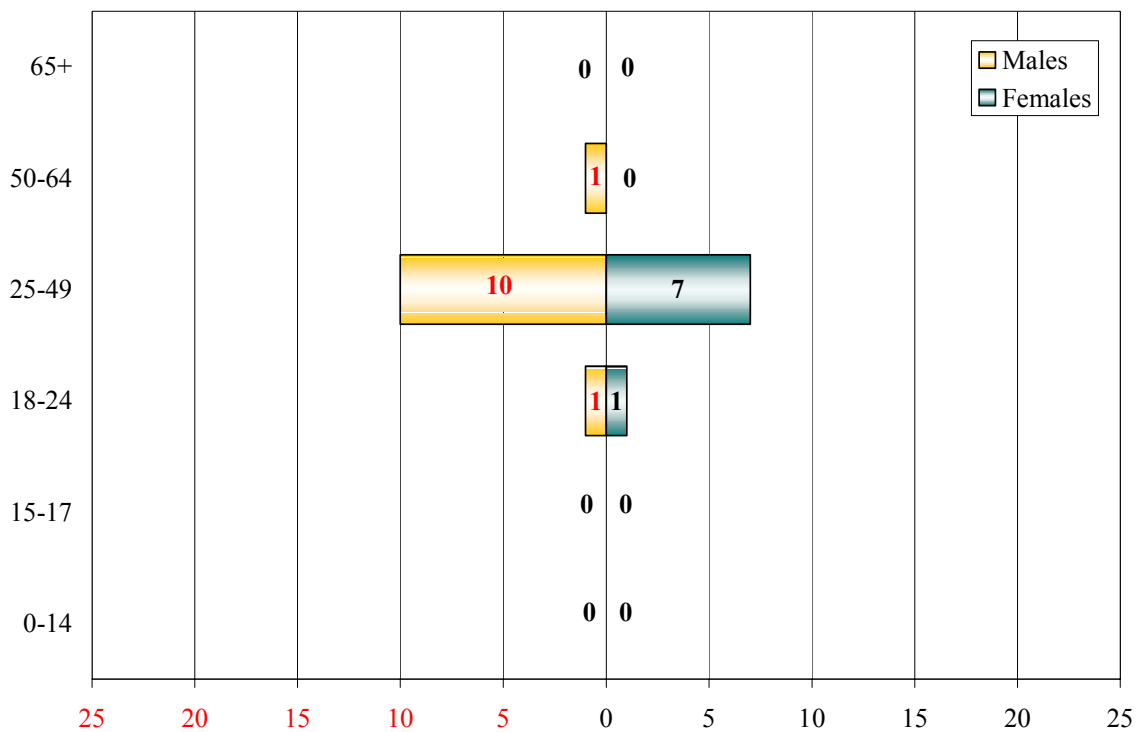
TABLE 4
ESTIMATES OF SHERMAN COUNTY ADULTS WHO ABUSE OR DEPEND ON
ALCOHOL AND/OR ILLICIT DRUGS

	% of Adults	# of Adults
Alcohol & Illicit Drugs	11.5%	164
Alcohol	6.7%	95
Illicit Drugs	8.0%	114
Marijuana	6.1%	87
Cocaine	2.2%	31
Methamphetamines	2.4%	34
Heroin	0.2%	3
Hallucinogens	2.0%	28

Source: 1999 Oregon Household Treatment Needs Survey, Portland State University, and U.S. Bureau of the Census, July 1, 2001, Oregon population estimates

The following charts provide information about current alcohol and other drug treatment in your county. The data presented here represent individuals in treatment during FY 01-02 and identified your county as their county of residence. Please be reminded that until July 2001, the CPMS forms did not ask for a county of residence on youth forms and many programs were not able to update their forms until well into the year. Some of your youth residence will not be included in your county's summary.

FIGURE 27
SHERMAN COUNTY AOD TREATMENT CLIENTS BY AGE AND GENDER



Clients may present themselves for three types of service: detoxification or sobering services for alcohol or other drugs; indicated prevention, which includes education only or diversion programs for alcohol or marijuana, DUII, or assessments only; and treatment programs, which include outpatient and residential programs, and synthetic opiate maintenance.

FIGURE 28
TYPES OF AOD SERVICE FOR SHERMAN COUNTY

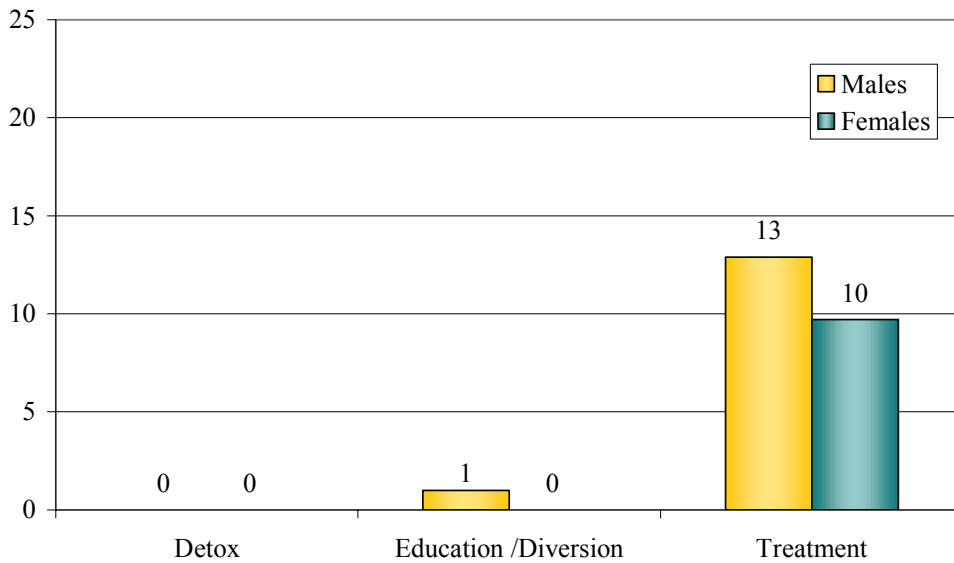


FIGURE 29
AOD SERVICE ELEMENTS FOR SHERMAN COUNTY CLIENTS

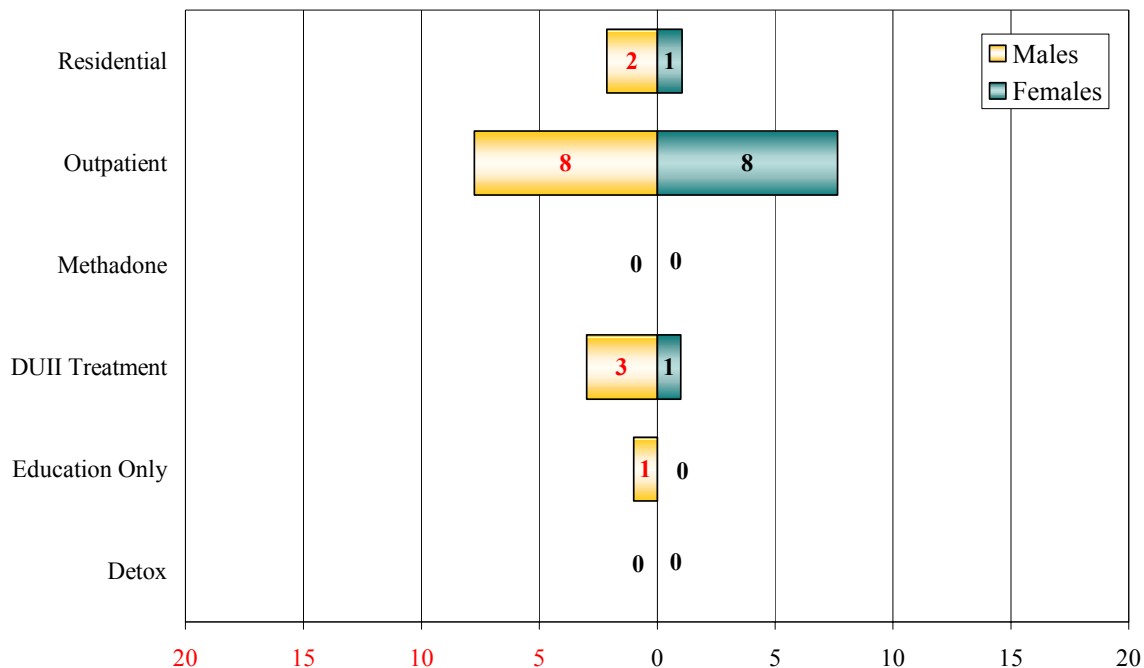


FIGURE 30
NIDA CLASSIFICATIONS FOR PRIMARY DRUG OF ADDICTION FOR SHERMAN COUNTY

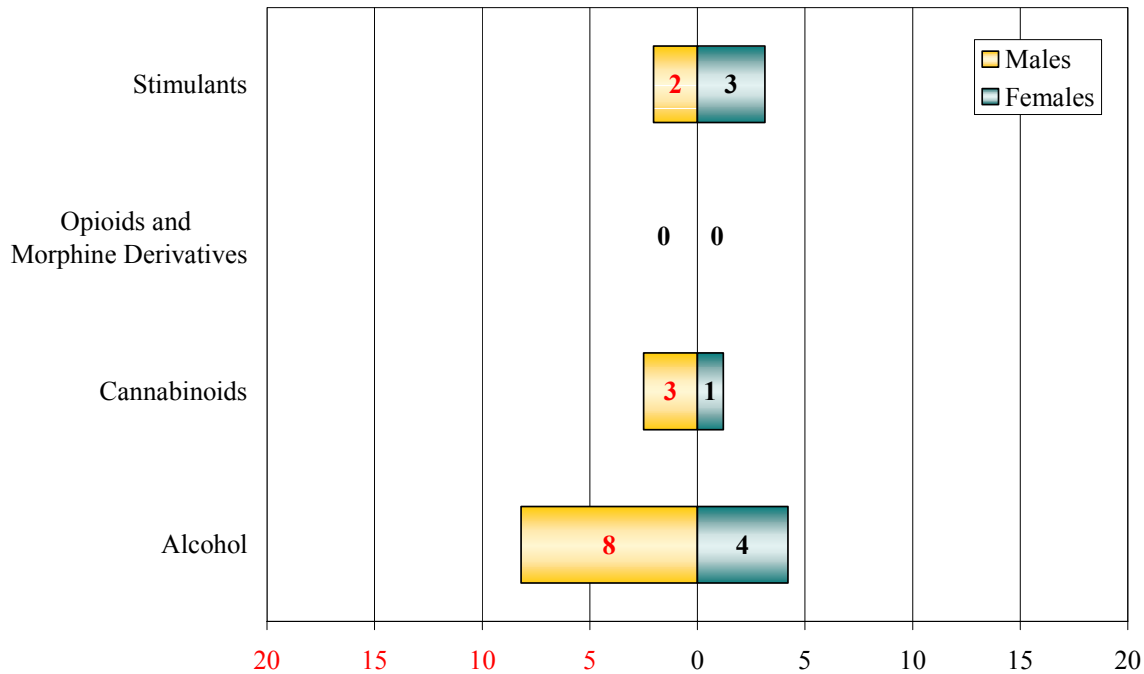
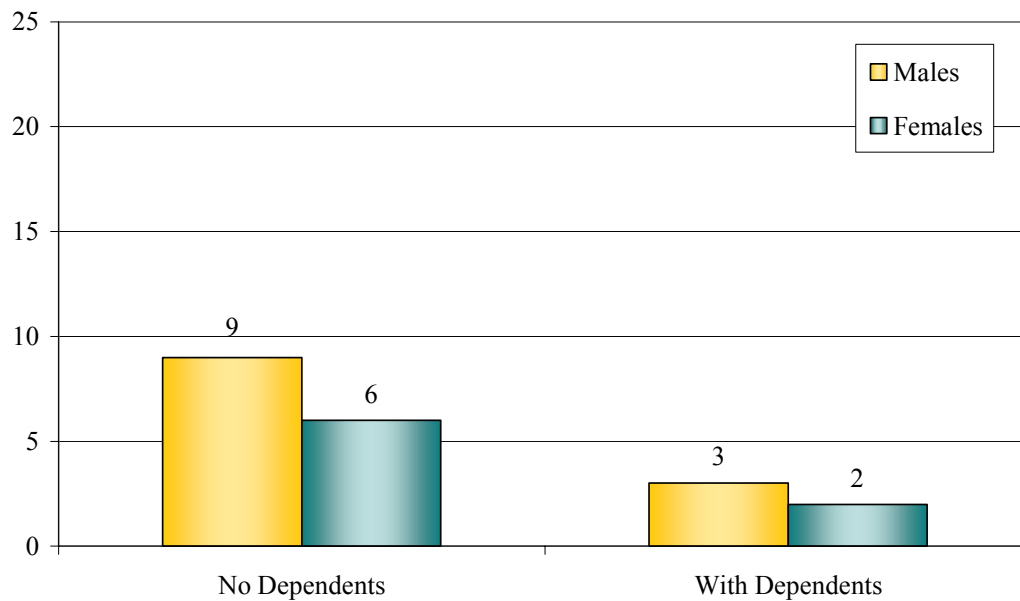


FIGURE 31
SHERMAN COUNTY AOD CLIENTS WITH DEPENDENTS



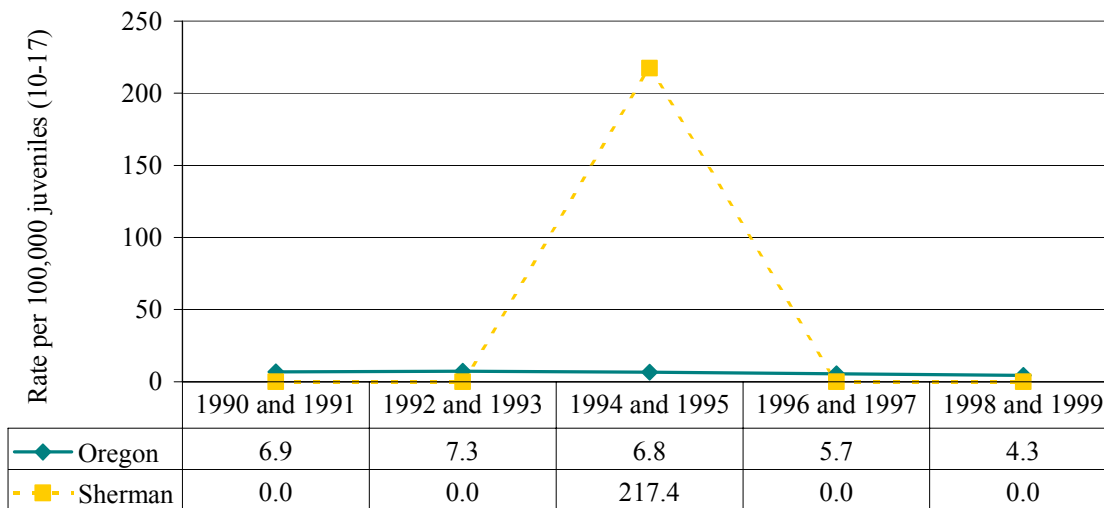
Source: Department of Human Services, Office of Mental Health and Addictions Services, Client Process Monitoring System

MENTAL HEALTH CASE IDENTIFICATION

Mental health disorders are conditions of altered thinking, mood and/or behavior associated with impaired functioning or distress. Mental health disorders affect at least one in five adults and one in ten children and occur in people of all social classes, all ages and all backgrounds. Those who have greater exposure to the risk factors associated with mental health are more likely to experience mental health disorders. Those risk factors include:

- poverty (page 8)
- low birth weight
- physical problems
- intellectual disability
- caregiver separation or abuse/neglect (page 37)
- family history of mental health or addictive disorders (page 36)

FIGURE 32
JUVENILE SUICIDE



Juvenile Suicide – Reported as the rate of successful suicides by juveniles 10-17 years old, per 100,000 juveniles. Source: Department of Human Services, Health Services

Caution: Rates calculated from small numbers (incidence and population) can vary considerably from year to year. We have provided a running two-year average to help level out these dramatic differences from year to year.

The civil commitment process places people in mental health treatment involuntarily. A person may be civilly committed when because of a mental disorder the person is either a) unable to provide for his or her basic personal needs and/or b) determined to be a danger to themselves or others. When a person is civilly committed, he/she is placed in DHS-OMHAS custody by the circuit court, usually for a term of 180 days. The place of treatment is decided during the commitment.

The pre-commitment services are instigated after a petition for civil commitment has been filed. During this time an investigation is conducted to determine whether or not the case should receive a hearing for civil commitment. A large percentage of the people in pre-commitment services are not civilly committed. In some instances, the court dismisses the case. In other cases, the person voluntarily agrees to treatment. In other cases, the person may be granted conditional release with supervision.

The table below reports the number of pre commitment services and resulting civil commitments of county residents during FY 01-02.

TABLE 5
PRE COMMITMENTS SERVICES AND CIVIL COMMITMENTS
OF SHERMAN COUNTY RESIDENTS

Pre Commitment	Civil Commitment
1	0

Source: Department of Human Services, Office of Mental Health and Addiction Services, Client Process Monitoring System

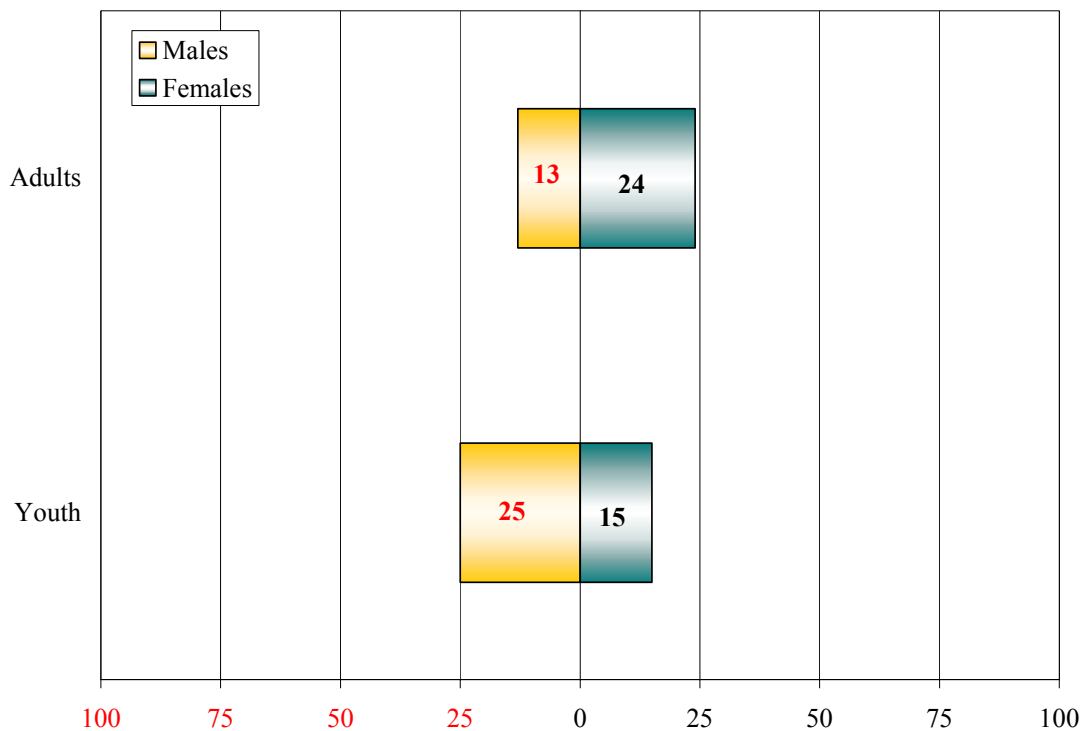
MENTAL HEALTH STANDARD TREATMENT

Oregon’s primary focus in evolving the current system of care is to prevent or reduce the impact of mental illness for all persons affected. Programs work to empower persons with severe mental illness and their families so that they may achieve the most meaningful lives in the least restrictive settings possible. OMHAS continues to expand community-based programs that promote self-determination and assure collaboration and continuity across multiple systems and settings.

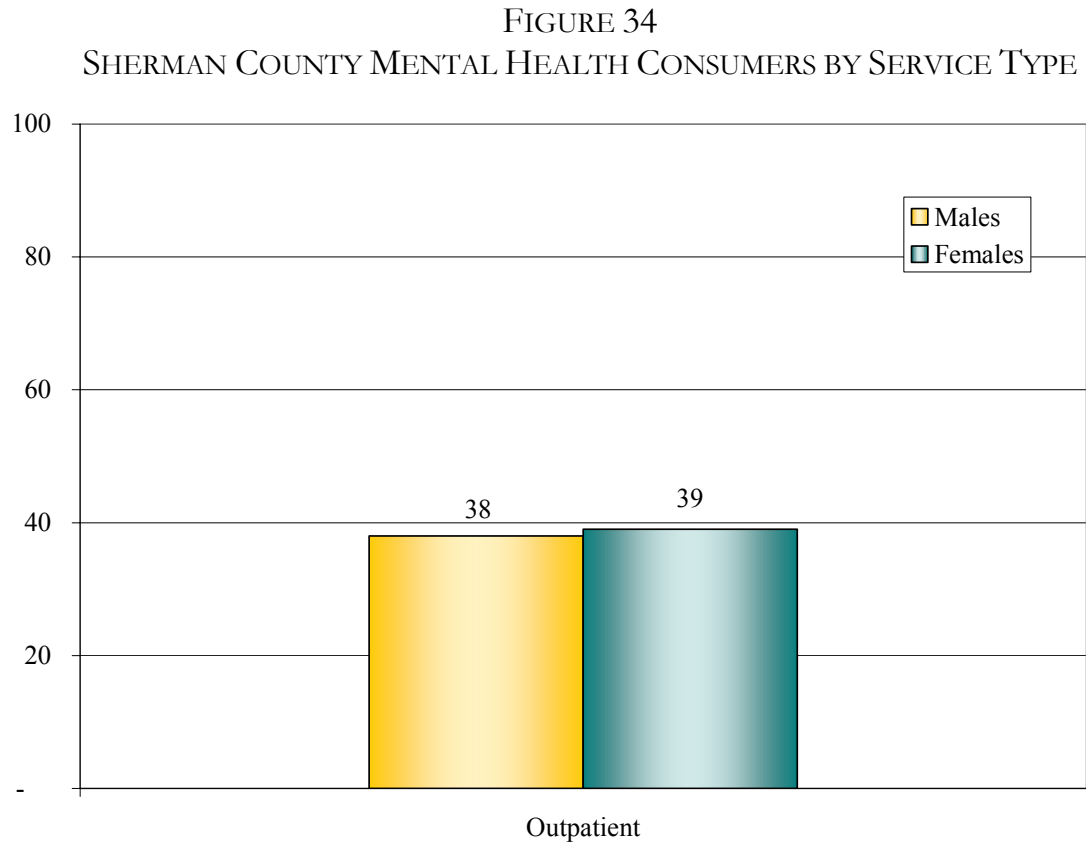
The following charts provide information about current mental health treatment consumers residing in your county. The data presented here represent individuals in treatment during 2001 and identified your county as their county of residence.

Source: Department of Human Services, Office of Mental Health and Addiction Services, Client Process Monitoring System

FIGURE 33
AGE AND GENDER BREAKDOWN OF SHERMAN COUNTY
MENTAL HEALTH CONSUMERS



Consumers may present themselves for three general classifications of service: Outpatient – including assessment and evaluations, individual and group therapy, medication management, case management, and daily support and skills training; Hospital or 24-hour Community Care. The following chart shows how many consumers enrolled in which type of service.



PROBLEM GAMBLING

The statutory changes implemented by the Legislative Assembly in 1992 included the requirement that 3% of the Video Lottery net proceeds be used to establish and fund treatment programs for disorder gamblers in the State. Below are some tables that describe the problem gamblers in your county.

Sherman County represents 0.8% of the total population of the EOHSC Region.

TABLE 6
EOHSC REGION PROBLEM GAMBLERS BY GENDER

Region	Counties Included in Region			
EOHSC	Baker, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler			
Served	Males	% Males	Females	% Females
94	60	64.1%	34	35.9%

TABLE 7
EOHSC REGION PROBLEM GAMBLERS BY ETHNICITY

Ethnicity	Percent of Clients
White	84.0%
Native American	5.3%
Hispanic	1.1%

TABLE 8
EOHSC REGION PROBLEM GAMBLERS BY PRIMARY GAME OF ADDICTION

Primary Game	Percent of Clients
Video Poker	41.5%
Cards	6.4%
Slots	7.4%

Source: Herbert & Louis, LLC

APPENDIX

APPENDIX A

RISK FACTORS	
Community Domain	
Community Disorganization	Research has shown that neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.
Low Neighborhood Attachment	A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling.
Community and Personal Transitions and Mobility	Neighborhoods with high rates of residential mobility have been shown to have higher rates of juvenile crime and drug selling, while children who experience frequent residential moves and stressful life transitions have been shown to have higher risk for school failure, delinquency, and drug use.
Perceived Availability of Drugs	Adolescents have related the availability of cigarettes, alcohol, marijuana, and other illegal drugs to the use of these substances.
Perceived Availability of Handguns	Adolescents also relate the availability of handguns to the higher risk of crime and substance use.
Laws and Norms Favorable Toward Drug Use	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, an increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
Family Domain	
Family Conflict	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
Family Management	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.

Family History of Antisocial Behavior	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use) the children are more likely to engage in these behaviors.
Parental Attitudes Favorable Toward Antisocial Behavior and Drug	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
School Domain	
Academic Failure	Academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
Little Commitment to School	Surveys of high school seniors have shown that the use of hallucinogens, cocaine, heroin, stimulants, and sedatives or non-medically prescribed tranquilizers is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.
Individual – Peer Domain	
Rebelliousness	Young people, who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
Sensation Seeking	Young people who seek out opportunities for dangerous, risky behavior in general are at higher risk for participating in drug use and other problem behaviors.
Friends' Use of Drugs	Young people who associate with peers who engage in alcohol or other drug abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.

Appendix

Early Initiation of Drug Use	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvements in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
Low Perceived Risk of Drug Use	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
Interaction with Antisocial Peers	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
Early Initiation of Antisocial Behavior	Early involvement with delinquent and illegal behaviors may lead to continued and prolonged involvement in criminal behavior.
Rewards for Antisocial Involvement	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
Favorable Attitudes Toward Drug Use	Initiation of use of any substance is preceded by values favorable to its use. During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs. However, in middle school, as more youth are exposed to others who use drugs, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use are at higher risk for subsequent drug use.
Favorable Attitudes Toward Antisocial Behavior	Young people who accept or condone antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.

Protective Factors	
Community Domain	
Rewards for Positive Involvement	Rewards for positive participation in activities helps children bond to the community, thus lowering their risk for substance use.
Opportunities for Positive Involvement	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
Family Domain	
Rewards for Positive Involvement	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
School Domain	
Rewards for Positive Involvement	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.
Opportunities for Positive Involvement	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
Peer / Individual Domain	
Religiosity	Young people who regularly attend religious services are less likely to engage in problem behaviors.
Social Skills	Young people who are socially competent and engage in positive interpersonal relations with their peers are less likely to use drugs and engage in other problem behaviors.
Belief in the Moral Order	Young people who have a belief in what is “right” or “wrong” are less likely to use drugs.

APPENDIX B

NIDA Classification of Primary Drug Abuse

Addiction Type	NIDA Classification
Heroin	Opioids and Morphine Derivatives
Non-Prescription Methadone	Opioids and Morphine Derivatives
Other Opiates & Synthetics	Opioids and Morphine Derivatives
Alcohol	Alcohol
Barbiturates	Depressants
Other Sedatives or Hypnotics	Depressants
Amphetamines	Stimulants
Cocaine	Stimulants
Marijuana/Hashish	Cannabinoids
Hallucinogens	Hallucinogens
Inhalants	Other Compounds
Over-the-counter	Other Drugs
Tranquilizers	Depressants
Other Drugs	Other Drugs
PCP	Dissociative Anesthetics
Nicotine	Stimulants

APPENDIX C

County Listings

Sorted by County

County	SDA	Region
Baker	13	5
Benton	4	3
Clackamas	15	2
Clatsop	1	3
Columbia	1	3
Coos	7	4
Crook	10	5
Curry	7	4
Deschutes	10	5
Douglas	6	4
Gilliam	9	5
Grant	14	5
Harney	14	5
Hood River	9	5
Jackson	8	4
Jefferson	10	5
Josephine	8	4
Klamath	11	4
Lake	11	5
Lane	5	3
Lincoln	4	3
Linn	4	3
Malheur	14	5
Marion	3	3
Morrow	12	5
Multnomah	2	1
Polk	3	3
Sherman	9	5
Tillamook	1	3
Umatilla	12	5
Union	13	5
Wallowa	13	5
Wasco	9	5
Washington	16	2
Wheeler	9	5
Yamhill	3	3

Sorted by SDA

County	SDA	Region
Clatsop	1	3
Columbia	1	3
Tillamook	1	3
Multnomah	2	1
Marion	3	3
Polk	3	3
Yamhill	3	3
Benton	4	3
Lincoln	4	3
Linn	4	3
Lane	5	3
Douglas	6	4
Coos	7	4
Curry	7	4
Jackson	8	4
Josephine	8	4
Gilliam	9	5
Hood River	9	5
Sherman	9	5
Wasco	9	5
Wheeler	9	5
Crook	10	5
Deschutes	10	5
Jefferson	10	5
Klamath	11	4
Lake	11	5
Morrow	12	5
Umatilla	12	5
Baker	13	5
Union	13	5
Wallowa	13	5
Grant	14	5
Harney	14	5
Malheur	14	5
Clackamas	15	2
Washington	16	2

Sorted by Region

County	SDA	Region
Multnomah	2	1
Clackamas	15	2
Washington	16	2
Benton	4	3
Clatsop	1	3
Columbia	1	3
Lane	5	3
Lincoln	4	3
Linn	4	3
Marion	3	3
Polk	3	3
Tillamook	1	3
Yamhill	3	3
Coos	7	4
Curry	7	4
Douglas	6	4
Jackson	8	4
Josephine	8	4
Klamath	11	4
Baker	13	5
Crook	10	5
Deschutes	10	5
Gilliam	9	5
Grant	14	5
Harney	14	5
Hood River	9	5
Jefferson	10	5
Lake	11	5
Malheur	14	5
Morrow	12	5
Sherman	9	5
Umatilla	12	5
Union	13	5
Wallowa	13	5
Wasco	9	5
Wheeler	9	5

APPENDIX D

**Scales Definitions
Oregon Healthy Teens Student Survey**

COMMUNITY DOMAIN

Community Risk Factor: Low Neighborhood Attachment

I'd like to get out of my neighborhood.

I like my neighborhood.

If I had to move, I would miss the neighborhood I now live in.

Community Risk Factor: Community Disorganization

How much do each of the following statements describe your neighborhood:

crime and/or drug selling.

fights.

lots of empty or abandoned buildings.

lots of graffiti.

I feel safe in my neighborhood.

Community Risk Factor: Transitions And Mobility

Have you changed homes in the past year (the last 12 months)?

How many times have you changed homes since kindergarten?

Have you changed schools in the past year?

How many times have you changed schools since kindergarten?

Community Risk Factor: Laws And Norms Favorable To Drug Use

How wrong would most adults in your neighborhood think it was for kids your age:

to use marijuana.

to drink alcohol.

to smoke cigarettes.

If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?

If a kid smoked marijuana in your neighborhood would he or she be caught by the police?

If a kid carried a handgun in your neighborhood would he or she be caught by the police?

Community Risk Factor: Perceived Availability of Drugs

If you wanted to get some marijuana, how easy would it be for you to get some?

If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

Community Protective Factor: Opportunities for Prosocial Involvement

There are lots of adults in my neighborhood I could talk to about something important

Which of the following activities for people your age are available in your community?

sports teams.

scouting.

boys and girls clubs.

4-H clubs.

service clubs.

Community Protective Factor: Rewards for Prosocial Involvement

My neighbors notice when I am doing a good job and let me know.

There are people in my neighborhood who encourage me to do my best.

There are people in my neighborhood who are proud of me when I do something well.

FAMILY DOMAIN**Family Risk Factor: Poor Family Management**

My parents ask if I've gotten my homework done.

Would your parents know if you did not come home on time?

When I am not at home, one of my parents knows where I am and who I am with.

The rules in my family are clear.

If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?

Family Risk Factor: Family Conflict

People in my family often insult or yell at each other.

People in my family have serious arguments.

We argue about the same things in my family over and over.

Family RISK FACTOR: Family History of Antisocial Behavior

Has anyone in your family ever had a severe alcohol or drug problem?

Have any of your brothers or sisters ever:

drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?

smoked marijuana?

smoked cigarettes?

taken a handgun to school?

been suspended or expelled from school?

About how many adults have you known personally who in the past year have used marijuana, crack, cocaine, or other drugs?

sold or dealt drugs?

done other things that could get them in trouble with the police like stealing, selling stolen goods, mugging or assaulting others, etc.?

gotten drunk or high?

Family Risk Factor: Parental Attitudes Favorable Toward Drug Use

How wrong do your parents feel it would be for you to:

drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

smoke marijuana?

Family Risk Factor: Parental Attitudes Favorable to Antisocial Behavior

How wrong do your parents feel it would be for you to:

steal anything worth more than \$5?

draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?

pick a fight with someone?

Appendix

Family Protective Factor: Rewards for Prosocial Involvement

How often do your parents tell you they're proud of you for something you've done?

Do you enjoy spending time with your father?

Do you enjoy spending time with your mother?

SCHOOL DOMAIN

School Risk Factor: Academic Failure

Putting them all together, what were your grades like last year?

Are your school grades better than the grades of most students in your class?

School Risk Factor: Low Commitment to School

How often do you feel that the schoolwork you are assigned is meaningful and important?

How interesting are most of your courses to you?

How important do you think the things you are learning in school are going to be for your later life?

Now, thinking back over the past year in school, how often did you...

Enjoy being in school?

Hate being in school?

Try to do your best work in school?

During the LAST FOUR WEEKS how many whole days have you missed because you skipped or "cut"?

School Protective Factor: Opportunities for Prosocial Involvement

In my school, students have lots of chances to help decide things like class activities and rules.

There are lots of chances for students in my school to talk with a teacher one-on-one.

Teachers ask me to work on special classroom projects.

There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

I have lots of chances to be part of class discussions or activities.

School Protective Factor: Rewards for Prosocial Involvement

My teacher(s) notices when I am doing a good job and lets me know about it.

The school lets my parents know when I have done something well.

I feel safe at my school.

My teachers praise me when I work hard in school.

INDIVIDUAL-PEER DOMAIN

Individual-Peer Risk Factor: Rebelliousness

I do the opposite of what people tell me, just to get them mad.

I ignore rules that get in my way.

I like to see how much I can get away with.

Individual-Peer Risk Factor: Early Initiation of Drugs

How old were you when you first:

smoked marijuana?

smoked a whole cigarette?

had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?

Individual-Peer Risk Factor: Favorable Attitudes Toward Antisocial Behavior

How wrong do you think it is for someone your age to:

take a handgun to school?

steal anything worth more than \$5?

pick a fight with someone?

attack someone with the idea of seriously hurting them?

stay away from school all day when their parents think they are at school?

Individual-Peer Risk Factor: Favorable Attitudes Toward Drug Use

How wrong do you think it is for someone your age to:

drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

smoke cigarettes?

smoke marijuana?

use LSD, cocaine, amphetamines or another illegal drug?

Individual-Peer Risk Factor: Intentions to Use

Sometimes we don't know what we will do as adults, but we may have an idea. Please tell me how true these statements may be for you as an adult.

When I am an adult I will smoke cigarettes.

When I am an adult I will drink beer, wine, or liquor.

When I am an adult I will smoke marijuana.

Individual-Peer Risk Factor: Perceived Risks of Drug Use

How much do you think people risk harming themselves (physically or in other ways) if they:

Smoke one or more packs of cigarettes per day?

Try marijuana once or twice?

Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

Individual-Peer Risk Factor: Interaction with Antisocial Peers

Think of your four best friends (the friends you feel closest to).

In the past year (12 months), how many of your best friends have:

been suspended from school?

carried a handgun?

sold illegal drugs?

stolen or tried to steal a motor vehicle such as a car or motorcycle?

been arrested?

dropped out of school?

Individual-Peer Risk Factor: Friends' Use of Drugs

Think of your four best friends (the friends you feel closest to).

In the past year (12 months), how many of your best friends have:

smoked cigarettes?

tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?

used marijuana?

used LSD, cocaine, amphetamines, or other illegal drugs?

Individual-Peer Risk Factor: Sensation Seeking

How many times have you done the following things:

Done what feels good no matter what.

Done something dangerous because someone dared you to do it.

Done crazy things even if they are a little dangerous.

Individual-Peer Risk Factor: Rewards for Antisocial Involvement

What are the chances you would be seen as cool if you:

smoked cigarettes?

began drinking alcoholic beverages regularly, that is, at least once or twice a month?

smoked marijuana?

carried a handgun?

Individual-Peer Risk Factor: Religiosity

How often do you attend religious services or activities?

Individual-Peer Risk Factor: Social Skills

You're looking at CD's in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?

It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

Individual-Peer Risk Factor: Belief in the Moral Order

I think it is okay to take something without asking if you can get away with it.

I think sometimes it's okay to cheat at school.

It is all right to beat up people if they start the fight.

It is important to be honest with your parents, even if they become upset or you get punished.

DEPRESSION SCALE

During the past week:

I did not feel like eating; my appetite was poor.

I felt depressed.

I felt sad.

I could not get going; I had low energy.

SUICIDE QUESTION

During the past 12 months, how many times did you actually attempt suicide?

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