

***Edward Byrne Memorial State and Local Law
Enforcement Assistance Program Grant***

Strategy for Oregon: Fiscal Years 2004-2008

**Criminal Justice Services Division
Oregon Department of State Police**

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Oregon Byrne Grant Program Strategy: Fiscal Years 2004-2008

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Executive Summary

The Edward Byrne Memorial State and Local Law Enforcement Assistance Program Grant (Byrne Grant Program), created by the Anti-Drug Abuse Act of 1988 (Public Law 100-690) to help states reduce illicit drug use and violent crime, is administered by the Bureau of Justice Assistance (BJA), Office of Justice Programs, U.S. Department of Justice. Criminal Justice Services Division (CJSD) of the Oregon Department of State Police is the administering agency for the Oregon Byrne Grant Program. CJSD works in collaboration with the Oregon Governor's Office in order to identify areas of programmatic need (problems) related to illicit drugs and violent crime and methods of targeting these areas of need (solutions) through the Oregon Byrne Grant Program. The purpose of the *Oregon Byrne Grant Program Strategy: Fiscal Years 2004-2008* is to describe these problems and solutions, and provide a framework for implementation and evaluation of the Oregon Byrne Grant Program.

Problems - Areas of Programmatic Need in Oregon

Drug trafficking activities, including the manufacture and / or distribution of large quantities of marijuana, methamphetamine, black tar heroin, cocaine, and MDMA, have made illicit drugs widely available in Oregon. Seven Oregon counties have now been designated as High Intensity Drug Trafficking Areas by the Office of National Drug Control Policy, including Clackamas, Deschutes, Douglas, Jackson, Marion, Multnomah, and Washington counties. The manufacture and use of methamphetamine is a growing statewide problem with toxic health and environmental effects, and contributes significantly to child neglect and endangerment. While there was an average annual decrease of 4% for all drug related deaths between 1999 and 2003, there was an average annual increase in methamphetamine related deaths of 17%. Efforts to disrupt the manufacture, distribution, and use of all illicit drugs in Oregon are a continuing need, with particular attention to the problem of methamphetamine.

Examining estimated levels of alcohol and illicit drug abuse, dependency, and treatment need reveals that Oregon's problems have recently been greater than for the nation on average. These problems are known to be important risk factors for juvenile delinquency and crime, and domestic and elder abuse, and contribute directly to adult substance abuse related crime and recidivism.

Statewide arrest data on juvenile crimes against persons, crimes against property, and behavioral crimes, coupled with self-reported information on juvenile alcohol and drug use, delinquent or criminal behavior, and weapon carrying suggest an already significant level of risk for involvement in the criminal justice system for Oregon's youngest citizens. Services aimed at prevention and treatment of substance abuse, delinquency, and crime for individuals 17 years of age and younger are also a continuing need.

Oregon domestic disturbance offense, arrest, and restraining order data, and estimates of the prevalence of domestic violence in Oregon based on self-report data reveal another ongoing statewide problem. Inadequacies in shelter availability, civil legal services, services for racial and ethnic minorities, and cultural competency in existing service agencies suggest a need to enhance targeted efforts. Increasing recognition of the impact on children of witnessing domestic violence has also brought the need to support services that counsel

and protect them into clearer focus. Moreover, inadequate services for victims of elder abuse, coupled with the projected growth of this population, support the need for expanded efforts to protect Oregon's oldest citizens.

Adult substance abuse related crime and recidivism, as revealed through offenses and arrests related to drug laws and arrests by type of drug, are also concerns for Oregon. In 2002, 83% of Oregon offenders in correctional institutions and more than 70% of offenders on community caseloads had alcohol and drug abuse problems. Moreover, approximately half of all Oregon offenders who recidivate do so with a drug crime. Offenders in the process of transitioning from institutional to community settings need careful pre-release assessment and connection to community treatment to reduce their risk of recidivism.

Solutions - Priority Areas Identified for the Oregon Byrne Grant Program

Six priority areas have been identified for the Oregon Byrne Grant Program for fiscal years 2004-2008 by CJSD and the Oregon Governor's Office. Each of the first four of these areas has been identified with reference to the problems and needs described above, and corresponds to a federal Byrne Grant Program purpose area and a National Drug Control Strategy priority area. The fifth priority area responds to the federal set aside requirement for statewide criminal justice records improvement. The sixth priority area responds to the federal requirement for program evaluation. The Oregon Byrne Grant Program priority areas for 2004-2008 are:

- Law Enforcement Aimed at Disrupting the Manufacture, Distribution, and Use of Illicit Drugs: Multijurisdictional Narcotics Task Forces;
- Substance Abuse, Counseling, and Education Services Aimed at Reducing Juvenile Involvement in the Criminal Justice System;
- Criminal Justice and Community Services Aimed at Preventing and Treating Domestic and Family Violence and Its Consequences;
- Alcohol and Drug Treatment Aimed at Reducing Recidivism among Adult Offenders Transitioning from Correctional to Community Living;
- Electronic Data Collection and Management Systems Aimed at Improving the Availability of Statewide Law Enforcement and Criminal Justice Information; and
- Evaluation Aimed at Improving the Effective Use of Federal Grant Funds.

Based on national studies and the recommendations from evaluations of previous Oregon Byrne Grant Program subgrantees delivering services to juveniles at risk, CJSD now strongly promotes funding of best practices or promising prevention and treatment programs in three priority areas. To optimize subgrantee program outcomes, CJSD also promotes the use of program logic models, adherence to strict implementation standards, rigorous evaluation, and a level of funding adequate to ensure both high quality implementation and evaluation.

Details of these Oregon priority areas, including the specific corresponding federal Byrne Grant Program purpose areas and National Drug Control priority areas, components, performance measurements, and evaluation completion target dates are described in the full text of the *Oregon Byrne Grant Program Strategy: Fiscal Years 2004-2008*. The implementation and evaluation of these priority areas will be the subjects of future annual and cumulative reports.

I. Introduction

The Edward Byrne Memorial State and Local Law Enforcement Assistance Program Grant (Byrne Grant Program), created by the Anti-Drug Abuse Act of 1988 (Public Law 100-690) to help states reduce illicit drug use and violent crime, is administered by the Bureau of Justice Assistance (BJA), Office of Justice Programs, U.S. Department of Justice. As part of the federal Byrne Grant Program application process, BJA has historically required each state to submit a comprehensive three year strategy examining all problems and resource needs in the state related to illicit drugs and violent crime, and describing the intended use of grant funds. However, the new 2004 guidelines now require each state to submit a four year strategy that focuses on information relevant only to the priority areas identified for its Byrne Grant Program. The *Oregon Byrne Grant Program Strategy: Fiscal Years 2004-2008* presented here has been prepared in accordance with these new guidelines.

Criminal Justice Services Division (CJSD) of the Oregon Department of State Police is the administering agency for the Oregon Byrne Grant Program. CJSD works in collaboration with the Oregon Governor's Office in order to identify areas of programmatic need related to illicit drugs and violent crime and methods of targeting these areas of need with funds provided by the Byrne Grant Program. The following pages describe these areas of programmatic need, resource needs, federal Byrne Grant Program purpose areas (1) identified for Oregon and their relationship to the National Drug Control Strategy priority areas (2), priority areas identified for the Oregon Byrne Grant Program, and coordination efforts of the Oregon Byrne Grant Program with other federal programs and funding sources.

II. Data and Analysis: Areas of Programmatic Need

This section highlights some of the substance abuse (alcohol and illicit drug) and crime data that provide the rationale for the priority areas identified for the Oregon Byrne Grant Program. A brief summary of: a) the demographic characteristics of Oregon is first provided as context for examining several areas of programmatic need, including b) Trafficking of illicit drugs and the growing problem of methamphetamine; c) Substance abuse and dependency; d) Juvenile substance abuse and crime; e) Domestic violence and elder abuse; and f) Adult substance abuse related crime and recidivism. The information presented here is not intended to be a comprehensive detailing of statewide issues, but rather an overview of some of the most salient information that has shaped the Oregon Byrne Grant Program. The most recent or complete data available are presented.

One important caveat is offered for the data presented here on offenses and arrests for juveniles, domestic disturbances, and drug laws. The Oregon Department of State Police receives reports of criminal offenses and arrests from most law enforcement agencies throughout Oregon (municipal police departments, county sheriffs' offices, the

Oregon Liquor Control Commission, and the Oregon Department of State Police), and then maintains the Law Enforcement Data System which is used in compiling the Oregon Uniform Crime Report. There is concern among some state and local officials, as well as researchers in the field, that all jurisdictions are not yet fully or similarly reporting these data each year. Because of this concern, annual crime rates are not provided in this section, and conclusions about any apparent crime trends must be made with caution. However, these data can provide potentially low end estimates of the statewide magnitude of these crimes, which in turn might best be viewed through five year summaries.

A. Demographic Characteristics of Oregon

Oregon Population Growth

Between 1998 and 2002, the total population of Oregon increased a total of 202,560, from 3,302,140 to 3,504,700. The annual population growth averaged 1.2% (or 40,510) during this five year period (Table 1). Certified estimates for 2002 showed that the six metropolitan areas of Oregon comprised 73.2% of the total population. These six metropolitan areas include Portland-Vancouver (Clackamas, Columbia, Multnomah, Washington, Yamhill, and Clark Counties; Clark County is located in Washington state), Eugene-Springfield (Lane County), Medford (Jackson County), Salem (Marion and Polk Counties), and Corvallis (Benton County).

Table 1. Five Year Summary of Population Growth in Oregon

Year	Total Estimated Statewide Population	Change from Previous Year	
		n	%
2002	3,504,700	+33,000	+0.95
2001	3,471,700	+50,300	+1.47
2000	3,421,400	+27,990	+0.71
1999	3,393,410	+43,330	+1.29
1998	3,350,080	+47,940	+1.45
1997	3,302,140	-	-
Average	-	+40,510	+1.20

Source: US Census Bureau estimates for 2000; Portland State University Population Research Center certified estimates for all other years.
All population estimates are rounded to the nearest 10.

Oregon Population by Age and Sex

Approximately 50.4% or 1,767,240 of all Oregonians were female, but males outnumbered females 0 to 17 and 18 to 64 years of age. Females outnumbered males only at 65+ years of age (Table 2).

Table 2. 2002 Oregon Population by Age and Sex

Age	Sex	Total by Age and Sex		Total by Age	
		n	%	n	%
0-17	Male	444,860	51.3	867,790	24.8
	Female	422,930	48.7		
18-64	Male	1,102,870	50.4	2,189,620	62.5
	Female	1,086,750	49.6		
65+	Male	189,740	42.4	447,300	12.8
	Female	257,560	57.6		

Source: Portland State University Population Research Center certified estimates.

Totals may not match other tables because subgroup estimates are rounded to the nearest 10.

Does not total 100% due to rounding.

Oregon Population by Race and Ethnicity

Census 2000 data offer the most recent measures of Oregon's population by race and ethnicity. At that time, approximately 18.7% or 639,800 Oregonians of all ages were non-White or Hispanic (Table 3), and an estimated 12.1% or 388,670 Oregonians spoke a language other than English at home. Approximately one-half of the statewide non-White and Hispanic populations were located in the Portland Metropolitan Area (Multnomah, Washington, and Clackamas counties).

Table 3. 2000 Oregon Population by Race and Ethnicity

Racial/Ethnic Group	Population	
	n	Percent of Statewide Total
White	3,055,670	89.3
Hispanic or Latino	275,310	8.0
Asian	127,340	3.7
African American	72,650	2.1
American Indian or Alaskan Native	85,670	2.5
Native Hawaiian or Other Pacific Islander	16,020	0.5
Other	176,870	5.2
Two or more groups	104,750	3.1

Source: Census 2000; certified estimates not available.

All population estimates are rounded to the nearest 10.

Totals are not reported because overlapping categories produce duplicate cases.

B. Trafficking of Illicit Drugs and the Growing Problem of Methamphetamine in Oregon

Drug trafficking activities, including the manufacture and / or distribution of large quantities of marijuana, methamphetamine, black tar heroin, cocaine, and MDMA, have made illicit drugs widely available in Oregon. Seven Oregon counties have now been designated as High Intensity Drug Trafficking Areas by the Office of National Drug Control Policy, including Clackamas, Deschutes, Douglas, Jackson, Marion, Multnomah, and Washington counties. The manufacture and use of methamphetamine is a growing statewide problem with toxic health and environmental effects, and contributes significantly to child neglect and endangerment. While there was an average annual decrease in all drug related deaths between 1999 and 2003, there was an average annual increase in methamphetamine related deaths. Efforts to disrupt the manufacture, distribution, and use of all illicit drugs in Oregon are a continuing need, with particular attention to the problem of methamphetamine.

Trafficking of Marijuana, Methamphetamine, Heroin, Cocaine, and MDMA

Marijuana is the most commonly abused illicit drug in Oregon. Since the Medical Marijuana Act of 1998 began providing legal protection against criminal charges of marijuana possession, use, or production for medical purposes in Oregon, law enforcement officials have been concerned that this protection has increased accessibility to marijuana. The majority of marijuana in Oregon is produced locally and transported in passenger vehicles fitted with hidden compartments via Interstate 5 and U.S. Highway 101. Marijuana trafficked into Oregon from Canada, arrives by passenger vehicle, fishing vessel, private aircraft, and “mules” (3). There also appears to be a growing involvement of Vietnamese drug trafficking organizations in Oregon, as profits from their “bud” trade have enabled additional drug and other criminal activity here (4).¹ Portland is one of only three out of 25 of the largest cities in the nation where it has become increasingly easier to obtain marijuana (5).

Methamphetamine has increasingly become the stimulant drug of choice over cocaine. While Mexican and locally manufactured methamphetamine are both available, the Mexican variety is found in greater quantities. The manufacture of methamphetamine appears to be growing in Oregon, and has been fueled by the seclusion offered by the state’s expansive farmlands and forests.

Mexican black tar and brown heroin are typically transported to Portland via Interstate 5 from sources in Mexico that traffic through California. Some of the same organizations that traffic heroin also traffic methamphetamine, cocaine, and marijuana. MDMA pills and powder, ketamine, and other synthetic drugs are smuggled into Alaska, Idaho, Oregon, and Washington by mail, car, air, and boat from European, Mexican, and possibly domestic origins. Although MDMA use appears relatively low and stable, the organized polydrug distribution organizations operating within these states and the wide profit margin on MDMA suggest that availability of MDMA in Oregon will continue to grow (5, 6).

¹ Bud is valued for its extremely high THC content - 33.6%, or more than twice that of high quality marijuana.

Drug Related Deaths

The Medical Examiner Division of the Oregon Department of State Police reports drug related deaths due to heroin, cocaine, methamphetamine, and a combination of drugs. Between 1999 and 2003, the annual percentage change for all drug related deaths in Oregon averaged -4%. The annual percentage change for drug related deaths averaged -13% for heroin, -4% for cocaine, +17% for methamphetamine, and -5% for a combination of drugs. Thus, the increase in methamphetamine related deaths is an exception in an otherwise decreasing trend in all drug related deaths in Oregon (Table 4).

Table 4. Five Year Summary of Drug Related Deaths in Oregon by Drug Type

Year	Drug Related Deaths by Drug Type (n)				Total (n)
	Heroin	Cocaine	Methamphetamine	Combination	
2003	100	53	78	37	190
2002	101	58	65	44	176
2001	95	48	50	35	155
2000	131	69	56	43	210
1999	195	68	43	49	246
Average Annual Percentage Change	-13%	-4%	+17%	-5%	-4%

Source: Medical Examiner Division, Oregon Department of State Police.

The total is the actual number of people who died. The individual drug numbers are the frequency with which they were involved in a death. The individual drug numbers are not cumulative. If one person dies and a toxicology screen shows that both heroin and cocaine caused the death, heroin will record 1 and cocaine will record 1, but only 1 person died.

All percentages are rounded to the nearest whole number.

Methamphetamine Manufacturing

Consistent with the increase in number of methamphetamine related deaths, there has been an increase in methamphetamine manufacturing and related crime in Oregon. Between 1998 and 2002, the number of methamphetamine labs seized annually in Oregon more than doubled (from 245 to 529). In 2002, Oregon ranked eleventh in the nation for number of methamphetamine labs seized, and fourth in the nation for number of "superlabs" seized.² The smaller labs, which comprise most of the labs in Oregon, are difficult to find because of their portability (and even more difficult to obtain warrants for quickly enough to seize). Of the 529 labs seized in 2002, 37% were in urban areas, 36% were in rural areas, 22% were in suburban areas, and 5% were in industrial areas of the state. Approximately 46% were found in residences, 37% were found in vehicles, 10% were found in apartments, and 7% were found in motels (8). Because these are all places where children may be present, the risks to children from toxic exposures have been of growing concern to Oregon authorities. Since methamphetamine production involves a number of toxic chemicals (including solvents, caustics / irritants, and metals / salts), there can be significant health and safety risks to those involved in or present

² Superlabs are those that produce at least 10 pounds of methamphetamine per year, and are typically run by organized rings.

during its manufacture, use, and seizure. As lab dumps occur throughout the state, disposal of these chemicals also constitutes an important environmental threat (7).

In 2002, Oregon ranked eighth nationally for number of children rescued from methamphetamine labs, with a total of 126 children rescued. That year, at least one child was rescued from one out of every four labs. Between 1999 and 2001, the number of Oregon children known to have been chemically exposed to methamphetamine manufacture increased from 10 to 100. More than two-thirds of these children were 10 years of age or younger (8). Of those children who have been tested for exposure, approximately one-third to one-half has been positive for methamphetamine. The cause has likely been accidental ingestion or passive inhalation. Moreover, the risks to children are not confined to these toxic exposures, as child abuse and neglect are common among adults preoccupied with methamphetamine production and use (9). The Office of Children, Adults, and Families of the Oregon Department of Human Services reports that illicit drug use by parents is one of the greatest risk factors for the need for foster placement among children, and more than one-third of these placements can be attributed to parental use of methamphetamines.

Law enforcement officials in Portland report that methamphetamine is the only drug associated with each of seven types of non-drug crimes, including prostitution, gang-related activity, violent criminal acts – robberies, nonviolent criminal acts, domestic violence, drug-assisted rape, and child abuse and neglect (5). It is not surprising, therefore, that Governor Kulongoski has identified the manufacture of methamphetamine as one of the top problems in the state for 2004.

C. Substance Abuse and Dependency in Oregon

Examining estimated levels of alcohol and illicit drug abuse, dependency, and treatment need reveals that Oregon's problems have recently been greater than for the nation on average. These problems are described briefly below, since they are known to be important risk factors for juvenile delinquency and crime, and domestic and elder abuse, and contribute directly to substance abuse related crime and recidivism – all areas of concern for the Oregon Byrne Grant Program.

Estimates of Past Month Illicit Drug Use

Estimates obtained in the 2000 and 2001 *National Household Survey on Drug Abuse* studies were higher for Oregon than for the nation on average for past month use of any illicit drugs, marijuana alone, and any illicit drug other than marijuana for individuals 12 to 17 years of age, 18 to 25 years of age, and 26 years of age and older. The estimate for cocaine use was also higher for Oregon than the nation on average for individuals 18 to 25 years of age. Oregon's higher rates were particularly evident among individuals 18 to 25 years of age. For example, there were an estimated 620 more individuals per 10,000 18 to 25 year olds in Oregon than in the nation on average who used any illicit drug during the past month (10) (Table 5).

**Table 5. Past Month Illicit Drug Use:
Comparisons of Oregon and National Estimates for 2000 and 2001**

Past Month Use	Estimated Percentage of Individuals		
	Oregon	National	Difference
Any Illicit Drug			
Total	8.73	6.69	+2.0
12-17 years	12.11	10.32	+1.8
18-25 years	23.50	17.29	+6.2
26+ years	5.89	4.39	+1.5
Marijuana			
Total	7.19	5.09	+2.1
12-17 years	9.07	7.64	+1.4
18-25 years	20.43	14.59	+5.8
26+ years	4.80	3.13	+1.7
Cocaine			
Total	1.57	1.70	-0.1
12-17 years	1.58	1.60	0
18-25 years	5.17	5.01	+0.2
26+ years	0.98	1.15	-0.2
Any Illicit Drug Other Than Marijuana			
Total	3.15	2.85	+0.3
12-17 years	5.18	4.76	+0.4
18-25 years	8.10	6.86	+1.2
26+ years	2.09	1.91	+0.2

Source: *National Household Survey on Drug Abuse*, Office of Applied Studies, Substance Abuse and Mental Health Services Administration, 2000 and 2001. All differences rounded to the nearest tenth. Any Illicit Drug refers to marijuana / hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used non-medically.

Estimates of Past Year Alcohol and / or Illicit Drug Abuse or Dependency

Estimates were higher for Oregon than for the nation on average for past year alcohol and / or illicit drug abuse or dependency for individuals 12 to 17 years of age, 26 years of age and older, and in the state as a whole. Estimates were also higher for Oregon than for the nation on average for alcohol dependency, any illicit drug abuse or dependency, any illicit drug dependency, and any illicit drug or alcohol dependency for individuals 12 to 17 years of age, 18 to 25 years of age, and 26 years of age and older. For example, there were an estimated 100 more individuals per 10,000 12 to 17 year olds and an estimated 130 more individuals per 10,000 18 to 25 year olds in Oregon than in

the nation on average who had any illicit drug or alcohol abuse or dependency during the past year (10) (Table 6).

Table 6. Past Year Alcohol and / or Illicit Drug Abuse or Dependency: Comparisons of Oregon and National Estimates for 2000 and 2001

Past Year Abuse or Dependency	Estimated Percentage of Individuals		
	Oregon	National	Difference
Alcohol Abuse or Dependency			
Total	5.85	5.74	+0.1
12-17 years	5.45	5.20	+0.3
18-25 years	13.59	13.80	-0.2
26+ years	4.64	4.45	+0.2
Alcohol Dependency			
Total	2.59	2.37	+0.2
12-17 years	2.22	1.89	+0.3
18-25 years	5.49	5.16	+0.3
26+ years	2.17	1.96	+0.2
Any Illicit Drug Abuse or Dependency			
Total	2.60	2.25	+0.4
12-17 years	5.74	4.62	+1.1
18-25 years	7.38	6.34	+1.0
26+ years	1.42	1.23	+0.2
Any Illicit Drug Dependency			
Total	1.61	1.44	+0.2
12-17 years	2.60	2.41	+0.2
18-25 years	4.98	4.12	+0.9
26+ years	0.94	0.86	+0.1
Any Illicit Drug or Alcohol Abuse or Dependency			
Total	7.33	6.97	+0.4
12-17 years	8.77	7.80	+1.0
18-25 years	18.27	16.93	+1.3
26+ years	5.36	5.16	+0.2

Source: *National Household Survey on Drug Abuse*, Office of Applied Studies, Substance Abuse and Mental Health Services Administration, 2000 and 2001.

Any Illicit Drug refers to marijuana / hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used non-medically.

Dependency and abuse are based on definitions found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

All differences rounded to the nearest tenth.

Estimates of the Past Year Gap in Illicit Drug Use Treatment

Estimates were also higher for Oregon than for the nation on average for needing but not receiving treatment for illicit drug use in a substance abuse treatment facility during the past year for individuals 12 to 17 years of age, 18 to 25 years of age, and 26 years of age and older. This difference in unmet need was greatest for 12 to 17 year olds. An estimated 100 more individuals per 10,000 12 to 17 year olds in Oregon than in the nation on average did not receive treatment in a substance abuse treatment facility during the past year (10) (Table 7).

**Table 7. Past Year Illicit Drug Use Treatment Gap:
Comparisons of Oregon and National Estimates for 2000 and 2001**

Past Year Illicit Drug Treatment Gap	Estimated Percentage of Individuals		
	Oregon	National	Difference
Total	2.28	2.02	+0.3
12-17 years	5.25	4.25	+1.0
18-25 years	6.58	5.94	+0.6
26+ years	1.20	1.04	+0.2

Source: *National Household Survey on Drug Abuse*, Office of Applied Studies, Substance Abuse and Mental Health Services Administration, 2000 and 2001.

Illicit Drug refers to marijuana / hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used non-medically.

Treatment gap is defined as needing but not receiving treatment in a specialty substance abuse treatment facility in the past year.

All differences rounded to the nearest tenth.

D. Juvenile Substance Abuse and Crime in Oregon

Statewide arrest data on juvenile crimes against persons, crimes against property, and behavioral crimes, coupled with self-reported information on juvenile alcohol and drug use, delinquent or criminal behavior, and weapon carrying suggest an already significant level of risk for involvement in the criminal justice system for Oregon's youngest citizens. Services aimed at prevention and treatment of substance abuse, delinquency, and crime for individuals 17 years of age and younger are also a continuing need.

Arrests of Juveniles for Crimes against Persons, Crimes against Property, and Behavioral Crimes

Juvenile arrest data reported by state and local agencies include those related to crimes against persons, crimes against property, and behavioral crimes. The annual numbers of reported juvenile arrests for crimes against persons between 1998 and 2002 averaged 3,677. Over these five years, the five most frequently reported arrests for juvenile crimes against persons were for simple assault, aggravated assault, sex crimes other than forcible rape, robbery, and forcible rape (11) (Table 8).

Table 8. Five Year Summary of Juvenile Arrests for Crimes against Persons in Oregon

Crimes Against Persons	Number of Juveniles Arrested (n)					Average (n)
	1998	1999	2000	2001	2002	
Willful Murder	14	12	10	12	5	11
Negligent Homicide	1	1	2	1	0	1
Forcible Rape	53	43	46	51	44	47
Other Sex Crimes	322	303	359	331	310	325
Kidnapping	10	9	13	15	10	11
Robbery	291	238	246	204	170	230
Aggravated Assault	565	527	410	426	367	459
Simple Assault	2,762	2,746	2,770	2,527	2,162	2,593
Statewide Total	4,018	3,879	3,856	3,567	3,068	3,677

Source: Oregon Uniform Crime Reports, Law Enforcement Data System, Oregon Department of State Police. All averages are rounded to the nearest whole number.

The annual numbers of reported juvenile arrests for crimes against property between 1998 and 2002 averaged 12,010. The five most frequently reported arrests for juvenile crimes against property were for larceny, vandalism, burglary, motor vehicle theft, and arson (11) (Table 9).

Table 9. Five Year Summary of Juvenile Arrests for Crimes against Property in Oregon

Crimes Against Property	Number of Juveniles Arrested (n)					Average (n)
	1998	1999	2000	2001	2002	
Burglary	1,463	1,397	1,318	1,263	1,159	1,320
Larceny	8,507	7,752	7,021	6,409	5,827	7,103
Motor Vehicle Theft	988	760	710	610	597	733
Arson	312	265	267	265	249	272
Forgery/Counterfeiting	204	197	190	157	106	171
Fraud	147	134	117	100	112	122
Embezzlement	2	4	4	3	5	4
Stolen Property	145	152	112	87	93	118
Vandalism	2,489	2,205	2,254	2,011	1,878	2,167
Statewide Total	14,257	12,866	11,993	10,905	10,026	12,010

Source: Oregon Uniform Crime Reports, Law Enforcement Data System, Oregon Department of State Police. All averages are rounded to the nearest whole number.

The annual numbers of reported juvenile arrests for behavioral crimes between 1998 and 2002 averaged 22,922. The five most frequently reported (among defined classes of) arrests for juvenile behavioral crimes were for liquor laws, curfew, runaway, drug laws, and disorderly conduct (11) (Table 10).

Table 10. Five Year Summary of Juvenile Arrests for Behavioral Crimes in Oregon

Behavioral Crime	Number of Juveniles Arrested (n)					Average (n)
	1998	1999	2000	2001	2002	
Weapons Laws	466	385	363	354	268	367
Drug Laws	2,259	2,058	2,556	2,517	2,433	2,365
Offenses Against Family	25	19	24	30	16	23
DUII	353	373	319	302	278	325
Liquor Laws	5,885	6,022	5,507	5,325	4,904	5,529
Disorderly Conduct	1,376	1,474	1,543	1,427	1,480	1,460
Curfew	5,387	3,907	3,529	3,608	2,813	3,849
Runaway	3,483	3,055	2,928	2,973	2,818	3,051
Other	7,104	6,021	5,917	5,762	4,893	5,939
Statewide Total	26,338	23,314	22,686	22,298	19,903	22,908

Source: Oregon Uniform Crime Reports, Law Enforcement Data System, Oregon Department of State Police.

DUII = Driving Under the Influence of Intoxicants.

All averages are rounded to the nearest whole number.

Other includes trespass, escape custody, blackmail / extortion, bomb threat, other criminal threat, shooting in a prohibited area, animal ordinances, garbage / littering, and other (undefined).

While the total numbers of reported arrests for crimes against persons, crimes against property, and behavioral crimes have decreased steadily during this five year period, the concern that all jurisdictions might not be fully or similarly represented each year limits any conclusions about trends.

Juvenile Self-Reported Alcohol and Drug Use, Delinquent or Criminal Behavior, and Weapon Carrying

Juvenile arrest data generally reflect only part of the population of youth at risk for involvement in the criminal justice system – those who actually get caught with an offense and taken into custody. Additional information on the extent of involvement in substance abuse, delinquency, and criminal behavior among juveniles can be found in self-report studies, such as the *Oregon Healthy Teens*³ surveys of 11th grade students conducted in 2001, 2002, and 2003 (12).

³ *Oregon Healthy Teens* is a collaborative effort of the Oregon Department of Human Services, the Oregon Department of Education, and the Oregon Research Institute. Two earlier student surveys have been incorporated into *Oregon Healthy Teens* – the Youth Risk Behavior Survey and the Student Drug Use Survey.

A three year average of 11th grade students' responses to the *Oregon Healthy Teens* questions about how many times they had used alcohol and / or drugs and how old they were when they first used alcohol and / or drugs showed that 75% ever had more than a sip or two of alcohol, 56% ever got drunk, 44% ever used marijuana or hashish, 8% ever used inhalants, 6% ever used methamphetamines, 6% ever used cocaine, 2% ever used heroin, and 2% ever used a needle to inject an illegal drug (12) (Table 11).

Table 11. Three Year Summary of Alcohol and / or Drugs Ever Used as Reported by 11th Grade Students in Oregon

Substance Ever Used	Percentage of 11 th Graders Reporting Use During their Lifetime			
	2001	2002	2003	Average
More than a sip or two of alcohol – beer, wine, hard liquor	74.1	75.5	74.2	75
Got drunk	55.8	55.2	55.5	56
Marijuana or hashish	42.5	44.5	45.2	44
Inhalants – glue, aerosol sprays, paints, other sprays	8.2	7.7	7.4	8
Methamphetamines – speed, crystal, crank, ice	6.6	6.5	6.0	6
Cocaine –powder, crack, or freebase	5.8	5.8	6.4	6
Heroin – smack, junk, China White	1.6	2.3	1.9	2
Needle injection of any illegal drug	1.2	1.8	2.3	2

Source: *Oregon Healthy Teens*, Center for Health Statistics and Vital Records, Oregon Department of Human Services.

All averages rounded to the nearest whole number.

A three year average of 11th grade students' responses to *Oregon Healthy Teens* questions about whether they had used alcohol and / or drugs during the past 30 days showed that 44% had used alcohol, 25% had consumed five or more drinks of alcohol in a row within a couple of hours (binge drinking), 23% had used marijuana, 3% had used inhalants, 3% had used stimulants, 2% had used cocaine, 1% had used heroin or opiates or other narcotics, and 2% had used Ecstasy or MDMA (12) (Table 12).

Table 12. Three Year Summary of Substance Use in the Past 30 Days as Reported by 11th Grade Students in Oregon

Substance Used at Least Once	Percentage of 11 th Graders Reporting Use During the Past 30 Days			
	2001	2002	2003	Average
Alcohol – beer, wine, hard liquor	43.1	44.2	43.4	44
5 or more drinks of alcohol in a row within a couple of hours	25.3	24.6	25.9	25
Marijuana	22.1	23.6	23.4	23
Inhalants – glue, aerosol sprays, paints, other sprays	1.6	3.0	3.8	3
Stimulants – amphetamines, meth, crystal, speed, crank	2.9	3.4	2.7	3
Cocaine or Crack	1.5	2.0	2.0	2
Heroin or Opiates or Other Narcotics	0.6	1.0	0.9	1
Ecstasy or MDMA	2.1	2.5	1.9	2

Source: *Oregon Healthy Teens*, Center for Health Statistics and Vital Records, Oregon Department of Human Services.

All averages rounded to the nearest whole number.

A three year average of 11th grade students' responses to *Oregon Healthy Teens* questions about whether they had engaged in delinquent and criminal behaviors during the past three months showed that 8% had sold illegal drugs, 7% had attacked someone with the idea of seriously hurting them, 2% had been in a fight using a weapon, 11% had set a fire where it didn't belong without adult permission or supervision, 12% had stolen something worth more than \$10, and 18% had been stopped by police for something they had done but had not been arrested (12) (Table 13).

Table 13. Three Year Summary of Delinquent and Criminal Behavior for the Past 3 Months as Reported by 11th Grade Students in Oregon

Delinquent and Criminal Behavior	Percentage of 11 th Graders Reporting Behavior for the Past 3 Months			
	2001	2002	2003	Average
Sold illegal drugs during past 3 months	7.1	6.6	9.2	8
Attacked someone with the idea of seriously hurting them	7.1	5.3	7.6	7
Been in a fight using a weapon – knife, gun, club, etc.	1.9	1.9	3.3	2
Set a fire where it didn't belong, without adult permission or supervision	8.7	10.2	12.8	11
Stole something worth over \$10	12.3	9.3	13.0	12
Stopped by police for something, but not arrested	19.2	17.1	18.2	18

Source: *Oregon Healthy Teens*, Center for Health Statistics and Vital Records, Oregon Department of Human Services.

All averages rounded to the nearest whole number.

A three year average of 11th grade students' responses to *Oregon Healthy Teens* questions about whether they had carried a weapon during the past 30 days showed that 6% had carried a gun, and 14% had carried a weapon other than a gun (12) (Table 14).

Table 14. Three Year Summary of Weapon Carrying for Past 30 Days Reported by 11th Grade Students in Oregon

Weapon Carried	Percentage of 11 th Graders Reporting Behavior for Past 30 Days			
	2001	2002	2003	Average
Gun	5.3	6.6	6.6	6
Weapon other than a gun	11.8	13.3	15.4	14

Source: *Oregon Healthy Teens*, Center for Health Statistics and Vital Records, Oregon Department of Human Services.

All averages rounded to the nearest whole number.

Monitoring the Future: A Continuing Study of American Youth offers an important insight about data on illicit drug use trends among students. “While use of individual drugs (other than marijuana) may fluctuate widely, the proportion using *any* of them is much less labile. In other words, the proportion of students prone to using such drugs and willing to cross the normative barriers to such use changes more gradually. The usage rate for each individual drug, on the other hand, reflects many more rapidly changing determinants specific to that drug: how widely its psychoactive potential is recognized, how favorable the reports of its supposed benefits are, how risky the use of it is seen to be, how acceptable it is in the peer group, how accessible it is, and so on (13, p. 6).”

Recommendations from the Results of External Evaluations of Previous Programs for Juveniles at Risk

In 1996, juvenile substance abuse and crime prevention and treatment became the first priority area of Oregon’s Byrne Grant Program that was targeted by CJSD for external evaluation. The goal of the evaluation was to provide information to help optimize the effectiveness of future Byrne Grant Program funds allocated for services to juveniles at risk. Information gathered by Program Design and Evaluation Services (PDES) within Health Services of the Oregon Department of Human Services on subgrantee programs between 1996 and 2000 offered new guidance for policy and subgrant award decisions that are now an important part of the Oregon Byrne Grant Program. The following is a mostly excerpted summary of the general findings of the evaluations and resulting recommendations offered by PDES:

The most effective Byrne Grant Program subgrantee programs during the 1996-2000 grant period were those that were based on well-researched interventions that had previously been subjected to rigorous experimental design evaluations, and had been found to be effective (best practices). One innovative program that indirectly addressed violence reduction through modification of a known correlate of violence proved to be very promising. It was, therefore, recommended that future Byrne Grant Program funds target agencies and organizations proposing to use well-researched, best practices models, or promising program models that address violence or known correlates of violence and that lend themselves to rigorous evaluation.

Replications of programs that were previously successful in other communities did not guarantee similarly positive results in the new setting. Byrne Grant Program subgrantees needed guidance to ensure that they identified and duplicated the features of the program that were specifically responsible for its success. Programs that were well implemented were more evaluable. When programs were poorly implemented, it was difficult to determine if the negative findings were a result of a failed intervention or a poorly implemented program. It was, therefore, recommended that future Byrne Grant Program subgrantees be expected to adhere to strict implementation standards and provide documentation of such implementation to ensure high quality program content, delivery, and evaluability.

Relatively few Byrne Grant Program sites had the experimental or quasi-experimental evaluation designs needed to confirm or deny effectiveness. There was a preponderance of sites with evaluation designs based on pre / post tests without

comparison groups. This made interpretation of results in these sites difficult. Both low and high resource programs needed external technical assistance at program onset in order to develop outcome-based goals and objectives, establish data collection and measurement systems, and ensure fidelity of program implementation. Ongoing external monitoring by PDES of evaluation activities was valuable in identifying ineffective evaluation practices by both low and high resource programs. This led to refinements and stronger program evaluations, and, in turn, offered program staff an improved understanding of the value of employing more rigorous evaluation standards. Some subgrantees did not fully appreciate the need for consistency in data collection and reporting. This, coupled with staff turnover, sometimes resulted in datasets that were variable in quality and content. It was, therefore, recommended that future Byrne Grant Program subgrantees be required to submit evidence of their capacity to conduct rigorous evaluation, to identify the program staff (or position) that will consistently be responsible for data collection and reporting, and to collaborate with external evaluators on evaluation design and execution for the duration of the project.

Some Byrne Grant Program subgrantees underestimated the level of funding that would be necessary for successful completion of their projects. Low resource programs had greater difficulty implementing and evaluating their programs than high resource programs. Low resource programs sometimes omitted program components or terminated services before the end of the Byrne Grant Program funding cycle. It was, therefore, recommended that future Byrne Grant Program subgrantees receive a level of funding adequate to ensure consistently high quality implementation and rigorous evaluation standards over the four-year funding period. Future subgrantees would also be expected to provide substantial evidence of the stability of matching funds from other sources, and of possible funding alternatives that would ameliorate unexpected budget deficits (14).

E. Domestic Violence and Elder Abuse in Oregon

Oregon domestic disturbance offense, arrest, and restraining order data, and estimates of the prevalence of domestic violence in Oregon based on self-report data reveal another ongoing statewide problem. Inadequacies in shelter availability, civil legal services, services for racial and ethnic minorities, and cultural competency in existing service agencies suggest a need to enhance targeted efforts. Increasing recognition of the impact on children of witnessing domestic violence has also brought the need to support services that counsel and protect them into clearer focus. Moreover, inadequate services for current victims of elder abuse, coupled with the projected growth of this population, suggest the need for expanded efforts to protect Oregon's oldest citizens.

Domestic Disturbance Offenses, Arrests, and Restraining Orders

Domestic disturbance data reported to the state by local agencies include criminal offenses and arrests, non-criminal offenses, and domestic violence restraining orders filed, violations, and arrests. The annual numbers of reported incidents for the five year period of 1998 to 2002 averaged 20,221 for criminal offenses, 12,150 for criminal arrests, 13,052 for non-criminal offenses, 14,091 for Family Abuse Prevention Act case filings (restraining orders), 3,573 for restraining order violations, and 1,742 for restraining order

violation arrests (11). Since it is known that all jurisdictions are not fully or similarly represented in domestic disturbance data, these numbers likely underestimate this problem in Oregon. Moreover, comparisons of reported data with information gathered through telephone interviews of a representative sample of Oregon women for the 1998 *Oregon Domestic Violence Needs Assessment: A Report to the Oregon Governor's Council on Domestic Violence (ODVNA)* also suggest that domestic violence is overwhelmingly underreported to authorities (15) (Table 15).⁴

Table 15. Five Year Summary of Reported Domestic Disturbances and Restraining Orders in Oregon

Year	Domestic Disturbances					
	Criminal (n)		Non-Criminal Offenses (n)	Domestic Restraining Orders (n)		
	Offenses	Arrests		Family Abuse Prevention Act Case Filings	Violations	Arrests
2002	29,159	11,714	10,610	13,819	3,101	1,603
2001	15,992	11,090	11,971	14,265	3,123	1,607
2000	19,119	13,163	14,812	14,160	4,292	2,098
1999	17,068	11,354	12,204	13,808	3,401	1,573
1998	19,768	13,429	15,665	14,403	3,946	1,831
Average	20,221	12,150	13,052	14,091	3,573	1,742

Source: Oregon Uniform Crime Reports, Law Enforcement Data System, Oregon Department of State Police.

The relatively high number of criminal domestic disturbance offenses for 2002 likely reflects the results of a newly implemented training of local agency staff responsible for reporting these data. The goals of the training are to better standardize definitions and reporting.

All averages are rounded to the nearest whole number.

Substance Abuse and Domestic Violence

Substance abuse is an important risk factor for domestic violence in Oregon. The *ODVNA* found that, "Abusive partners were 2.7 times more likely than non-abusive partners to have histories of alcohol use problems (51% versus 19%) and 7 times more likely to have histories of drug use problems (29% versus 4%). The likelihood of having histories of substance use problems was even higher for perpetrators of severe physical abuse. About 62% of perpetrators of severe physical abuse had histories of alcohol use problems, and 48% had histories of drug use problems" (15, p. 13).

Services for Victims of Domestic Violence

The primary services for women who are victims of violence in Oregon are shelters, safe-homes, a network of private homes, and civil legal assistance. Several Oregon agencies, task forces, and studies have reported that state-administered resources and available services are inadequate to meet the needs of these victims. For

⁴ Domestic violence is defined as physical abuse, sexual coercion, and injury, per Straus, M., S. Hamby, S. Boney-McCoy, and D. Sugarman (1996). The Revised Conflict Tactics Scales (CTS2). *Journal of Family Issues*, 17(3).

example, the Children, Adults, and Families Office of the Oregon Department of Human Services reports that programs receive about 10,000 more requests for shelter by women and children every year than can be accommodated. Some programs are experiencing shifts from reliable sources of major funding to smaller year-to-year grants, and the lack of adequate alternate funding causes staff layoffs and services to be discontinued. Moreover, reports from 326 public and community agencies in the *ODVNA* revealed each of the following services to be inadequate or unavailable in at least three regions of Oregon: shelters / safehomes, emergency transportation, law enforcement units for domestic violence, legal aid / advice, victims' financial assistance (through the criminal justice system) transitional / low income housing, mental health care, family mediation, and alcohol and drug treatment (15).

The State of Access to Justice in Oregon reports that "family problems are among the most commonly encountered legal problems of low income households. Domestic violence tops the list... (16, p. 22)." The Oregon Law Center reports that civil legal assistance is particularly important for domestic violence victims who do not know about or choose not to use the services of the shelter / crisis line network. For many victims, the legal services office is the point of entry for the range of services available in the community. However, the availability of legal assistance for victims of domestic violence, sexual assault, and stalking remains critically short. Although legal services programs in Oregon provide assistance to approximately 11,000 clients annually on family law matters, these programs report that an estimated two out of every three requests for services are denied because of inadequate funding.

The *2002 Oregon Crime Victims' Needs Assessment* found that victims from underserved populations "had trouble finding services that met their needs and tended not to report the crimes (17, p. 47)." One of the four funding priorities set out in the *Allocation Plan for the Oregon Domestic and Sexual Violence Services Fund* was "increasing culturally specific domestic violence services...to provide greater accessibility and utilization of domestic violence services by victims from a diversity of cultures (18, p. 9)." These reports, coupled with the fact that approximately one-half of Oregon's non-White and Hispanic women are located in the Portland Metropolitan Area, suggest that there is a particular need for services targeted to racial and ethnic minorities living there.

Cultural Competency in Agencies Serving Victims of Domestic Violence

Addressing the difficulties faced by diverse victims of domestic violence when seeking and utilizing services is an ongoing concern for CJSD. There are a number of Oregon studies and plans that highlight the need for continued improvement in this area. A *Preliminary Assessment of Cultural Competency Among 2000-2001 VAWA Funded Agencies in Oregon* revealed the need for improvement in the areas of organizational policies and procedures, ability to identify and reach underserved populations, and provision of staff training related to cultural competency (19). The testimony of survivors and their advocates described in *Listening to Survivors: Assessment of the Needs of Domestic Violence Victims in Oregon* led the Oregon Governor's Council on Domestic Violence to recommend "mandatory anti-racism and cultural sensitivity training for program staff... (20, p. 19)." Moreover, one of the recommendations of the *2002 Oregon Crime Victims' Needs Assessment* related to underserved populations was to "conduct cultural awareness and sensitivity training for each agency's personnel and provide

information on how services could be tailored to the needs of special populations (17, p. 114).”⁵ These and other studies led CJSD to contract with a research and evaluation consultant for the development of a cultural competency plan. The *Cultural Competency Plan for Programs Serving Victims of Domestic Violence and Sexual Assault in Oregon* (21) was developed in 2002 and adopted by CJSD and the STOP VAWA Advisory Board in 2003. Two other state administrative agencies that provide support to many of the same subgrantees – the Crime Victims Assistance Section of the Oregon Department of Justice and the Office of Children, Adults, and Families of the Oregon Department of Human Services – are collaborating with CJSD on the implementation of the plan. A follow-up assessment of the pilot session of the first phase of the training component of the plan suggested that the curriculum and method of presentation would serve as an effective model for the broader implementation (22). Pilot testing of the second phase of the training component will soon be underway.

Children Who Witness Domestic Violence

The *ODVNA* found that three of out of every five Oregon children living in homes with domestic violence had seen or heard the abuse during the twelve month period prior to the study. The percentage of Oregon children who witnessed domestic violence (15%) was found to be consistent with national estimates (16%) (23). *The Status of Children in Oregon’s Child Protection System 2002* reported that a major problem facing families of abused and neglected children was domestic violence (24). This has become a particular concern because childhood exposure to domestic violence can negatively affect social, emotional, and cognitive development, and lead to later problems such as anxiety, poor school performance, substance abuse, delinquency, aggression, and violence (25). Some studies indicate that as many as 50% of the children of batterers have significant adjustment problems (26).

The top three services ranked by public and community agencies in the *ODVNA* as not available but needed for children who witnessed domestic violence were crisis counseling; support / education groups, and supervised child visitation. Uniform standards of care do not yet exist because of the absence of empirical studies comparing alternative interventions. However, there is some research that suggests that effective early intervention with these children and their families can reduce the intensity, duration, and scope of children’s distress, and provide parents with the knowledge and resources they need to provide a safe family for their children (27).

Elder Abuse

Elder abuse is considered here within the context of domestic abuse, because an estimated 90% of elder abuse cases are perpetrated by family members – with two-thirds of those cases involving spouses and children (28). According to the Census 2000, individuals 65+ years of age made up approximately 13% of the nation’s (and Oregon’s) population. The projected growth of elders suggests that individuals 65+ years of age will constitute approximately 20% of the total national population by the year 2030. As this

⁵ In this assessment, underserved populations included African Americans, Native Americans, Asians / Pacific Islanders, Hispanics, new immigrants, non-English speaking individuals, persons with disabilities, gays, lesbians, transgendered individuals, and the elderly.

segment of the population continues to grow, the numbers of individuals at risk of physical, sexual, psychological, and financial abuse because of health problems and other vulnerabilities also continue to grow.

Alcohol abuse is one of the greatest risk factors for abuse and neglect of elders, with a third of perpetrators in elder abuse cases indicating that the abuse was subsequent to severe drinking bouts or alcoholism. Not infrequently, a third party who reports the elder abuse fears that a perpetrator with an alcohol problem will also target them in retaliation for filing the report (29). Retaliative abuse towards others may then result in additional reportable offenses.

The staff within the Office of Seniors and People with Disabilities of the Oregon Department of Human Services believes that non-facility⁶ elder abuse is increasing throughout the state. However, it is difficult to demonstrate this trend empirically since data collection is not yet standardized on a statewide level, and some data collection improvements that occurred during 2000 increased the number of complaints being processed while later budget cuts reduced them. Nevertheless, records from the Office of the State Court Administrator of the Oregon Judicial Department for the five year period of 1998 to 2002 did reveal that Elder Abuse Prevention Act case filings had increased steadily from 195 to 522.

The *National Elder Abuse Incidence Study* found that elder abuse was under-reported, and that only about 16% of elder abuse cases were investigated by Adult Protective Services (30). In 2001, an analysis reported in testimony to the U.S. Senate Special Committee on Aging concluded that less than one percent of every federal dollar spent on victim abuse targeted elders (31). In 2002, *An Evaluation of Oregon's Response to Adult and Elder Abuse: A Report to the Oregon Attorney General's Elder Abuse Task Force* showed that Oregon state and federal funding allocated for elder abuse services totaled only 2% of the amount allocated for domestic violence, child abuse, sexual assault, and elder abuse combined. This report offered recommendations for improving Oregon's response to elder abuse based on information gathered from agencies in Oregon, Ohio, Texas, Utah, and Wisconsin. Among other suggestions, this report cautioned that elder abuse was under-reported in Oregon, that coordination and communication between adult protective services, law enforcement, crime victims' assistance programs, and district attorney's offices were inadequate to serve elder abuse victims, and that training was needed in investigative techniques and criminal prosecution (32).

In 2003, the National District Attorney's Association adopted policies on elder abuse, neglect, and financial exploitation. These policies focus on creation of elder abuse units within prosecutors' offices or designation of a specially trained prosecutor within the office, provision of training about crimes against the elderly and the unique needs of elder abuse victims, mandatory reporting of elder abuse to adult protective services and law enforcement agencies, special trial procedures and evidentiary rules, having victims' assistance / services programs within prosecutors' offices that provide specialized services to the elderly, increasing funding for specialized training, employing a multi-disciplinary approach, promoting public awareness, and updating state criminal

⁶ Non-facility complaints refer to those that occur outside the context of a care or housing facility.

laws (33). These national policy recommendations coupled with the findings of the evaluation of Oregon’s response to elder abuse offer important guidance on improving the safety and well-being of elders.

F. Adult Substance Abuse Related Crime and Recidivism in Oregon

Adult substance abuse related crime, as revealed through offenses and arrests related to drug laws and arrests by type of drug, are also concerns for Oregon. In 2002, 83% of Oregon offenders in correctional institutions and more than 70% of offenders on community caseloads had alcohol and drug abuse problems. Moreover, approximately half of all Oregon offenders who recidivate do so with a drug crime. Offenders in the process of transitioning from institutional to community settings need careful pre-release assessment and connection to community treatment to reduce their risk of recidivism.

Offenses and Arrests Related to Drug Laws

The annual number of alcohol and drug-related offenses reported during the five year period of 1998 to 2002 in Oregon averaged 22,881. Since all jurisdictions in Oregon might not be fully or similarly represented in the data each year, the magnitude of these problems might even be greater. Approximately 83% or 18,993 of those offenses resulted in arrests. An average of 88% or 16,627 of those arrested were adults (11) (Table 16).

Table 16. Five Year Summary of Drug Law Offenses and Arrests in Oregon

Year	Drug Law Crimes			
	Offenses (n)	Arrests (n)		
		Total	Adults	Juveniles
2002	23,904	20,039	17,606	2,433
2001	23,356	20,328	17,804	2,517
2000	23,572	20,793	18,237	2,556
1999	23,609	16,910	14,852	2,058
1998	19,962	16,897	14,638	2,259
Average	22,881	18,993	16,627	2,365

Source: Oregon Uniform Crime Reports, Law Enforcement Data System, Oregon Department of State Police.

Includes offenses and arrests related to narcotics, marijuana, synthetic narcotics, and other dangerous drugs.

Includes offenses and arrests related to possession for sale, possession for use, furnishing, transporting / manufacturing / cultivating, obtaining unlawfully, tampering with records, and other. All averages are rounded to the nearest whole number.

Drug Law Arrests by Type of Drug

Between 1998 and 2002, the annual number of arrests averaged 4,449 for narcotics, 7,351 for marijuana, 815 for synthetic drugs (methadone, Demerol), and 5,555 for “other dangerous drugs” (methamphetamine, amphetamine, barbiturates, benzedrine, tranquilizers). Because all jurisdictions might not be fully or similarly represented in these data each year, caution must be used in examining trends. However, although arrests for methamphetamine are not reported separately, the apparent decreases in arrests for heroin and cocaine and increase in arrests for “other dangerous drugs” are consistent with the decrease in heroin and cocaine related deaths and increase in methamphetamine manufacture, use, and related deaths described earlier (11) (Table 17).

Table 17. Five Year Summary of Drug Law Arrests in Oregon by Drug Type

Drug Type	Drug Law Arrests					
	1998	1999	2000	2001	2002	Average
Narcotics						
Opium	11	11	17	19	19	15
Heroin	1,690	1,518	1,665	1,106	804	1,357
Morphine	8	7	8	12	15	10
Cocaine	2,719	2,106	2,648	1,781	1,274	2,106
Codeine	41	55	34	90	96	63
Other Narcotic	725	765	870	1,167	965	898
Narcotics Total	5,194	4,462	5,242	4,175	3,173	4,449
Marijuana						
Hashish	33	42	32	47	33	37
Marijuana > oz.	1,361	1,571	1,760	1,619	1,281	1,518
Marijuana < oz.	4,547	4,623	6,077	6,411	7,316	5,795
Marijuana Total	5,941	6,236	7,869	8,077	8,630	7,351
Synthetic Drug Total	724	784	834	834	901	815
Other Dangerous Drug Total	4,185	4,505	5,911	6,171	7,001	5,555
Drug Law Arrest Total	16,044	15,987	19,856	19,257	19,705	18,170

Source: Oregon Uniform Crime Reports, Law Enforcement Data System, Oregon Department of State Police.

Includes offenses and arrests related to possession for sale, possession for use, furnishing, transporting / manufacturing / cultivating, obtaining unlawfully, tampering with records, and other.

Discrepancies in totals presented here and in Table 16 are reportedly due to problems in methods of (incident and summary) data collection and transfer that are currently being examined.

All averages are rounded to the nearest whole number.

Substance Abuse Related Recidivism

There were a total of 42,060 adult offenders in prison or on felony probation, local control, or parole in 2003. Substance abuse is clearly a significant problem for the offender population in Oregon, since the most serious charge was drug-related for approximately 29% or 12,280 of these cases, and 83% or 10,400 of the 12,600 offenders in Oregon correctional institutions in 2003 had alcohol and drug abuse histories. Slightly more than half of offenders with substance abuse histories have severe addiction problems, and these offenders are generally prioritized for treatment within the correctional setting (34).

Between 2001 and 2003, the annual number of offenders on community caseloads in Oregon remained fairly stable - between 30,107 and 30,786. In 2003, more than 70% of the offenders on community caseloads had substance abuse problems. Overall recidivism rates remained high, with 31% of 2,429 parolees released in the first quarter of 2000 and 24% or 4,960 of those admitted to probation in the first quarter of 2000 recidivating by the first quarter of 2003 (within 36 months) (34).

Drug offenses contribute significantly to the overall recidivism rate in Oregon. Of 805 offenders on parole or post-prison supervision released from incarceration during the last six months of 1999 and recidivating within 36 months, 67% originally imprisoned on a drug crime reoffended with a drug crime, and 35% originally imprisoned for a non-drug crime reoffended with a drug crime. Overall, about half of those who recidivated within 36 months of being released to parole or post-prison supervision did so with a drug crime. Similarly, of 1,135 offenders admitted to probation during the last six months of 1999 and recidivating within 36 months, 73% originally imprisoned on a non-drug crime reoffended with a drug crime, and 26% originally imprisoned for a non-drug crime reoffended with a drug crime. Overall, about half of those who recidivated within 36 months of being admitted to probation did so with a drug crime (34) (Table 18).

Table 18. Recidivism with a Drug Crime within 36 Months of Release from Incarceration or Admission to Probation in Oregon

Original Offense	Percentage of Recidivators with a Drug Crime Within 36 Months		
	On Parole or Post-Prison Supervision	On Probation	Total Recidivators
Drug Crime	67 (n=248 of 369)	73 (n=461 of 629)	71 (n=709 of 998)
Non-Drug Crime	35 (n=151 of 436)	26 (n=133 of 506)	30 (n=284 of 942)
Total	50 (n=399 of 805)	52 (n=594 of 1,135)	51 (n=993 of 1,940)

Source: Research and Evaluation Unit, Oregon Department of Corrections, 2003.
 Based on offenders released from incarceration or admitted to probation from July to December of 1999 and recidivating within 36 months. Crime type is based on the most serious offense.
 All percentages rounded to the nearest whole number.

While treatment during incarceration can be highly effective, without continued aftercare services, many released offenders relapse into substance abuse, engage in criminal behavior, and end up returning to the criminal justice system. Identifying prisoners' treatment needs and developing community program linkages before release have been shown to result in lower illicit drug use and recidivism rates (35).

III. Resource Needs

The data and other information on illicit drug use and violent crime presented in Section II provide strong evidence of Oregon's continuing need to address the trafficking and manufacture of illicit drugs, juvenile substance abuse and crime, domestic violence and elder abuse, and adult substance abuse related crime and recidivism. The federal Byrne Grant Program has long provided vital support to Oregon for services that address these problems. However, the recent economic downturn in the state and major budget reductions occurring again this year make the Byrne Grant Program more critical to the state's ability to address these problems now than ever before.

The reductions currently taking place in the Oregon biennial budget will be followed by a ripple of local budget adjustments that need to be finalized by July 2004. Because of these reductions and resulting adjustments, it is not yet possible for CJSD to provide an accurate detailing of all of the resources the state will use to address illicit drug use and violent crime in the next fiscal year. Therefore, the exact gaps in resources filled by the Oregon Byrne Grant Program are unclear at this time. Nevertheless, through their ongoing professional affiliations and collaboration with state and local agencies and organizations, the Oregon Governor's Drug and Violent Crime Advisory Board members share important information with CJSD on unmet resource and service needs throughout the state related to illicit drug use and violent crime. And since Board members typically assist in the review and selection of subgrantees during the Request for Proposals (RFP) process, they also have the opportunity to provide direct input on meeting these needs.

IV. Federal Byrne Grant Program Purpose Areas Identified for Oregon Corresponding to the National Drug Control Strategy Priority Areas

The data and other information on illicit drug use and violent crime presented in Section II and input of the Oregon Governor's Office were used to identify the federal Byrne Grant Program purpose areas to be implemented in Oregon. These federal purpose areas and their relationship with the National Drug Control Strategy priority areas are described briefly below.

Six federal Byrne Grant Program purpose areas have been identified for implementation in Oregon. Purpose areas #4, #13, and #18 correspond to National Drug Control Strategy priority area #II, *Healing America's Drug Users: Getting Treatment Resources Where They Are Needed*. Purpose area #2 corresponds to National Drug Control Strategy priority area #III, *Disrupting the Market: Attacking the Economic Basis of the Drug Trade*. The remaining purpose areas do not correspond to a National Drug Control Strategy priority area. Purpose area #15b responds to the federal Byrne Grant Program set aside requirement for statewide criminal justice records improvement. Purpose area #19 responds to the federal Byrne Grant Program requirement for program evaluation (Table 19).

Table 19. Federal Byrne Grant Program Purpose Areas Identified for Oregon and Corresponding National Drug Control Strategy Priority Areas

National Drug Control Strategy Priority Area	Federal Byrne Grant Program Purpose Area Identified for Oregon
#I - Stopping Use Before It Starts: Education and Community Action	None
#II - Healing America's Drug Users: Getting Treatment Resources Where They Are Needed	#4 - Providing community and neighborhood programs that assist citizens in preventing and controlling crime, including special programs that address the problems of crimes committed against the elderly and special programs for rural jurisdictions
	#13 - Providing programs which identify and meet the treatment needs of adult and juvenile drug-dependent and alcohol-dependent offenders
	#18 - Improving the criminal and juvenile justice systems' responses to domestic and family violence, including spouse abuse, child abuse, and abuse of the elderly
#III - Disrupting the Market: Attacking the Economic Basis of the Drug Trade	#2 - Multi-jurisdictional task force programs that integrate Federal, State and local drug law enforcement agencies and prosecutors for the purpose of enhancing interagency coordination and intelligence and facilitating multi-jurisdictional investigations
None	#15b - Criminal justice information systems to assist law enforcement, prosecution, courts and corrections organizations (including automated fingerprint identification systems)
	#19 - Drug control evaluation programs which State and local units of government may utilize to evaluate programs and projects directed at State drug control activities

The priority areas for the Oregon Byrne Grant Program, and their relationship to the National Drug Control Strategy priority areas and the federal Byrne Grant Program purpose areas, are detailed in Section V.

V.

Priority Areas Identified for the Oregon Byrne Grant Program

Six priority areas have been identified for the Oregon Byrne Grant Program. An outline of each of these Oregon priority areas follows, including the: a) Year approved by BJA, b) Corresponding National Drug Control Strategy priority area, c) Corresponding federal Byrne Grant Program purpose area, d) Components, e) Performance measures designated by BJA, CJSD, and PDES, and f) Evaluation completion target date.

- Oregon Priority Area 1 -

**Law Enforcement Aimed at Disrupting the Manufacture, Distribution,
and Use of Illicit Drugs:
Multi-jurisdictional Task Forces**

- a) This Oregon Byrne Grant Program priority area was approved by BJA in 1988.
- b) The National Drug Control Strategy priority area that corresponds to this Oregon priority area is #3, *Disrupting the Market: Attacking the Economic Basis of the Drug Trade*.
- c) The federal Byrne Grant Program purpose area that corresponds to this Oregon priority area is #2, *Multi-jurisdictional task force programs that integrate Federal, State and local drug law enforcement agencies and prosecutors for the purpose of enhancing interagency coordination and intelligence and facilitating multi-jurisdictional investigations*.
- d) This Oregon priority area seeks to disrupt the manufacture, distribution, and use of illicit drugs through: 1) Identifying, targeting, and removing controlled substances wherever illegally manufactured or grown; 2) Arresting, prosecuting, and convicting traffickers; 3) Protecting children from the safety and health risks associated with contact with traffickers both at home and at school; and 4) Educating law enforcement, community groups, businesses, landlords / property managers, schools, and youth groups about the availability and risks of illegally manufactured or grown controlled substances in their communities. To this end, this priority area focuses on supporting multi-jurisdictional task forces that involve both law enforcement agencies and prosecutors to enhance interagency coordination, intelligence sharing, investigation, and interdiction.

The current (2003-2004) implementation of this Oregon priority area includes seven regional Byrne Grant Program subgrantee multi-jurisdictional task forces. Each task force serves between three and ten counties, with all 36 counties in the state being served.

- e) The performance measures related to this Oregon priority area that are being collected include those designated by BJA for the corresponding purpose area. These include:
 - Number of offenders arrested
 - Number of offenders prosecuted
 - Number of drug seizures
 - Quantity by weight (e.g. ounces, grams, dose units) and drug type
 - Total value of funds and assets forfeited
- f) There is no target date for the completion of the evaluation of this Oregon priority area, because it is not subject to the 48-month limit on Byrne Grant Program funding. Therefore, performance reports are produced annually, based on each

currently funded subgrantee submitting a sufficiently detailed closeout report within three months of the end of each year's subgrant award.

- Oregon Priority Area 2 -

Substance Abuse, Counseling, and Education Services Aimed at Reducing Juvenile Involvement in the Criminal Justice System

- a) This Oregon Byrne Grant Program priority area was approved by BJA in 1995.
- b) The National Drug Control Strategy priority area that corresponds to this Oregon priority area is #2, *Healing America's Drug Users: Getting Treatment Resources Where They Are Needed*.
- c) The federal Byrne Grant Program purpose area that corresponds to this Oregon priority area is #4, *Providing community and neighborhood programs that assist citizens in preventing and controlling crime, including special programs that address the problems of crimes committed against the elderly and special programs for rural jurisdictions*.
- d) This Oregon priority area seeks to reduce involvement in the criminal justice system among individuals 17 years of age and younger through services for those previously adjudicated or at high risk of involvement. Services include substance abuse treatment, mental health counseling, case management, special education, alternative education, life skills education, coping skills education, home visitation, and / or family counseling in communication, parenting, and conflict resolution. Special efforts target female, Hispanic, and disabled youth.

The current (2003-2004) implementation of this Oregon priority area includes nine Byrne Grant Program subgrantees. One subgrantee provides a statewide service, one subgrantee serves a single city, and seven subgrantees serve five counties.

CJSD strongly promotes funding of best practices programs. Six of the nine current juvenile substance abuse and violence prevention subgrantees employ best practices programs, using either Functional Family Therapy (36) or MultiSystemic Therapy (37). These programs are carefully monitored by PDES for fidelity of program implementation.

- e) The performance measures related to this Oregon priority area that are being collected include those designated by BJA for the corresponding purpose area that are relevant to current subgrantee goals, as well as those designated by PDES for ongoing monitoring and evaluation of subgrantees.

The BJA designated performance measures to be collected are:

- Number of juveniles served by programs
- Number of these programs based in rural jurisdictions

Examples of PDES designated performance measures to be collected are:

- Number of juveniles served in total and by demographic characteristics
 - Juvenile program completion rates
 - Improved family functioning
 - Improved juvenile school engagement
 - Decreased juvenile substance abuse
 - Decreased juvenile recidivism rates
 - Decreased juvenile out-of-home placement rates
- f) The target date for completion of the evaluation of this Oregon priority area is August 2006. This date assumes that each currently funded subgrantee will submit a sufficiently detailed closeout report within three months of the end of the final year of the subgrant award.

**- Oregon Program Area 3 -
Criminal Justice and Community Services Aimed at
Preventing and Treating Domestic and Family Violence
and Its Consequences**

- a) This Oregon Byrne Grant Program priority area was approved by BJA in 1995.
- b) The National Drug Control Strategy priority area that corresponds to this Oregon priority area is #2, *Healing America's Drug Users: Getting Treatment Resources Where They Are Needed*.
- c) The federal Byrne Grant Program purpose area that corresponds to this Oregon priority area is #18, *Improving the criminal and juvenile justice systems' responses to domestic and family violence, including spouse abuse, child abuse, and abuse of the elderly*.
- d) This Oregon priority area seeks to reduce domestic and family violence and its consequences by: 1) Providing (or referring victims to) crisis counseling, education, advocacy, health care, mental health services, substance abuse treatment, shelter, child care, mentoring, case management, safety planning, outreach, bilingual services, education and support for immigrants, supervised visitation, and cultural competency training of criminal justice and law enforcement personnel; 2) Screening and providing treatment and support services for children who witness intimate partner violence; 3) Delivering behavior modification and substance abuse treatment and supervision of felony and misdemeanor offenders who have perpetrated intimate partner violence; and 4) Training community service providers in order to increase the reporting and prosecution of elder abuse cases.

The current (2003-2004) implementation of this Oregon priority area includes 12 Byrne Grant Program subgrantees. One subgrantee is a statewide council, one subgrantee provides statewide services, and the remaining ten subgrantees provide services in seven counties.

CJSD requires Byrne Grant Program RFP respondents in this priority area to consider the unmet needs identified by the ODVNA, provide data to substantiate the need for their proposed programs in their communities, and reference published materials or Internet sources that describe or support their proposed program models or components.

- e) The performance measures related to this Oregon priority area that are being collected include those designated by BJA for the corresponding purpose area, as well as those designated by PDES for ongoing monitoring and evaluation of subgrantees.

The BJA designated performance measures to be collected are:

- Number of criminal justice system personnel trained in domestic / family violence intervention
- Number of offenders that completed domestic / family violence education and / or treatment programs
- Number of victims referred for assistance by age group and sex

Examples of PDES designated performance measures to be collected are:

- Number of clients served in total and by demographic characteristics
- Client satisfaction with services
- Client improvement in sense of safety following services
- Client improvement in sense of emotional well-being following services
- Client improvement in knowledge related to domestic violence (general domestic violence information, impact of domestic violence on children, availability of domestic violence resources, and legal options)
- Client improvement in parenting (communication, empathy)
- Recidivism rates of domestic violence offenders
- Number of elder abuse cases prosecuted

- f) The target date for completion of the evaluation of this Oregon priority area is March 2007. This date assumes that each currently funded subgrantee will submit a sufficiently detailed closeout report within three months of the end of the final year of the subgrant award.

- Oregon Priority Area 4 -

Alcohol and Drug Treatment Aimed at Reducing Recidivism among Adult Offenders Transitioning from Correctional to Community Living

- a) This Oregon Byrne Grant Program priority area was approved by BJA in 1995.
- b) The National Drug Control Strategy priority area that corresponds to this Oregon priority area is #2, *Healing America's Drug Users: Getting Treatment Resources Where They Are Needed*.

- c) The federal Byrne Grant Program purpose area that corresponds to this Oregon priority area is #13, *Providing programs which identify and meet the treatment needs of adult and juvenile drug-dependent and alcohol-dependent offenders.*
- d) This Oregon priority area seeks to reduce the risk of recidivism due to substance abuse among adult offenders who are in the process of transitioning from jails and prisons to life in the community. Emphasis is placed on assessment of the community treatment needs of these offenders and initiation of treatment prior to institutional release (reach-in), coordination of community supervision and treatment, and linkage with ancillary services that increase self-sufficiency. Ancillary services may include those related to physical health, mental health, disability, parenting skills, family relationship issues, communication skills, cultural / ethnic background, employment counseling / career development employment, housing, and GED attainment.

The current (2003-2004) implementation of this Oregon priority area includes three Byrne Grant Program subgrantees that serve four counties.

- e) The performance measures related to this Oregon priority area that are being collected include those designated by BJA for the corresponding purpose area that are relevant to current subgrantee goals, as well as those designated by PDES for ongoing monitoring and evaluation of subgrantees.

The BJA designated performance measures to be collected are:

- Number of community-based programs
- Number of drug or alcohol-focused programs

Examples of PDES designated performance measures to be collected are:

- Number and characteristics of offenders receiving case management, mental health services, family counseling sessions, and other ancillary services (i.e. housing, alcohol and drug treatment, and mental health treatment)
- Number, frequency, and content of ancillary services provided
- Number, frequency, and content of meetings with agencies providing community-based services
- Number and characteristics of assessments, referrals, and services provided for offenders
- Number of community-based treatment units completed
- Number of participants showing misdemeanor / felony arrests and new convictions at six months, one year, and two years post-program completion
- Number of educational units completed
- Number of vocational training units completed
- Frequency and number of positive and negative drug screens for program participants

- f) The target date for completion of the evaluation of this Oregon priority area is April 2006. This date assumes that each subgrantee will submit a sufficiently detailed closeout report within three months of the end of the final year of the subgrant award.

- Oregon Priority Area 5 -

Electronic Data Collection and Management Systems Aimed at Improving the Availability of Statewide Law Enforcement and Criminal Justice Information

- a) This Oregon Byrne Grant Program priority area was approved by BJA in 1995.
- b) This Oregon priority area does not correspond directly to a priority area of the National Drug Control Strategy.
- c) The federal Byrne Grant Program purpose area that corresponds to this Oregon priority area is #15b, *Criminal justice information systems to assist law enforcement, prosecution, courts and corrections organizations (including automated fingerprint identification systems)*.
- d) This Oregon priority area seeks to improve and maintain the accurate and timely collection, processing, and transport of crime data between user systems and various databases in Oregon and the National Crime Information Center.

In accordance with BJA guidelines for the federal Byrne Grant Program, Oregon uses a five percent set aside for statewide criminal justice records improvement. The current (2003-2004) implementation of this Oregon priority area includes two Byrne Grant Program subgrants within the Law Enforcement Data System Division of the Oregon Department of State Police. One subgrant is for the Uniform Crime Reporting System, which collects and processes statewide crime data from 178 law enforcement agencies, produces quarterly and annual statewide reports, submits statewide data to the Federal Bureau of Investigation, and provides data needed for soliciting law enforcement and behavioral health grant funds. The second subgrant is for replacement of an outdated and inadequate Law Enforcement Data System Message Switch, which is the gateway through which all Oregon criminal justice information traffic flows.

- e) The performance measures related to this Oregon priority area that are being collected include those designated by BJA for the corresponding purpose area, as well as those designated by CJSD for ongoing monitoring of subgrantees.

The BJA designated performance measures to be collected are:

- Number of records automated
- Number of systems enhanced or automated

Examples of CJSD designated performance measures to be collected are:

- Number of records processed to the Federal Bureau of Investigation
 - Number of law enforcement agencies reporting in OUCR 1 format
 - Number of law enforcement agencies reporting in OUCR 2 (NIBRS) format
 - Number of transactions processed
 - System availability or uptime
- f) Evaluation of this Oregon priority area is most effectively addressed annually, and relies on each currently funded subgrantee project submitting a sufficiently detailed closeout report within three months of the end of each year's subgrant award.

- Oregon Priority Area 6 -

Evaluation Aimed at Improving the Effective Use of Federal Grant Funds

- a) This Oregon Byrne Grant Program priority area was approved by BJA in 1996.
- b) This Oregon priority area does not correspond directly to a priority area of the National Drug Control Strategy.
- c) The federal Byrne Grant Program purpose area that corresponds to this Oregon priority area is #19, *Drug control evaluation programs which State and local units of government may utilize to evaluate programs and projects directed at State drug control activities.*
- d) This Oregon priority area seeks to use evaluation to improve subgrantee program outcomes and guide CJSD grant policies and award decisions for the Oregon Byrne Grant Program and the Oregon STOP VAWA Grant Program.

Based on national studies and the recommendations of PDES from evaluations of previous Oregon Byrne Grant Program subgrantees delivering services to juveniles at risk during the 1996-2000 grant period, CJSD now strongly promotes funding of best practices or promising prevention and treatment programs in three priority areas. To optimize subgrantee program outcomes, CJSD also promotes the use of program logic models, adherence to strict implementation standards, rigorous evaluation, and a level of funding adequate to ensure both high quality implementation and evaluation.

Current evaluation activities emphasize subgrantees in Oregon Byrne Grant Program priority areas #2 (juveniles at risk), #3 (victims of domestic and family violence), and #4 (offenders in transition) above. These evaluations are conducted externally by PDES. PDES initiates the evaluation process by working closely with each subgrantee to determine their capacity for conducting or contributing to evaluation activities, to develop a program logic model, and to establish data collection procedures and timelines. PDES reports quarterly to CJSD and the Governor's Drug and Violent Crime Advisory Board, detailing the

challenges faced and progress made by subgrantees in implementing their programs.

In addition, continuing efforts are underway to implement and evaluate the *Cultural Competency Plan for Programs Serving Victims of Domestic Violence and Sexual Assault in Oregon* developed for CJSD by a research and evaluation consultant. CJSD received a grant to conduct a pilot test of the first phase of the training component of the plan (train-the-trainer session), in collaboration with two other state administrative agencies that fund many of the same subgrantees. The positive results of the evaluation of this pilot help set the stage for pilot testing of the second phase of the training (dissemination sessions), and for the broader implementation of the plan.

- e) The performance measure related to this Oregon priority area that is being collected is the one designated by BJA for the corresponding purpose area:
 - Number of evaluations conducted / in-progress
- f) Evaluation of this Oregon priority area is accomplished through ongoing review of reports on progress in priority areas #2, #3, and #4 both quarterly and annually, and of other research-based plans and assessments periodically as needed.

VI. Coordination Efforts with Other Federal Programs and Funding Sources

To help ensure informed funding decisions for the Oregon Byrne Grant Program, members of the Oregon Governor's Drug and Violent Crime Advisory Board are recruited from fields representative of the various types of programs funded, including juvenile violence prevention, domestic and family violence prevention, and offender alcohol and drug treatment. Since Board members assist in the review and selection of Oregon Byrne Grant Program subgrantees, they share their expertise with CJSD on emerging best practices, policies, and funding strategies. This process is instrumental in guiding the implementation of the Oregon Byrne Grant Program. Several Board members are also administrators within state agencies that distribute other federal and state funds for these purposes. For the Office of Mental Health and Addiction Services, Karen Wheeler administers state and federal alcohol and drug treatment funds, including those from the Substance Abuse and Mental Health Services Administration. For the Criminal Justice Commission, Lana Holman (an active but not yet formally appointed Board member) administers other federal discretionary and challenge grant programs from the federal Office of Juvenile Justice and Delinquency Prevention.

In addition to staffing and serving on the Oregon Governor's Drug and Violent Crime Advisory Board, Carmen Merlo, the Director of CJSD, serves on other state agency advisory boards that administer related federal and state grant funds - the Juvenile Crime Prevention Advisory Committee and the Oregon Governor's Council on Drug and Alcohol Abuse. Moreover, CJSD is the state administrative agency for the

STOP Violence Against Women Formula Grants Program (STOP VAWA Grant Program) and the Juvenile Accountability Block Grant Program, and staffs the Oregon Governor's Council on Domestic Violence. Renee Kim, the Program Representative for the domestic and family violence priority area of the Oregon Byrne Grant Program also serves as Grants Coordinator for the STOP VAWA Grant Program. In this role, she collaborates with the Office of Children, Adults, and Families of the Oregon Department of Human Services and the Crime Victims Assistance Section of the Oregon Department of Justice, which also administer funds for this purpose.

Based on recent legislation (Senate Bill 267), the Oregon Department of Corrections, Oregon Commission on Children and Families, Oregon Department of Human Services, Oregon Youth Authority, and the Oregon Criminal Justice Commission will be required to allocate a minimum of 25% of state funds spent on prevention, treatment, or intervention programs to evidence-based (best practices) programs beginning in July 2005. This allocation requirement increases to 50% in July 2007, and to 75% in July 2009. Responding to the findings of published studies and the recommendations of PDES, CJSD began promoting funding of best practices programs for juvenile violence and substance abuse prevention and treatment through the Oregon Byrne Grant Program RFP process in 1996. Comparisons of the results of best practices programs with other programs funded from 1996 to 2000 confirmed the advantages of this approach. Since that time, CJSD is increasingly soliciting subgrantee applications proposing to implement best practices programs across three of the five Oregon Byrne Grant Program priority areas. Although the Oregon Department of State Police is not included in this new legislation, the promotion of best practices programs by CJSD for the Oregon Byrne Grant Program will coordinate well with how these other state administrative agencies will soon be making grant award and management decisions.

VII. Conclusion

The *Oregon Byrne Grant Program Strategy: Fiscal Years 2004-2008* presented here updates and builds upon those submitted in prior years. CJSD proposes to continue to address Oregon's problems with illicit drug trafficking, juvenile substance abuse and crime, domestic violence, and adult substance abuse related crime and recidivism. In addition, CJSD proposes to expand Oregon's efforts to address the problems of methamphetamine manufacture and the health and safety risks to children present during manufacture and use or cared for by methamphetamine users, the potentially negative long-term consequences of childhood witnessing of domestic violence, and the safety and well-being of elders who have been abused.

Optimizing the policy and programmatic decisions of the Oregon Byrne Grant Program depends largely on gathering and using information effectively. To this end, CJSD has identified two potential opportunities to expand the pool of information available to all state administrative agencies supporting the prevention and treatment of illicit drug use and violent crime. First, state administrative agencies supporting many of the same subgrantees and conducting grant monitoring and / or evaluation activities could benefit by sharing the information gathered on these subgrantees. On behalf of CJSD, PDES collects subgrantee implementation and outcome data, and reports on

subgrantee progress at each quarterly meeting of the Oregon Governor's Drug and Violent Crime Advisory Board. However, other state administrative agencies do not routinely share this type of information. This is due, in part, to the fact that formal evaluations of subgrantees are not yet conducted by all state administrative agencies. Nevertheless, since some level of fiscal and process monitoring is currently required by all grant programs, sharing at least this kind of information could constitute a first step toward collaborative agency reviews of the progress of mutual subgrantees. This could provide valuable additional evidence of the extent to which these subgrantees are implementing their programs as proposed.

Second, the new Oregon legislation that will require funding of best practices programs by five state administrative agencies beginning in July 2005 could generate a wealth of information on the selection and use of these types of programs. Organized information sharing among agencies could foster broader knowledge of available best practices programs in general, and more specific knowledge about the challenges of implementing these programs.

Finally, the *Oregon Byrne Grant Program Strategy: Fiscal Years 2004-2008* presented here is intended to provide a framework for implementation and evaluation. Implementation will involve developing and distributing RFPs specific to each identified priority area, reviewing applications that respond to these RFPs, determining subgrant awards in relation to merit and need, and monitoring the fiscal compliance of subgrantees with award conditions. Evaluation will involve working closely with subgrantees to gather information on the extent to which they are achieving their stated objectives and, therefore, fulfilling the goals of the priority areas under which they fall.

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