

# Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant

Governor

Theodore R. Kulongoski

Criminal Justice Services Division

Oregon Office of Homeland Security

---

The Criminal Justice Services Division of the Oregon Office of Homeland Security is the State Administrative Agency (SAA) for the Edward Byrne Memorial State and Local Law Enforcement Assistance Program and is responsible for producing this document.

## **State of Oregon**

Theodore R. Kulongoski, Governor

### **Oregon Office of Homeland Security**

Beverlee Stilwell, Director

#### **Criminal Justice Services Division**

##### **Director**

Carmen Merlo, MA

##### **Grants Manager**

Karen Green, MPA

##### **Program Representatives**

Diana Fleming

Deborah Harrison

Renee Kim

Ron Soto

##### **Grants Accountants**

Sonja Dettwyler-Gwin

Darcy Ditchen

Dan Gwin

##### **Administrative Assistant**

Linda Atkin

##### **Grants Assistant**

Tracy Miller

#### **Program Design and Evaluation Services**

Haiou He, MBA, MS

Tim Holbert

Christine Pham, MPH

Maureen Rumpitz, Ph.D.

Richard Smith, Ph.D.

Jin Song, MBA

Mike Stark, Ph.D.

#### **Research and Evaluation Consultant**

Barbara Glick, Ph.D.

This document was supported by grant # 2003-DB-BX-0021 and 2004-DB-BX-0051, awarded by the United States Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.



THEODORE R. KULONGOSKI  
Governor

January 1, 2006

Dear Oregonians:

It is with great pleasure that I present to you *Oregon's 2004 Edward Byrne Memorial State and Local Law Enforcement Assistance Program Annual Report*. This report highlights the accomplishments in Oregon's communities over the past year achieved with federal grant funds.

Between July 1, 2004 and June 30, 2005, the State of Oregon allocated over \$6.4 million of Byrne grant funds to state agencies, local governments, and non-profit organizations. These funds supported 38 programs in the following Priority Areas:

- Law Enforcement Aimed at Disrupting the Manufacture, Distribution, and Use of Illicit Drugs
- 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
- Evaluation Aimed at Improving the Effective Use of Federal Grant Funds

The juvenile violence prevention and domestic and family violence prevention programs, in particular, represent a four-year evaluation effort to implement model and innovative programs to determine "what works". This past year marked the fourth and final year of funding for the majority of these programs. We now have a wealth of knowledge on lessons learned, both challenges and successes, which will serve as a guide in implementing other model or promising programs. This information will prove even more valuable in focusing Byrne grant funds as the state prepares for a significant reduction in federal funding.

Sincerely,

A handwritten signature in black ink that reads "Theodore R. Kulongoski".

THEODORE R. KULONGOSKI  
Governor

TRK:KG/sh



# Table of Contents

---

<b>Introduction</b> .....	1
<b>Governor’s Drug and Violent Crime Advisory Board</b> .....	3
<b>Executive Summary</b> .....	4
<b>Distribution of Awards by Purpose Area</b> .....	12
<b>Distribution of Awards by Agency</b> .....	12
<b>Multijurisdictional Narcotics Task Forces</b> .....	13
<b>Geographic Distribution of FY 2004 Byrne Grant Funds</b> .....	14
<b>Program Summaries:</b>	
<b>Purpose Area 2: Multijurisdictional Narcotics Task Forces</b>	
North Coast Regional Drug Task Force (NCRDTF) .....	18
South Coast Interagency Narcotics Team (SCINT) .....	20
Central Oregon Regional Task Force (CORTF) .....	22
Southern Oregon Regional Task Force (SORT) .....	24
Mid-Willamette Valley Task Force (MWVTF) .....	26
Regional Organized Crime Narcotics Team (ROCN) .....	27
Eastern Oregon Regional Drug Task Force (EORDTF) .....	29
<b>Purpose Area 4: Substance Abuse, Counseling, and Education Services Aimed at Reducing Juvenile Involvement in the Criminal Justice System</b>	
Adapt, Family-Focused Approach to Juvenile Violence Prevention.....	34
Parrott Creek Child and Family Services, Functional Family Therapy .....	46
Homestead Youth and Family Services, Marigold Girls Program .....	60
Jackson County Health & Human Services, Youth Turnaround Project .....	73
Multnomah County Department of Community Justice, Multisystemic Therapy Treatment Foster Care .....	88
Oregon Council for Hispanic Advancement, ¡Poder! .....	107
Youth Contact, Inc., HomeWorks .....	121
Juvenile Rights Project, Inc., SchoolWorks .....	137

---

---

**Purpose Area 11:** *Alcohol and Drug Treatment Aimed at Reducing Recidivism Among Adult Offenders Transitioning from Correctional to Community Living*

LifeWorks NW, Recovery Mentor Program .....	154
Umatilla County, New Life Program .....	165

**Purpose Area 18:** *Criminal Justice and Community Services Aimed at Preventing and Treating Domestic and Family Violence and its Consequences*

Governor’s Council on Domestic Violence .....	179
Immigrant and Refugee Community Organization, Domestic Violence Education Program for Immigrant and Refugee Women .....	181
Looking Glass, Safe Families - Support for Children Witnessing Domestic Violence .....	195
Options Counseling Services of Oregon, Kids First Safe Alternatives Center .....	206
Multnomah County District Attorney’s Office, Elder Abuse Prevention Program .....	223
Project DOVE, KidSafe .....	234
Hillsboro Police Department, Domestic Violence Intervention Services .....	246
Catholic Charities, VAWA Immigration Project .....	256
Women’s Safety and Resource Center, Enhance Shelter Services .....	269
Multnomah County Department of Community Justice, Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids .....	280
Multnomah County Department of County Human Services, Centralized Domestic Violence Information, Referral, and Crisis Counseling Line .....	295

**Purpose Area 15b:** *Electronic Data Collection and Management Systems Aimed at Improving the Availability of Statewide Law Enforcement and Criminal Justice Information*

Law Enforcement Data System (LEDS) .....	312
--	-----

**Purpose Area 25:** *Developing or Improving the Capability to Analyze DNA for Identification Purposes*

Forensic Services Division .....	316
----------------------------------	-----

---

---

## **List of Tables**

Table #1: Multijurisdictional Narcotics Task Forces Performance Measures .....	17
Table #2: Number, Gender, Age Range, and Race/Ethnicity of Program Participants- Juvenile Violence Prevention Programs .....	32
Table #3: Juvenile Violence Prevention Performance Measures .....	33
Table #4: Number, Gender, Age Range, and Race/Ethnicity of Program Participants- Offender Alcohol and Drug Treatment Programs .....	152
Table #5: Offender Alcohol and Drug Treatment Performance Measures .....	153
Table #6: Number, Gender, Age Range, and Race/Ethnicity of Program Participants- Domestic and Family Violence Prevention Programs .....	177
Table #7: Domestic and Family Violence Prevention Performance Measures .....	178





# Introduction

---

The 1988 Anti-Drug Abuse Act, Title VI (State and Local Narcotics Control and Justice Assistance Improvements) authorizes formula grants to states to implement innovative programs to reduce drug use and violent crime and improve the effectiveness of the criminal justice system. The Criminal Justice Services Division (CJSD) of the Oregon Office of Homeland Security serves as the state administrative agency for this and other federal grant programs on behalf of the State of Oregon.

In Oregon, Byrne grant funds are awarded on a competitive basis in response to a Request for Proposals (RFP) process. Applications are reviewed by CJSD staff, Advisory Board members, and contract evaluators from Program Design and Evaluation Services. Once selected for funding, grantees are eligible to receive a grant for a maximum period of 48 months.

The *2004 Annual Report* covers Byrne grant program performance and expenditures between July 1, 2004 and June 30, 2005. However, the majority of the grant award periods for funded programs are different than that of the *Annual Report*. Therefore, outcomes may be based on data collected over two grant years to cover the Annual Report period.

The *2004 Annual Report* includes program performance in seven priority areas identified for the Byrne grant program by CJSD and the Oregon Governor's office:

## **1. Law Enforcement Aimed at Disrupting the Manufacture, Distribution, and Use of Illicit Drugs: Multijurisdictional Narcotics Task Forces**

Seven regional multijurisdictional narcotics task forces were awarded a total of \$1,086,000 to disrupt the manufacture and distribution of illegal drugs and the diversion of precursor chemicals used to manufacture these products. These programs are funded from July 1, 2004 to June 30, 2005.

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

Eight programs in six counties were awarded a total of \$1,711,482 for efforts aimed at reducing juvenile crime and delinquency. Seven programs are in their fourth and final year of funding—these programs are funded from October 1, 2004 to September 30, 2005. One program is in its third year of funding and is funded from July 1, 2004 to June 30, 2005.

## **3. Alcohol and Drug Treatment Aimed at Reducing Recidivism Among Adult Offenders Transitioning from Correctional to Community Living**

Two programs in three counties were awarded a total of \$589,875 to provide treatment and transitional services for drug dependent offenders. These programs are in their final year and are funded from October 1, 2004 to July 31, 2005.

## **4. Criminal Justice and Community Services Aimed at Preventing and Treating Domestic and Family Violence and Its Consequences**

Ten programs in six counties and one statewide program were awarded a total of \$1,182,388 for efforts aimed at improving the criminal justice and community response to

---

domestic and family violence. Seven programs are in their fourth and final year of funding-these programs are funded from October 1, 2004 to September 30, 2005. Three programs are in their third year of funding-these programs are funded from July 1, 2004 to June 30, 2005.

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

Three statewide programs were awarded a total of \$354,707 for efforts aimed at maintaining 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.

**6. Developing or Improving the Capability to Analyze DNA for Identification Purposes**

One statewide program was awarded \$399,660 to improve the efficiency of DNA sample collection, screening, and analysis.

**7. Evaluation Aimed at Improving the Effective Use of Federal Grant Funds**

Three grants totaling \$783,852 are awarded to conduct comprehensive evaluations of funded juvenile violence prevention, domestic and family violence prevention, and offender alcohol and drug treatment programs.

# Governor's Drug and Violent Crime Advisory Board

---

**F**ormed by Executive Order 00-03, the Governor's Drug and Violent Crime Advisory Board is governed by a 13-member Board of state and local representatives or designees from the criminal justice and social service systems. The Advisory Board is led by a Chairman, who is appointed by the Governor from among the Board's members. Members serve a four-year term and may serve unlimited additional terms as determined by the Governor. Advisory Board members are responsible for assisting in the review and selection of grant applications, making funding recommendations to the Governor, and reviewing the progress of funded programs. Board meetings are held quarterly or as needed.

**Phyllis Barkhurst, Executive Director**  
Attorney General's Sexual Assault Task Force

**Jimmy Brown, Director**  
Office of Neighborhood Involvement (ONI)  
Chair of the Advisory Board

**Janet Bubl, Education Program Specialist**  
Oregon Department of Education

**Daniel Coulombe, Chief**  
Hermiston Police Department

**David Daniel, Sheriff**  
Josephine County

**Joyce DeMonnin, Program Coordinator**  
American Association of Retired Persons

**Nancy Glass, Public Health Researcher & Nurse**  
Oregon Health Sciences University Center for Health Disparities Research

**Scott Heiser, District Attorney**  
Benton County

**Lana Holman, Juvenile Justice Specialist**  
Oregon Commission on Children and Families

**Capt. Ruth Jenkin, Facility Commander**  
Deschutes County Adult Jail

**Eric Martin, Executive Director**  
Addiction Counselor Certification Board of Oregon

**Edward Mouery, Captain**  
Department of State Police

**Karen Wheeler, Alcohol & Drug Policy Manager**  
Office of Mental Health & Addiction Services

# Executive Summary

---

**B**etween July 1, 2004 and June 30, 2005, the Criminal Justice Services Division (CJSD) awarded over \$6 million of Byrne grant funds to state agencies, local governments, and non-profit organizations for 38 programs designed to reduce drug use and violent crime. Of these 38 programs, 20 were community-based programs to either prevent juvenile violence, domestic or family violence, or to intervene with offenders with substance abuse problems and were selected for comprehensive evaluation efforts. CJSD worked with the 20 programs to provide them with grant management assistance, as well as evaluation technical assistance and oversight through a subcontract with Program Design and Evaluation Services (PDES) within the Oregon Department of Human Services.

## **Law Enforcement Aimed at Disrupting the Manufacture, Distribution, and Use of Illicit Drugs**

Multijurisdictional narcotics task forces are organized by geographic region. Members of regional task forces include local police departments, state police, and federal agencies such as the Bureau of Alcohol, Tobacco, and Firearms; the Federal Bureau of Investigation; the Drug Enforcement Agency; the U.S. Postal Service; and the Coast Guard. In the Portland Metropolitan Area, the Regional Organized Crime and Narcotics Task Force (ROCN) undertakes complex cases involving significant drug traffickers and organizations that facilitate drug trafficking by laundering proceeds. Outside the Portland area, the investigation and prosecution of most drug offenses are handled by six umbrella task forces: Central Oregon Regional Task Force (CORTF); Eastern Oregon Regional Drug Task Force (EORDTF); North Coast Regional Drug Task Force (NCRDTF); Mid-Willamette Valley Task Force (MWVTF); South Coast Interagency Narcotics Team (SCINT); and Southern Oregon Regional Task Force (SORT).

The disruption of methamphetamine manufacturing and distribution continues to be a high priority in the state. Overall, task forces reported the seizure of 142 methamphetamine labs and 3,142 drug-related arrests. In addition, task force members made 306 presentations on methamphetamine awareness and prevention to over 10,000 people.

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

Eight juvenile violence prevention programs were funded during FY 2004. Four of the programs implemented Functional Family Therapy – an evidence-based intervention for youth at risk of or already demonstrating delinquency, violence, or maladaptive acting out behaviors. The four Functional Family Therapy programs include Adapt’s Family-Focused Approach to Juvenile Violence Prevention, Parrott Creek Child and Family Services’ Functional Family Therapy program, Homestead Youth and Family Services’ Marigold Girls Program, and Jackson County Health & Human Services’ Youth Turnaround Project. Two programs implemented Multisystemic Therapy – an evidence-based intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders and their families. The two Multisystemic Therapy programs include the Multnomah County Department of Community Justice’s MST Treatment Foster Care program and Youth Contact’s HomeWorks program. In addition, two innovative programs were funded: the Oregon Council for Hispanic Advancement’s ¡Poder! program and the Juvenile Rights Project’s SchoolWorks program.

---

The eight juvenile violence prevention programs receiving Byrne grant funds were selected because of their potential to expand the knowledge of effective juvenile crime prevention practices. These eight programs provided interventions to a large number of youth at risk of, or involved in, juvenile crime. While doing so, they provided us with important insights into the replication and generalizability of model programs, the efficacy of extending these interventions to populations not previously served, and the importance of innovations to existing program practice.

Between July 2004 and June 2005, the eight juvenile violence prevention programs continued to implement intervention activities and conducted activities needed to evaluate program process and outcomes. Seven of the eight programs completed their fourth and final year of funding and one program completed its third year of funding. Most of the programs either met or exceeded their annual program objectives. However, some of the programs did not serve the number of clients they had planned to serve. These programs typically experienced implementation difficulties, unexpected staff turnover, and budget reductions. During the reporting period, the eight juvenile crime prevention programs served 608 youth. A total of 36 percent of the 608 youth served were members of a racial or ethnic minority group and 41 percent were female.

Outcomes reported by these model/promising and innovative programs from the inception of the program through June 30, 2005 include improved family functioning, improved school engagement, decreased substance abuse, and reductions in non-violence and violence-related arrests following intervention completion. For example:

- The Adapt Family-Focused Approach to Juvenile Violence Prevention program in Douglas County tested the efficacy of the Functional Family Therapy model with youth who were diagnosed with both chemical dependency and mental illness. All families who completed the program improved their family functioning, 41 percent were not referred to the juvenile justice system, and 74 percent avoided an out-of-home placement during the 12 months post-program.
- The Homestead Youth and Family Services Marigold Girls Program in Umatilla County tested the efficacy of the Functional Family Therapy model with girls, a population not typically served by this model program. Ninety-four percent of families who completed the program improved their family functioning, 68 percent were not referred to the juvenile justice system, and 100 percent avoided an out-of-home placement during the 12 months post-program.
- The Jackson County Health & Human Services Youth Turnaround Project tested the efficacy of the Functional Family Therapy model in a family drug court setting. Ninety-six percent of families who completed the program improved their family functioning, 58 percent improved their school attendance or grades, 61 percent were not referred to the juvenile justice system, and 83 percent avoided an out-of-home placement during the 12 months following the end of program participation.

- The Multnomah County Multisystemic Therapy Treatment Foster Care program evaluated the benefit of providing respite foster care within the MST framework, a potentially important innovation to a well-known model program. Ninety percent of families who completed the program improved their family functioning, 55 percent of youth reduced their alcohol and drug usage, 52 percent did not have a referral to the juvenile justice system, and 90 percent avoided an out-of-home placement during the 12 months post-program following the end of program participation.

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

Two offender alcohol and drug treatment programs: the New Life Program and the Recovery Mentor Program, were funded for a fourth and final year to identify and meet the transition and post-incarceration treatment needs of adult drug- or alcohol-involved offenders. Both of these programs included reach-in by community supervision and/or treatment staff, beginning services prior to release from the institution, assessment of community treatment needs in the context of institutional treatment accomplishments, close coordination of community supervision and treatment, access to ancillary community services (e.g., housing, employment, education) as needed, and program evaluation. Both programs utilized peers as key staff in delivering the intervention.

During the fourth and final year of funding, both programs continued to meet or exceed most of their objectives. Although the programs continued to deal with the challenges inherent in employing peers as mentors, the New Life Program served 134 clients and the Recovery Mentor Program served 227 clients during the year. The demographic profile of clients in both programs was similar - most of the clients were male, White, and between the ages of 18 and 44 years.

Outcomes reported by these two programs through June 30, 2005 include program completion, recidivism, substance use, and employment. For example:

- Fifty-three percent of clients completed both the New Life Program and the Recovery Mentor Program.
- The felony conviction recidivism rate for completers of the New Life Program was 17 percent and 14 percent for the Recovery Mentor Program. The recidivism rates for both completers and non-completers of the programs were 23 percent for the New Life Program and 24 percent for the Recovery Mentor Program.
- Most offenders were abstinent from alcohol and drugs at program discharge (70 percent for the New Life Program and 76 percent for the Washington County site of the Recovery Mentor Program).
- Both the New Life Program and the Recovery Mentor Program devoted a great deal of effort toward helping offenders who were unemployed to gain employment. Eighty-eight percent were employed full-time at discharge from the New Life

---

Program and 81 percent of offenders were employed or employable at the time of discharge from the Recovery Mentor Program

### **Criminal Justice and Community Services Aimed at Preventing and Treating Domestic and Family Violence and Its Consequences**

Ten domestic or family violence prevention programs were funded in FY 2004 to reach domestic violence victims, offenders, children who witnessed domestic violence, and traditionally underserved populations including racial or ethnic minorities, rural residents, immigrants, and elders. Seven of the programs completed their fourth and final year of funding and three will continue to receive funding for one last year.

Three agencies provided domestic violence services to victims of domestic violence where previously there were none or where those that were available were inadequate. The Women's Safety and Resource Center continued the Enhance Shelter Services program, providing case management and enhanced shelter services for women in Coos County. The Multnomah County District Attorney's Office implemented the Elder Abuse Prevention Program, designed to conduct outreach and provide education to community service providers as well as conduct focused, aggressive prosecution of offenders. Lastly, the Hillsboro Police Department continued the Domestic Violence Intervention Services for Latina domestic violence victims. This program provided follow-up of domestic violence police reports, case management, outreach, and presentations on legal rights and available services.

Two programs were funded to provide domestic or family violence education, advocacy, and legal services for a specific vulnerable subpopulation: immigrant and refugee women who have experienced domestic violence. The Immigrant and Refugee Community Organization (IRCO) continued the Domestic Violence Education Program for Immigrant and Refugee Women in Multnomah County and Catholic Charities' Immigration Services continued to work on the VAWA Immigration Project to help immigrant victims of domestic violence statewide.

Mirroring research nationwide that supports the importance of providing services to children who have witnessed domestic violence, Byrne grant funds supported two innovative programs for children. Looking Glass continued the Safe Families - Support for Children Witnessing Domestic Violence program and the Multnomah County Department of Community Justice continued the H.E.R.O. for Kids program.

Two programs (one urban and one rural) were funded to provide supervised visitation and exchange opportunities for non-custodial parents to maintain contact with their children in a safe and neutral setting. Options Counseling Services of Oregon (formerly Lane County Legal Aid Service) continued the Kids First Safe Alternatives Center in Lane County and Project DOVE maintained the KidSafe program in Malheur County.

Lastly, the Domestic Violence Coordinator's Office of the Multnomah County Department of County Human Services continued to develop and assess the Centralized Domestic Violence Information, Referral, and Crisis Counseling Line program.

---

The domestic or family violence prevention programs faced many successes and challenges. Factors such as the small-scale and innovative nature of the programs, severe budget cuts, and changes in program staff posed challenges for some programs in conducting implementation and evaluation activities as initially planned. However, they were able to overcome those challenges by taking a flexible approach, collaborating with their community partners, and working closely with CJSD and PDES. As a result, most of the programs either met or exceeded their annual program objectives. Below are some of the annual program highlights, as well as cumulative outcome results.

- From July 1, 2004 through June 30, 2005, the 10 domestic or family violence prevention programs provided services to more than 1,347 adult and child victims/survivors of domestic violence through face-to-face contact and to 13,228 victims/survivors through the centralized crisis line.
- Kids First Safe Alternatives Center in Lane County continued to operate at full capacity with many clients on the waiting list for program services. The program provided more than 1,161 safe supervised visits and exchanges this year for 130 parents of 74 children without any incidents of physical assault. In addition, program evaluation data indicate that after engagement in the program, custodial parents reported improvement in their own safety and well-being as well as the safety, well-being, and emotional/behavioral health of their children.
- The KidSafe program operated by Project DOVE is a supervised visitation and exchange program in rural Malheur County, similar to the Kids First Safe Alternatives Center in Lane County. Operated on a much smaller scale, the program continued to experience a high staff turnover this year. Despite this, the program was able to provide 45 families with 482 supervised visits and exchanges, more than the projected annual objectives. The vast majority of these clients were rural, Hispanic, and/or low-income families. Evaluation data indicate that both custodial and visiting parents were satisfied with program services and community stakeholders supported the need for KidSafe services and the efficacy of such services in increasing the safety and overall well-being of families affected by domestic violence.
- The VAWA Immigration Project continued to reach and educate immigrant victims of domestic violence in Oregon, primarily Hispanics, and provide them with legal consultation and representation to gain immigration status. Since the beginning of the program, the project submitted VAWA applications for legal immigration status for 494 families (including 95 this year) to the U.S. Citizenship and Immigration Services (USCIS). To date, the USCIS made approval decisions for 470 applications. Of those, 99 percent (464) were approved and only one percent (six) were denied. In comparison, the national approval rate of VAWA applications was 77 percent in 2004. In addition, the program continued to leverage resources this year by educating 424 immigrants and community-based service providers and training 17 attorneys, interpreters, and a paralegal to understand this issue and provide free services.



- The Enhance Shelter Services program continued to assist victims/survivors of domestic violence in making informed decisions regarding their safety and well-being. Staff turnover during year four was high; however, based on survey results, shelter residents continued to report increased knowledge about domestic violence and community resources, being able to rely on their safety plans, and benefit from the group enhancement activities (e.g., yoga).
- The H.E.R.O. for Kids program implemented by the Multnomah County Department of Community Justice (DCJ) fell slightly short of meeting the annual objectives this year in terms of the number of clients served, due to the low number of client referrals to the program from the DCJ's referral sources. To resolve this issue, the program continued to expand the referral sources to include self-referrals, local domestic violence service agencies, the county Department of Human Services, and internal programs at LifeWorks Northwest. Program evaluation results indicate that from the time of children's program intake to completion, there were improvements in children's emotional and behavioral health, parents' communication with and empathy for children, and children's safety planning. These improvements were also sustained three months after program completion.

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

Byrne grant guidelines require that five percent of the state's annual award be set-aside to improve criminal justice records. These funds may be spent on programs that promote: (1) completion of criminal histories to include the final disposition of all arrests for felony offenses, (2) full automation of all criminal justice histories and fingerprint records, (3) frequent submission and improved quality of criminal history reports to the FBI, (4) improvement of state record systems and the sharing of all records described above with the Attorney General, and (5) improvement of state records systems, the sharing of all the records described above, and the child abuse crime records required under the National Child Protection Act of 1993. During 2004-2005 three programs were awarded funding to enhance criminal justice information sharing capabilities and improve the collection and automation of criminal justice records.

### **Evaluation Aimed at Improving the Effective Use of Federal Grant Funds**

In 1996, the Criminal Justice Services Division (CJSD) created a partnership with evaluators in Program Design and Evaluation Services (PDES) of Health Services within the Oregon Department of Human Services. The immediate objective of this partnership was to incorporate evaluation criteria into the selection and monitoring of Byrne grant funded programs aimed at reducing juvenile violence. The long-term objective of this partnership was to promote funding and replication of programs known to be effective at reducing juvenile violence.

---

Since 1996, CJSD and PDES have worked with many innovative and model juvenile violence prevention programs across the state. In 2001, a related initiative for funding and monitoring Byrne grant funded domestic and family violence prevention programs was added. In 2003, PDES began assisting CJSD with the evaluation of offender alcohol and drug treatment programs.

PDES is also currently assisting CJSD in evaluating the 16 domestic violence and sexual assault law enforcement and prosecution advocacy programs funded by the STOP Violence Against Women Formula Grant (VAWA). Multiple data collection methods are proposed for the evaluation study, key among them brief phone interviews with individuals who were victims of domestic violence or sexual assault and received three or more contacts from a law enforcement or prosecution advocate. PDES is currently completing Phase I of the evaluation which is a pilot project to assess the feasibility of contacting victims of domestic violence and sexual assault (who have received law enforcement or prosecution advocacy services) to conduct a brief phone survey. The pilot will be completed in December 2005 and will inform the overall evaluation (to be completed in June 2005).

The collaboration between CJSD and PDES continues to support Oregon's ability to promote funding and replication of prevention programs known to be effective at reducing domestic and family violence and juvenile violence as well as alcohol and drug treatment programs that promise to be effective for offenders and ex-offenders.

During the period of July 1, 2004 to June 30, 2005, CJSD continued to contract with Dr. Barbara Glick, Research and Evaluation Consultant, to support the strategic planning, administration, monitoring / evaluation, and reporting related to five federal grant programs. The following is a brief summary of work completed by Dr. Glick during this grant period.

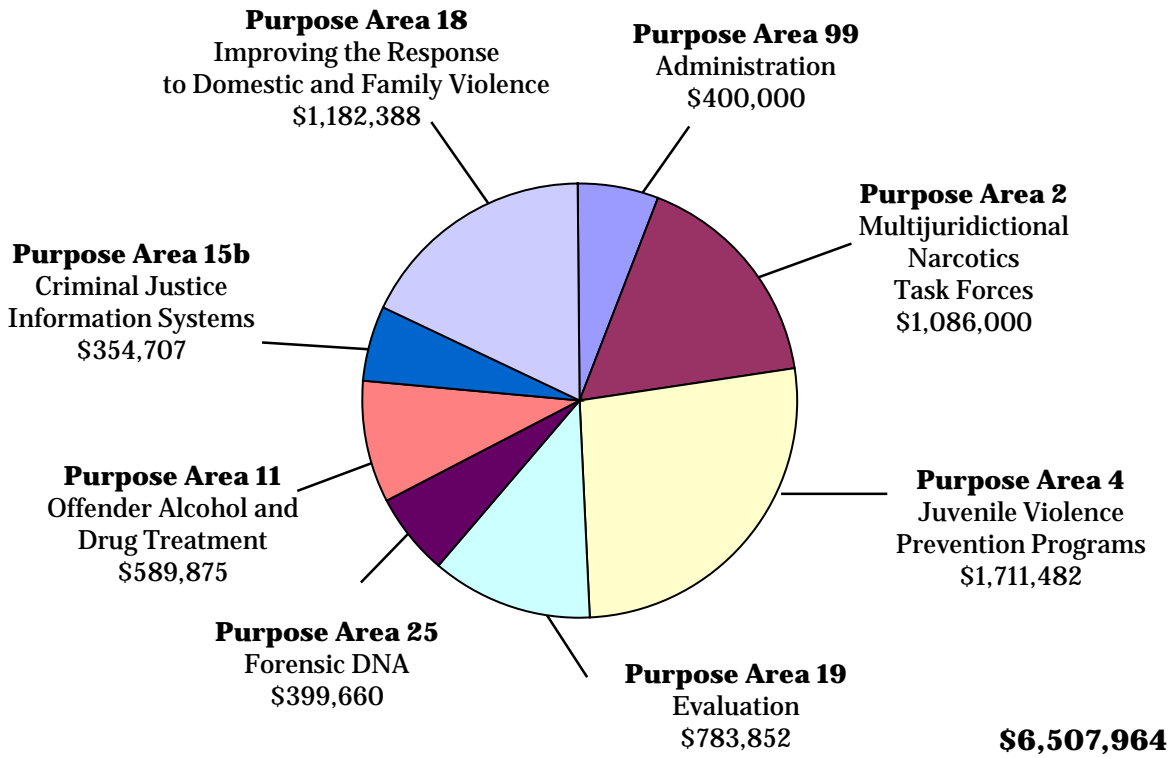
Continued guidance was provided to CJSD on a variety of issues related to the Byrne Formula Grant Program and the STOP VAWA Grants Program. Reviews were made of written materials concerning the strategic planning, administration, monitoring / evaluation, and reporting for these grants. Work continued on the three-state administering agency collaboration on the Cultural Competency Plan for Programs Serving Victims of Domestic Violence and Sexual Assault in Oregon. Information and instructions were provided to CJSD, the Crime Victims Assistance Section of the Department of Justice, and the Children, Adults, and Families Office of the Department of Human Services. Assistance was provided in such areas as how to best approach test implementations of a complex plan of this type for service programs that differ in size and content, what knowledge and skills to seek in hiring a trainer for the operational standards component of the plan, how to formally solicit the participation of a representative group of subgrantees for a pilot test, and how to evaluate a pilot test. New written materials were developed to support the pilot test of the operational standards. For example, a Cultural Competency Plan Overview and a Self-Assessment and Planning Tool for the Pilot Test of the Operational Standards of the Cultural Competency Plan were developed for inclusion in a working notebook that was distributed to participating subgrantees.

---

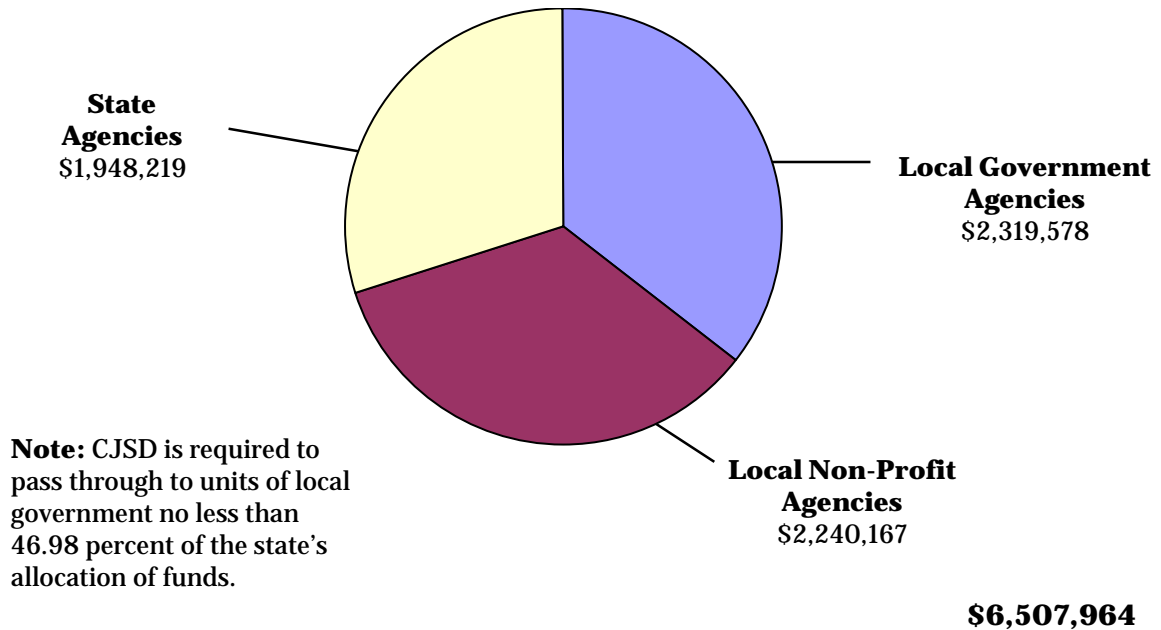
Toward the end of FY 2004-2005, the first steps were taken toward developing a strategy for the use of \$3,000,000 in funds that CJSD had reserved from previous year allocations of the Byrne Formula Grant Program. CJSD had earlier determined that these funds would be directed toward addressing the problem of methamphetamine and would be distributed through a competitive process during FY 2006-2008. Developing the methamphetamine strategy for CJSD was then organized around four sources of information. These included: 1) Telephone interviews of key informants throughout Oregon, 2) the recommendations of the 2005 Oregon Governor's Methamphetamine Task Force (MTF), 3) an extensive list of published materials, and 4) state and local data.

The telephone interviews were completed just prior to the end of FY 2004-2005. Interviewees included representatives of drug courts, dependency courts, family dependency treatment courts, social services, alcohol and drug services, law enforcement, prosecution, drug endangered children programs, juvenile justice, domestic violence, sexual assault, education, community involvement, and elder programs. All 30 individuals asked to complete an interview did so. The questions asked of interviewees centered on what they believed were the most significant problems associated with methamphetamine in Oregon, which target populations had the greatest need for services, which types of services were most needed, whether the MTF recommendations addressed the issues most important to the interviewee, what additional issues remained to be addressed, what were the most urgent funding needs, and which of these funding needs were most appropriately supported by the Byrne Formula Grant Program. The analyses of the data from these interviews, remaining steps in the process of gathering information for developing the methamphetamine strategy for CJSD, and the resulting strategy were completed after the close of FY 2004-2005. These will be described in the FY 2005-2006 Annual Report.

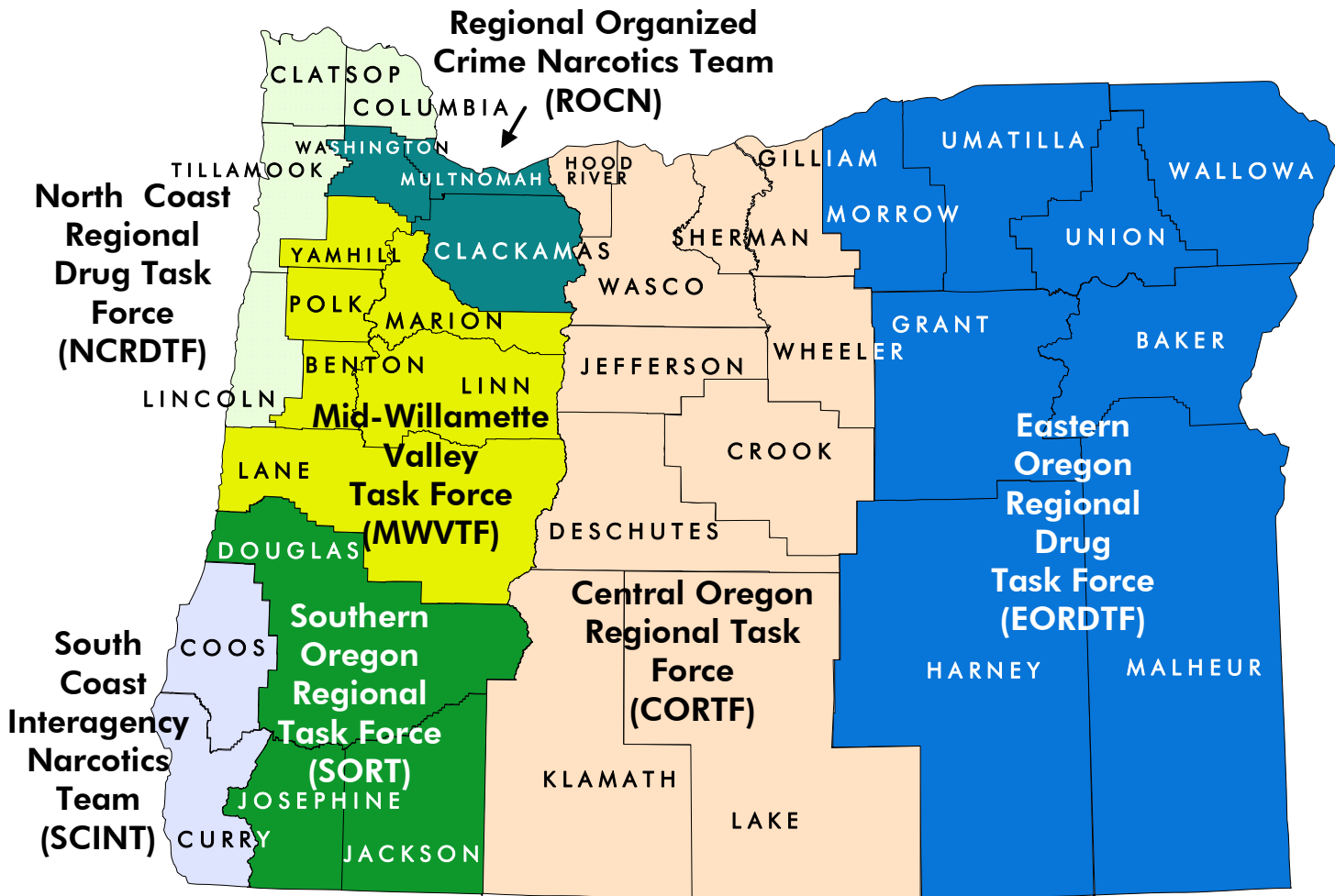
### Distribution of Awards by Purpose Area



### Distribution of Awards by Agency



# Multijurisdictional Narcotics Task Forces

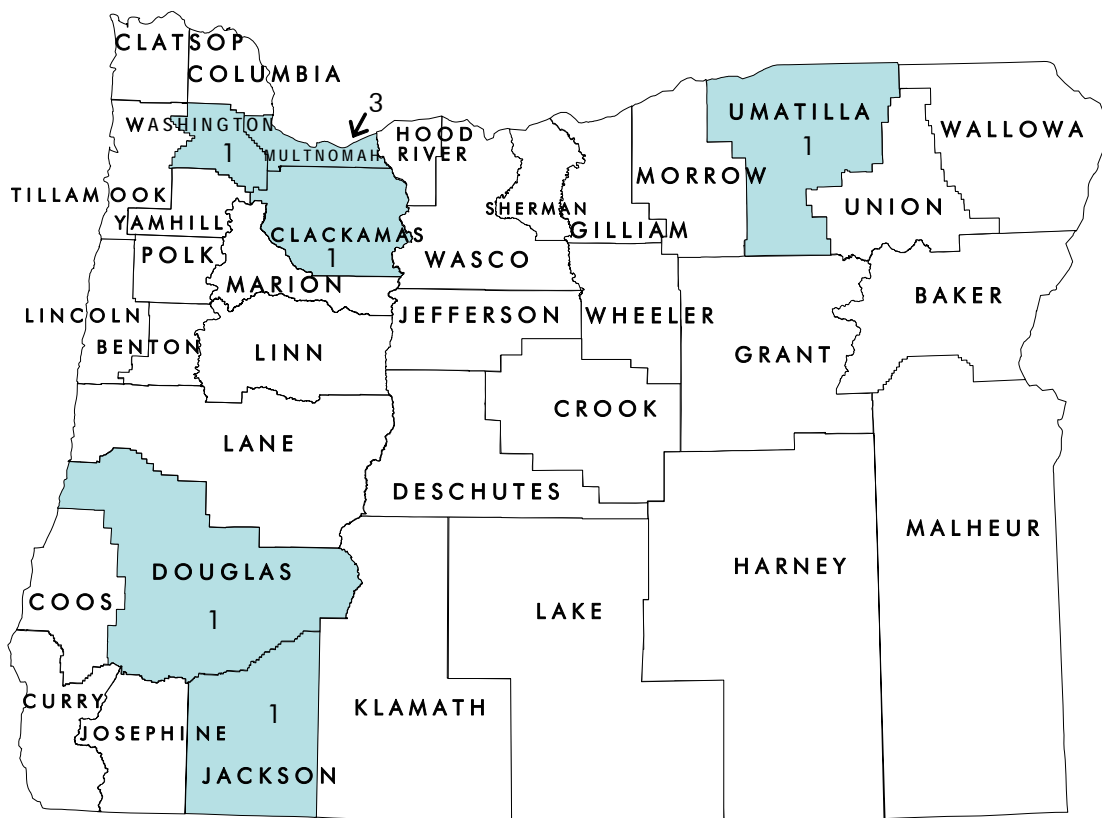


**M**ultijurisdictional Narcotics Task Forces fall under the umbrella of seven drug task force regions: North Coast Regional Drug Task Force (NCRDTF); Regional Organized Crime Narcotics Team (ROCN); Mid-Willamette Valley Task Force (MWVTF); South Coast Interagency Narcotics Team (SCINT); Southern Oregon Regional Task Force (SORT); Central Oregon Regional Task Force (CORTF); and Eastern Oregon Regional Drug Task Force (EORDTF). These Task Forces receive funding in part with Byrne grants and are comprised of municipal, county, and state officers. Several Task Forces have a prosecutor assigned to them.

## Geographic Distribution of FY 2004 Byrne Grant Funds

The following maps identify the location of Byrne funded juvenile violence prevention, offender alcohol and drug treatment, and domestic and family violence prevention programs in the state. It is important to note that several programs serve more than one county, therefore these maps only identify the actual number and geographic distribution of programs funded between July 1, 2004 and June 30, 2005, not how many counties benefit from Byrne grant funds.

### Juvenile Violence Prevention Programs



# Offender Alcohol and Drug Treatment Programs



\*The Recovery Mentor Program serves clients in Washington and Clatsop Counties, however the agency is located in Multnomah County.

# Domestic and Family Violence Prevention Programs



# Program Summaries: Multijurisdictional Narcotics Task Forces

---



**Table #1. Multijurisdictional Narcotics Task Forces Performance Measures**

Performance Measures	Multijurisdictional Narcotics Task Forces						
	NCRDTF	SCINT	CORTF	SORT	MWVTF	ROCN	EORDTF
Number of Drug Offenders Arrested	210	165	-	2,435	-	62	271
Number of Marijuana Plants Seized	2,409	88	4,623 plants and 68 grows	-	-	-	-
Number of Methamphetamine Labs Seized	10	-	7	41	-	-	84
Amount of Methamphetamine Seized	-	4,767.10 grams	28.5 lbs.	-	-	-	-
Number of Offenders Prosecuted	-	-	-	-	17	62	-
Number of Cases Opened/Referred	-	-	-	-	1,737	55	-
Number of children referred to DHS for Child Neglect/Endangerment	16	11	-	145	-	-	-
Number of arrests for drug activity within 1,000 feet of a school	27	-	-	106	-	-	-
Number of drug education presentations and approximate number of attendees	123 5,000	25 930	47 1,500	54 2,300	-	-	57 650

# North Coast Regional Drug Task Force (NCRDTF)

## Tillamook County Sheriff's Office

---

### Program Purpose

The North Coast Regional Drug Task Force provides drug activity investigative and technical expertise beyond that of individual law enforcement in the four northwest counties of Columbia, Clatsop, Tillamook, and Lincoln. The Task Force believes the approach of a centralized intelligence network, readily sharing information and resources, is the most efficient way to stem the growth, manufacture, and distribution of drugs.

Task Force team members conduct undercover work; investigations; coordinate drug raids, marijuana eradication efforts, methamphetamine lab disposals; and provide court testimony. With many of the communities in the North Coast region being relatively small (police forces of fewer than 10 officers) the NCRDTF coordinates efforts to locate and remove marijuana grows on public and private forest lands; ensures the safety of children by referring cases related to neglect and endangerment to the appropriate agencies; seizes and destroys methamphetamine labs; arrests individuals operating these labs; and provides training and information to local organizations and schools.

The overall goals of the program are to:

- Disrupt the use of public and private forest land for the cultivation of marijuana.
- Ensure the safety of children affected by illegal drug activity.
- Seize and destroy methamphetamine labs.
- Decrease individual drug activity.
- Provide training regarding controlled substances.

The objectives for the NCRDTF are to:

- Document 20 cases of child neglect and/or endangerment and refer them to the appropriate agencies, and make 25 arrests for selling drugs within 1,000 feet of a school.
- Conduct 100 searches and file 400 narcotics charges.
- Locate and destroy 2,500 marijuana plants.
- Seize and destroy 15 methamphetamine labs and make 50 arrests for the manufacture of narcotics.
- Conduct 60 educational presentations to 1,400 citizens and students/youth.

## **North Coast Regional Drug Task Force (NCRDTF)**

### **Tillamook County Sheriff's Office**

---

#### **Program Performance Measures and Outcomes**

The performance measures for this program are:

- Number of offenders arrested.
- Number of drug seizures.

Outcomes for NCRDTF include:

- 16 referrals were made to the Department of Human Services. A total of 23 arrests were made for endangering the welfare of a minor or neglect, and 27 arrests were made for selling dangerous drugs within 1,000 feet of a school.
- A total of 245 searches were conducted during the grant period and 334 charges were filed with 60 drug-related convictions.
- A total of 2,409 marijuana plants were located and destroyed during the grant period.
- A total of 10 methamphetamine labs/dumpsites were located and destroyed and 210 arrests were made for manufacturing methamphetamine.
- NCRDTF conducted 123 educational presentations to community organizations and schools with over 5,000 community members and students attending.

#### **Program Resources**

##### *Byrne Funding*

North Coast Regional Drug Task Force receives Byrne grant funding of \$110,000 and provides matching funds of \$36,667. During the period July 1, 2004 through June 30, 2005, the program expended \$110,000 in federal funds, and \$242,385 in match funds.

For further information about this program, please contact Sheriff Todd Anderson at (503) 842-2561.

## South Coast Interagency Narcotics Team (SCINT) Coos County

---

### Program Purpose

South Coast Interagency Narcotics Team (SCINT) fulfills law enforcement needs to member agencies in surrounding Coos, Curry, and western Douglas Counties by providing investigators that respond to drug-related cases information sharing between other jurisdictions, as well as training to landlords, law enforcement personnel, and citizens. SCINT also partners with local schools, state agencies, and youth-oriented organizations to ensure the safety of children by conducting prevention curriculum to students and youth groups, participating in a court-ordered DUII/Drug Diversion class for youth, and referring children to appropriate services who are located where drug activity takes place.

The goals of SCINT are to:

- Disrupt the use and flow of illegal narcotics.
- Assist in the removal of and appropriate placement of children located in homes with drug activity.
- Provide investigative assistance to other law enforcement agencies.
- Provide drug prevention education to community groups.

The objectives for SCINT are to:

- Increase the number of drug-related arrests compared to the previous year.
- Increase the number of drugs seized compared to the previous year.
- Refer all children found in homes of drug activity to the appropriate state agency.
- Implement an Intelligence Intake Database and Mapping System used for monitoring drug activity and share the information with other law enforcement agencies.
- Conduct information-sharing meetings twice a month.
- Provide 25 educational talks on drug awareness to schools, businesses, civic groups, and other law enforcement staff.

### Program Performance Measures and Outcomes

The performance measures for this program are:

- Number of offenders arrested.
- Number of drug seizures.

Outcomes for SCINT include:

- A total of 165 arrests were made for drug-related charges compared to 157 arrests the previous grant period (an increase of five percent).

## **South Coast Interagency Narcotics Team (SCINT)**

### Coos County

---

- A total of 4,767.10 grams of crystal methamphetamine were seized and 88 marijuana plants were seized.
- SCINT made 11 referrals for children found living in homes with drug activity.
- The database was installed in September 2004 and the mapping system in June 2005. Both systems link departments and allow SCINT to disseminate information to its officers in the field in a more timely manner.
- SCINT continues to hold bimonthly investigator meetings to share information and collaborate on investigations and cases.
- SCINT officers and staff made 25 educational presentations to 930 attendees.

### **Program Resources**

#### *Byrne Funding*

South Coast Interagency Narcotics Team receives Byrne grant funding of \$175,000 and provides matching funds of \$58,333. During the period July 1, 2004 through June 30, 2005, the program expended \$166,579 in federal funds, and \$58,333 in match funds.

For further information about this program, please contact Sergeant Craig Zanni at (541) 396-3121.

# Central Oregon Regional Task Force (CORTF)

## Deschutes County Sheriff's Office

---

### Program Purpose

The Central Oregon Regional Task Force coordinates narcotics enforcement efforts among members of the Klamath Falls Narcotic Task Force, Central Oregon Drug Enforcement Team, and the Mid-Columbia Interagency Narcotic Enforcement Team. These three teams cover a geographical region east of the Cascades from the Columbia River south to the California border. The Central Oregon region continues to face several factors contributing to the increase in drug activity. The area remains the fastest growing region in the state with a 13 percent increase in population between 2000 and 2003. In addition, Highway 97 crosses all three subtask force areas and remains a major thoroughfare for the transport of narcotics between Mexico and Canada and everywhere in between. Marijuana continues to be the most commonly abused narcotic in Central Oregon, although methamphetamine manufacturing and use is prevalent in the region.

CORTF members coordinate interagency investigations maximizing all available resources at the local, state, and federal level, and share intelligence information and statistical reports to ensure critical narcotics information is disseminated among all public safety agencies.

The goals for CORTF are to:

- Eradicate marijuana grow operations.
- Disrupt methamphetamine distribution.
- Provide drug abuse awareness education to the community.
- Fully utilize state and federal asset forfeiture laws to demonstrate the value of real property, negotiable securities, weapons, and assets used in the production of narcotics.

The objectives for CORTF are to:

- Increase the eradication of indoor and outdoor marijuana grow operations by five percent compared to the previous year.
- Increase the amount of methamphetamine seized and number of charges for manufacturing and distribution by five percent compared to the previous year.
- Present 10 or more drug-use prevention classes to community groups.

### Program Performance Measures and Outcomes

The performance measures for this program are:

- Number of drug seizures.
- Total value of funds and assets forfeited.

## Central Oregon Regional Task Force (CORTF) Deschutes County Sheriff's Office

---

Outcomes for CORTF include:

- A total of 68 marijuana grows and 4,623 plants were seized; an increase of 19 percent and a decrease of 23 percent respectively from the previous year.
- Seven methamphetamine labs were seized compared to 22 the previous year; 28.5 pounds of methamphetamine were seized compared to 23.6 pounds the previous year.
- There were 1,010 methamphetamine related charges for the grant period compared to 919 the previous year, a 10 percent increase.
- The Task Force conducted 47 public education presentations to approximately 1,500 people, a four percent increase from the previous year.
- A total of \$333,696 of cash seizures was made during the grant period, compared to \$208,850 the previous year.

### Program Resources

#### *Byrne Funding*

Central Oregon Regional Task Force receives Byrne grant funding of \$110,000 and provides matching funds of \$36,667. During the period July 1, 2004 through June 30, 2005, the program expended \$110,000 in federal funds, and \$112,662 in match funds.

For further information about this program, please contact Captain Tim Edwards at (541) 388-6656.

## **Southern Oregon Regional Task Force (SORT)** Josephine County Sheriff's Office

---

### **Program Purpose**

The Southern Oregon Regional Task Force (SORT) consists of three multi-agency task forces from Douglas, Jackson, and Josephine Counties. SORT focuses enforcement efforts on identifying and disrupting the manufacture and distribution of illicit drugs throughout the southern Oregon region. SORT concentrates on three approaches to drug activity: enforcement, education, and treatment.

A good portion of the geographical area that SORT covers is primarily rural and is popular for methamphetamine manufacturing. Although the number of methamphetamine labs continues to increase, the actual number of seizures has declined over the years due to reduced staffing levels among all law enforcement agencies within the area. SORT's efforts include concentrating on curtailing the manufacturing and distribution of methamphetamine.

SORT also recognizes the importance of drug education and actively conducts public talks for schools, community groups, business groups, and neighborhood watch organizations. These education talks not only provide reliable and accurate information to community members, but also can be used as a proactive tool to discourage drug use and activity.

The goals for SORT are to:

- Identify and disrupt the manufacture and distribution of illicit drugs.
- Provide safety for children found in homes with drug activity.
- Provide drug education information to community groups.

The objectives for SORT are to:

- Perform 750 searches and make 1,500 arrests.
- Seize 100 methamphetamine labs.
- Refer 150 cases of child neglect and endangerment to the appropriate agencies.
- Make 75 arrests for illegal drug activity within 1,000 feet of a school.
- Present 50 educational programs to 1,200 people.

### **Program Performance Measures and Outcomes**

The performance measures for this program are:

- Number of offenders arrested.
- Number of drug seizures.



## **Southern Oregon Regional Task Force (SORT)** Josephine County Sheriff's Office

---

Outcomes for SORT include:

- SORT conducted 1,186 searches and made 2,435 drug-related arrests.
- A total of 41 methamphetamine labs were seized during the grant period.
- A total of 145 children were referred to the Department of Human Services for neglect and endangering.
- A total of 106 arrests were made for drug activity within 1,000 feet of a school.
- SORT made 54 educational presentations to over 2,300 people.

### **Program Resources**

#### *Byrne Funding*

Southern Oregon Regional Task Force receives Byrne grant funding of \$300,000 and provides matching funds of \$100,000. During the period July 1, 2004 through June 30, 2005, the program expended \$300,000 in federal funds, and \$221,127 in match funds.

For further information about this program, please contact Detective Sergeant Kenneth Selig at (541) 474-5152.

## Mid-Willamette Valley Task Force (MWVTF) Marion County District Attorney's Office

---

### Program Purpose

Interstate-5, which runs through Oregon remains a major thoroughfare for methamphetamine, cocaine, and marijuana. The Mid-Willamette Valley Task Force (MWVTF) and law enforcement agencies in the Willamette Valley determined that a significant weakness in their drug enforcement strategies is due to insufficient punishment for narcotics manufacturing and distribution. To address this issue a special prosecutor, working under the direction of the United States Attorney for Oregon, assists interagency teams in preparing cases that qualify for successful federal prosecution. The more severe federal penalties and longer average prison sentences, has had an impact in reducing narcotics availability. The apprehension of individuals involved in drug operations are initially forwarded for prosecution at the federal level, however cases can be pursued at the state level for those that do not qualify for federal prosecution.

The goal of the MWVTF is to aggressively identify and successfully prosecute narcotics manufacturing and distribution to reduce drug trafficking.

The objectives for MWVTF are to:

- Pursue federal prosecution and incarceration of 25 manufacturers and distributors.
- Obtain 20 federal convictions. Length of mandatory federal prison terms will exceed 60 months.
- Select 200 cases for Task Force investigation and prosecution.

### Program Performance Measures and Outcomes

The performance measure for this program is:

- Number of offenders prosecuted.

The outcomes for MWVTF include:

- A total of four defendants were charged during the grant year. A total of 17 defendants were convicted; 15 of these were sentenced to federal prison with an average of 81.3 months.
- A total of 1,737 cases were referred to local prosecutors for Task Force investigation and prosecution.

### Program Resources

#### *Byrne Funding*

Mid-Willamette Valley Task Force receives Byrne grant funding of \$141,000 and provides matching funds of \$47,000. During the period July 1, 2004 through June 30, 2005, the program expended \$139,124 in federal funds, and \$47,085 in match funds.

For further information about this program, please contact Ms. Jean Clark-Caldwell at (503) 588-7983.

# Regional Organized Crime Narcotics Team (ROCN)

## Regional Organized Crime Narcotics Team

---

### Program Purpose

The Regional Organized Crime Narcotics Team (ROCN) co-houses local, state, and federal investigators under one Task Force to combat drug activity in the Portland area. ROCN works closely with several law enforcement agencies, including the Federal Bureau of Investigation and the U.S. Immigrations and Customs Enforcement, to identify, target, and remove major narcotics traffickers and organizations in the region.

The Portland area continues to be a major corridor for drug trafficking. Two major thoroughfares intersect in the area allowing for easy travel from Canada to Mexico and to Idaho and beyond. ROCN believes maximum prosecution is necessary to slow down the movement of narcotics. They maintain a Deputy District Attorney to prosecute cases at the federal level whenever applicable.

The goals of ROCN are to:

- Target narcotic dealers and distribution networks.
- Emphasize and promote interagency cooperation among all local, state, and federal agencies.
- Provide narcotic investigative training to ROCN officers to expand investigative skills and resources.

The objectives for ROCN are to:

- Open 15 cases that target mid- to upper-level dealers of methamphetamine, heroin, crack cocaine, ecstasy, and marijuana.
- Conduct four shared operation cases and assist all agencies when requested with a minimum of 20 assists per year.
- Open 10 cases that involve the structuring of assets by individuals, networks, and/or organizations participating in narcotics trafficking and pursue prosecution in federal court.
- Provide three opportunities each year to ROCN officers for training and/or new skills and techniques.

### Program Performance Measures and Outcomes

The performance measure for this program is:

- Number of investigations/cases opened.

The outcomes for ROCN include:

- ROCN opened 42 cases that involved narcotics distribution, a 10 percent increase over the previous year.

## **Regional Organized Crime Narcotics Team (ROCN)**

### Regional Organized Crime Narcotics Team

---

- Eight shared operation cases and 17 agency assists were conducted.
- Thirteen new cases were opened that involved the structuring of assets by individuals, networks and/or organizations participating in narcotics trafficking; ROCN agents arrested 36 individuals on Federal charges and 26 on state charges.
- During the grant period ROCN agents participated in six trainings, conferences, or classes.

### **Program Resources**

#### *Byrne Funding*

Regional Organized Crime Narcotics Team receives Byrne grant funding of \$140,000 and provides matching funds of \$46,667. During the period July 1, 2004 through June 30, 2005, the program expended \$140,000 in federal funds, and \$106,699 in match funds.

For further information about this program, please contact Captain Frank Romanaggi at (503) 234-8892.

# Eastern Oregon Regional Drug Task Force (EORDTF)

## City of Pendleton

---

### Program Purpose

The Eastern Oregon Regional Drug Task Force (EORDTF) assists law enforcement agencies in Eastern Oregon to combat drug activity through multijurisdictional cooperation and coordination. The Task Force brings together four two-county Task Forces, six of which border Washington, Idaho, or Nevada, to collaborate on drug cases and investigations.

Methamphetamine continues to be the primary drug of choice in Eastern Oregon. The combination of smaller mobile labs and the movement of drugs along the I-84 corridor has contributed to the increase of the drug. The Task Force also concentrates efforts on seizing indoor and outdoor marijuana grow operations, which can oftentimes go undetected for long periods of time because of the rural geographical area monitored by EORDTF.

The goals of EORDTF are to:

- Apprehend drug dealers and main suppliers in Eastern Oregon.
- Facilitate cooperation among law enforcement agencies in the identification and seizure of illegal drugs.
- Encourage and facilitate the sharing of manpower and equipment.
- Perform educational talks to community members on drug use.

The objectives for EORDTF are to:

- Increase the number of methamphetamine-related arrests by 10 percent over the previous year.
- Increase the number of methamphetamine lab seizures by five percent over the previous year.
- Increase the number of educational talks to schools and community groups by five percent over the previous year.

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Number of offenders arrested.
- Number of drug seizures.

The outcomes for EORDTF include:

- A total of 271 people were arrested for methamphetamine-related charges; this is a 16 percent increase from the previous year.
- A total of 84 lab/dump sites were seized during the grant period; a two percent decrease from the previous year.

## Eastern Oregon Regional Drug Task Force (EORDTF) City of Pendleton

---

- A total of 57 presentations about drug use and activity were conducted at area schools, businesses, and local organizations to approximately 650 people.

### **Program Resources**

#### *Byrne Funding*

Eastern Oregon Regional Drug Task Force receives Byrne grant funding of \$110,000 and provides matching funds of \$36,667. During the period July 1, 2004 through June 30, 2005, the program expended \$94,557 in federal funds, and \$68,217 in match funds.

For further information about this program, please contact Mr. Doug Evans at (541) 523-5848.

# **Program Summaries: Substance Abuse, Counseling, and Education Services Aimed at Reducing Juvenile Involvement in the Criminal Justice System**

---

**Table #2. Number, Gender, Age Range, and Race/Ethnicity of Program Participants**

Descriptive Characteristics of 2004 Juvenile Violence Prevention Program Participants	Juvenile Violence Prevention Programs							
	Adapt	Parrott Creek Child and Family Services	Homestead Youth and Family Services	Jackson County Health and Human Services	Multnomah County Department of Community Justice	Oregon Council for Hispanic Advancement	Youth Contact, Inc.	Juvenile Rights Project, Inc.
Total Number of Clients Served	64	88	76	60	32	28	51	209
Gender (%)								
Male	69	64	25	58	91	39	65	64
Female	31	36	75	42	9	61	35	36
Age Range (%)								
0-12	2	13	8	5	0	0	8	39
13-18	96	87	91	95	100	100	92	61
Unknown	2	0	1	0	0	0	0	0
Race/Ethnicity (%)								
American Indian/Alaskan Native	2	1	1	2	3	0	0	3
Asian/Pacific Islander	2	2	3	3	0	0	2	1
Black or African-American	0	1	1	2	31	0	6	33
Hispanic	0	7	7	17	16	100	35	11
White	94	78	83	71	44	0	57	46
Multi-racial	0	8	1	2	0	0	0	3
Unknown	2	3	4	3	6	0	0	3



**Table #3. Juvenile Violence Prevention Performance Measures**

Performance Measures	Juvenile Violence Prevention Programs							
	Adapt	Parrott Creek Child and Family Services	Homestead Youth and Family Services	Jackson County Health and Human Services	Multnomah County Department of Community Justice	Oregon Council for Hispanic Advancement	Youth Contact, Inc.	Juvenile Rights Project, Inc.
Percent of Clients Who Complete the Program	78 <sup>A</sup>	73 <sup>A</sup>	54 <sup>A</sup>	62 <sup>A</sup>	78 <sup>A</sup>	75 <sup>A</sup>	70 <sup>A</sup>	44 <sup>A</sup>
Percent of Clients Who Report Improved Family Functioning	100 <sup>A</sup>	95 <sup>A</sup>	94 <sup>A</sup>	96 <sup>A</sup>	90	-	-	-
Percent of Clients Who Report Improved School Engagement	-	-	94 <sup>A</sup>	58	-	76	89	97
Percent of Clients Who Report Decreased Substance Abuse	75 <sup>A</sup>	-	58 <sup>A</sup>	-	56	-	93	-
Percent of Clients Who Had a Referral to the Juvenile Justice System during the 6 Months Following Program Participation	17	19	26	28	39	5	15	-
Percent of Clients Who Had a Referral to the Juvenile Justice System during the 12 Months Following Program Participation	59	37	32	39	48	-	15	-
Percent of Clients Who Had a Juvenile Justice Placement during the 6 Months Following Program Participation	24	13	0	15	7	-	-	-
Percent of Clients Who Had a Juvenile Justice Placement during the 12 Months Following Program Participation	26	23	1	20	10	-	-	-

A Denotes annual data; all other data is cumulative.

# Family-Focused Approach to Juvenile Violence Prevention

## Adapt

### Program Purpose

Founded in 1971, Adapt's mission is the provision of quality treatment, education, and prevention to individuals, families, and businesses who may be affected by addiction disease and/or mental, emotional, or behavioral illness. The purpose of Adapt's Family-Focused Approach to Juvenile Violence Prevention program is to provide comprehensive treatment to families that have youth struggling with the challenges of chemical dependency or substance abuse. The underlying premise of the program's therapeutic approach is that families are the solution, not the problem, and that families must be treated with respect and dignity.

At the time of initial Byrne grant funding, Douglas County juveniles accounted for one-third of all arrests. Fifty-six percent of those arrests were for behavioral crimes and 10 percent were arrested for crimes against persons. Data from the Douglas County Juvenile Department indicated that 41 percent of juveniles committing behavioral and violent crimes would reoffend. Furthermore, youth who are dual-diagnosed with both chemical dependency and mental illness were significantly more likely to reoffend. Douglas County juvenile authorities estimated that one in every three juvenile offenders is drug-involved. In addition, the age at which juveniles become involved with the criminal justice system in Douglas County is decreasing and Douglas County youth are evidencing behavioral problems at increasingly earlier ages. These behavioral problems may be manifested in academic failure, criminal behavior, substance abuse, or involvement with negative peer cultures. Significantly, most of these troubled youth are residing in homes in which the parent(s), either passively or actively, condone their children's involvement in crime, drugs, and anti-social behavior.

The Adapt Family-Focused Approach to Juvenile Violence Prevention program seeks to address these needs through the use of Functional Family Therapy (FFT), an empirically evaluated, family-based intervention for acting-out youth that has been identified as a model program for juvenile violence prevention. The program is conducted by family therapists working with each individual family to change maladaptive behaviors and strengthen positive behaviors. The intervention involves skill training in family communication, parenting skills, and conflict management skills.

The main goals of the program are to:

- Improve family functioning.
- Decrease juvenile violent behavior and crime.
- Decrease juvenile substance abuse.
- Decrease juvenile out-of-home placements.

Program objectives in support of these goals are as follows:

- Adapt will serve 50 families in the first year of the FFT project and 75 in the subsequent three years.
- 70 percent of qualified/screened families will complete FFT.

# Family-Focused Approach to Juvenile Violence Prevention

## Adapt

- 85 percent of completing families will demonstrate improved family functioning.
- 85 percent of youth completing treatment will demonstrate a reduction in, or abstinence from, the use of alcohol, tobacco and/or other drugs.
- During the six and 12 months following program completion, 100 percent of youth who were not included in the Juvenile Justice Information System (JJIS) database at treatment entry will not be convicted for a status or criminal offense.
- During the six and 12 months following program completion, 70 percent of youth who entered treatment with a Minor in Possession (MIP) or other status violation, will not be convicted for a criminal offense.
- During the six and 12 months following program completion, 65 percent of youth who entered treatment with a previous criminal record will not receive another criminal conviction.
- During the six and 12 months following program completion, 95 percent of non-offending youth will remain in their homes.
- During the six and 12 months following program completion, 80 percent of status offenders will remain in their homes.
- During the six and 12 months following program completion, 70 percent of criminal offenders will remain in their homes.
- Adapt, in partnership with FFT, will train six therapists - one of whom will become the Site Supervisor.
- Adapt will develop strategies for program sustainability beyond the grant period and begin implementation of at least one strategy by the beginning of the fourth program year.

### Target Population

The Adapt Family-Focused Approach to Juvenile Violence Prevention targets male and female youth, ages 11 to 18, who have committed delinquent criminal acts or who have been deemed at risk of violent behavior and who are at risk of, or diagnosed with, a co-occurring chemical dependency and mental illness disorder. Both violent and at-risk youth are included in the target population. This includes youth reported by the Douglas County Juvenile Department as serious offenders (a single incident such as assault or arson) or youth with less serious (non-violent) chronic offenses (e.g. drug use/possession, theft, truancy). Juveniles with known violent behavior(s) are one sub-population of the targeted youth. Juveniles with less serious, but chronic offenses are identified as at risk of future violent behavior and are a second subpopulation of targeted youth. The determination of admission of these two broad categories of juveniles is a function of the interaction between the magnitude and frequency of offense. Thus, a single violent offense may warrant inclusion, and a chronic history of non-violent offenses may warrant inclusion in the simultaneous presence of a dual-diagnosis.

## Family-Focused Approach to Juvenile Violence Prevention Adapt

In order to participate in the program, families must meet the target group criteria. In addition, the youth must reside with at least one family member who is participating in FFT therapy sessions. Families must agree to attend treatment sessions as agreed upon with the clinician and give permission for access to the Juvenile Department JJIS database for the six and 12 months following treatment completion. Participating youth and families must be residents of Douglas County. Potentially eligible clients and their families are referred primarily from the Douglas County Juvenile Department and the Douglas County school system. Upon referral, each family completes an alcohol and drug assessment and a mental health screening to determine eligibility.

### Program Components

The Adapt Family-Focused Approach to Juvenile Violence Prevention program for dually-diagnosed juveniles and their families has three primary components: alcohol and drug and mental health assessment, Functional Family Therapy, and continuing care for relapse prevention. Initially, clients receive a dual-diagnoses assessment covering alcohol and drug and mental health status. The client then receives 12 weeks of FFT. At the completion of the FFT component, clients receive a referral for continuing care for relapse prevention as needed. The following is a detailed description of the main program components:

- *Alcohol and drug and mental health assessment:* Assessments are conducted for alcohol and drug and mental health status. All youth are screened for eligibility by the Placement Screener/Case Manager using the Substance Abuse Subtle Screening Inventory (SASSI-A2) tool and, when clinically appropriate, the Beck Depression Inventory, Beck Anxiety Inventory, and an eating disorder questionnaire. All youth are also screened using the Oregon Juvenile Crime Prevention (JCP) Risk Screen Assessment. After screen completion, the case is referred to the placement team to determine if all eligibility criteria have been met and to match the youth to the most appropriate treatment track and counselor. The placement team includes the Placement Screener, Juvenile Department Liaison, Certified Alcohol and Drug Counselor (CADC II), Substance Abuse Counselor, FFT Site Supervisor, periodically a Prevention Practitioner (who may have begun the screen process at a school site), and the Program Director.
- *Functional Family Therapy:* FFT is an empirically evaluated, family-based intervention for acting-out youth that has been identified as a model program for juvenile violence prevention. The intervention is delivered by family therapists who engage the entire family in skills training in family communication, parenting skills, and conflict management skills in order to change maladaptive behaviors and strengthen positive behaviors. Following the FFT model, Adapt's therapeutic intervention was designed to last 12 weeks, with approximately one therapy session per week. If necessary, the FFT model stipulates that families may receive more frequent sessions early on, with the frequency diminishing over the course of treatment. Therapists work with families to set treatment goals, and if the families' goals are not met within 12 weeks, the therapist can continue treatment with the family.

## Family-Focused Approach to Juvenile Violence Prevention

### Adapt

---

Assessment is an integral component of FFT and occurs at program intake, throughout therapy, and at program exit. FFT requires the use of a series of assessment instruments that allow therapists to measure individual and family functioning, and changes in such functioning, over time. Assessments are completed using the Clinical Services System (CSS), a purpose-built information system, which is a required component of implementing Functional Family Therapy. The CSS provides a very structured framework for therapists to record data and features a series of easily generated reports. The CSS requires that the therapist complete a Client Case History at the beginning of services. This form provides information about the family and youth's background and demographics. After each session, the therapist records information about what was done during the session. A report can then be generated that indicates how many sessions the family has had and which phase of treatment they are in. The family is asked to complete a Counseling Process Questionnaire (CPQ) at the beginning of the second session and every third session thereafter. The CPQ measures a variety of therapist behaviors and is intended to assess fidelity to FFT as well as client satisfaction. FFT also requires that the family and youth complete the Family Assessment Measure III and the Outcome Questionnaire at the initial session and again when counseling is completed. The Family Assessment Measure assesses seven different aspects of family functioning including communication, involvement, and control. The Outcome Questionnaire is available in both youth and parent versions. It measures client's progress in therapy focusing on three aspects: (1) subjective discomfort (anxiety disorders, affective disorders, adjustment disorders, and stress-related illness), (2) interpersonal relationships, and (3) social role performance.

The FFT model consists of three phases: engagement and motivation, behavior change, and generalization. Using the FFT model, therapists determine when families are ready to advance through the FFT phases, with the applied therapeutic interventions determined by the phase.

*Phase 1. Engagement and Motivation:* The focus of Phase 1 is to address any issues that might inhibit families' full and productive engagement with therapy and to build on those individual and family strengths that will contribute to successful therapy. This is the most important phase and often the longest for families who demonstrate resistance. During this phase, therapists work to create a shared understanding of the presenting problems and build trust with the family members. A therapeutic alliance is formed between the family and the therapist. The family completes assessment procedures and develops focus. Negativity is reduced and patterns and themes are reframed into positive efforts.

*Phase 2. Behavior Change:* During Phase 2 the therapist works with the family to create and implement short- and long-term behavior change plans tailored to each family member's needs and perspective. In this phase the therapist develops and implements individualized change plans that address parenting skills, delinquency behavior, and communication skills. The therapist teaches the family new ways to

## Family-Focused Approach to Juvenile Violence Prevention Adapt

interact and talk to each other. Negative relational sequencing is changed. The therapist is active in instructing, modeling, and directing session activities.

*Phase 3. Generalization:* During Phase 3 the therapist helps the family apply positive behavior change techniques to additional situations and potential problems that could arise in the future. The focus shifts to relapse prevention and providing necessary community resources to support change. At this point the therapist becomes more of a case manager and works to assure stabilization of new skills. At closure the family is also offered a booster session in the future if needed.

*Continuing care:* At the close of FFT treatment, clients may be referred, if appropriate, to ongoing substance abuse and/or mental health treatment providers.

### Program Resources

#### *Byrne Funding*

The Adapt Family-Focused Approach to Juvenile Violence Prevention program receives Byrne grant funding of \$250,000 and provides matching funds of \$83,333. During the period July 1, 2004 through September 30, 2005, the program expended \$213,151 in federal funds, and \$71,050 in match funds. Adapt uses Byrne grant funds for personnel salaries, evaluation activities, and FFT site certification. Adapt contracts with an external evaluator to provide process and outcome evaluations of the program and with FFT Inc. for site certification and staff training. Additional funding for the program is provided by the Office of Mental Health and Addiction Services.

#### *Program Staff*

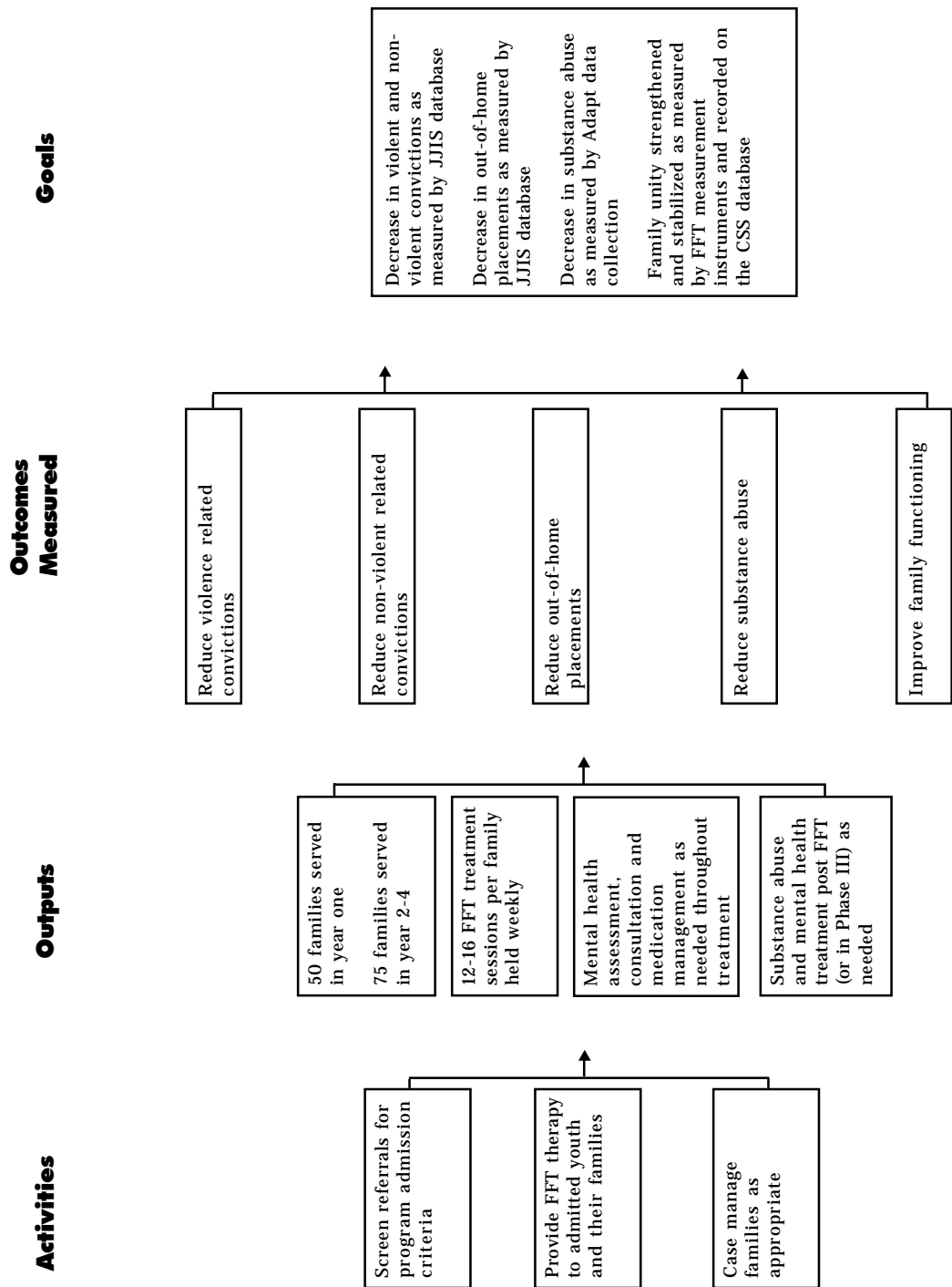
The Adapt Family-Focused Approach to Juvenile Violence Prevention program has a service delivery staff of six persons. There are three FFT therapists, a Juvenile Department Liaison/Case Manager, a Placement Screener/Case Manager, and a Program Director. The three FFT therapists all have master's degrees. They provide direct service to families using the FFT model and carry caseloads of up to 12 families. One of the three is designated as the lead therapist and is now receiving training from FFT Inc. to assume a clinical supervision role. In the interim, the program as a whole receives supervision and oversight from a trained FFT Clinical Consultant. The Clinical Consultant provides weekly phone supervision and conducts four on-site training sessions for the staff during the year. The consultant's role is to reinforce the program model and to provide help, ideas, and examples on how to approach challenging cases. The Program Director provides overall supervision and carries a small FFT caseload. Program evaluation services are contracted to an independent evaluator.

#### *Collaboration*

The key community partners for the Adapt Family-Focused Approach to Juvenile Violence Prevention program are the Douglas County Juvenile Department, Douglas County Public School System, Mercy Behavioral Health, and FFT Inc. The Juvenile Department is the key collaborative partner involved in identifying target families and referring them into Adapt's FFT program. Mercy Behavioral Health provides mental health assessments, consultation, and medication management for those youth referred by the FFT treatment clinician. FFT, Inc. provides therapist training, Site Supervisor training, and on-going supervision of the clinical services throughout the program.

# Program Logic Model

## Family-Focused Approach to Juvenile Violence Prevention



# Family-Focused Approach to Juvenile Violence Prevention

## Adapt

### Program Progress

The Adapt Family-Focused Approach to Juvenile Violence Prevention program provides whole family system treatment for chemical dependency. The program integrates chemical dependency, mental health, and family therapy. The program utilizes a multidisciplinary staff to coordinate treatment, provide continuity, and minimize chaos and confusion for the family. During the fourth year, the program continued progress toward site certification and clarified the role of FFT within an integrated system of care. Initial evaluation data suggests the program is having a positive impact on family functioning, youth substance abuse, and violence-related behavior.

### Process Evaluation

- *Clients served:* From July 1, 2004 through June 30, 2005, the program served 64 families. Of the 64 families served, 17 families were receiving services at the end of June 2005, 37 families had successfully completed the program, and 10 families had failed to successfully complete the program. There were no families on a waiting list for service. Basic demographic data were collected and recorded for the 64 youth served by the program. According to these data, 69 percent were male and 31 percent were female. Two percent were age 12 or under, 96 percent were between the ages of 13 to 18 and two percent were unknown (age was not provided by the client). In addition, 94 percent were White, two percent were Asian, two percent were Native American and two percent were unknown. All 64 were diagnosed with at least one substance abuse disorder in the presence of a second mental health diagnosis.
- *Program implementation:* Evaluation data from quantitative measures provided evidence that the Adapt program is being implemented with fidelity to the program design. The program met its benchmark for program completion but did not serve the number of families it anticipated. A total of 37 (79 percent) of the families/youth who left the program during the year, completed the program, somewhat above the benchmark (70 percent) for this objective. However, the program served only 64 families, below the benchmark of 75 families.
- *FFT site certification:* FFT Inc. has a systematic training and implementation model for agencies adopting FFT as a clinical model that insures the fidelity of the FFT model. The model includes clinical training for all staff, advanced clinical training for team leaders, follow-up visits, and ongoing supervision. In addition, agencies receive training in the use of the FFT Clinical Services System, a sophisticated client assessment, tracking, and monitoring system that provides for specific clinical assessment and outcome accountability. The entire training and implementation process takes two years to complete. During the second year, it became necessary to change site leaders. This was a difficult process for all staff involved. In the third year, on-going discussions with the FFT model program staff and developer led to the redesign of the program to maintain fidelity with the original FFT model. The principal change in program delivery was the incorporation into the FFT program of all substance abuse and mental health



# Family-Focused Approach to Juvenile Violence Prevention

## Adapt

counseling. Prior to the third year, the program had provided separate substance abuse and mental health treatment concurrently with FFT. Despite feedback from FFT staff during the first two years of implementation that this was within FFT model adherence, in the third year FFT Inc. changed its position and informed Adapt that their program design was not model-adherent. It should be noted that the FFT Clinical Supervisors and the FFT Program Developer did not provide the Adapt staff with a consistent interpretation of their progress in implementing the FFT model during the first two years of program implementation. The Adapt staff believes that prior to the program redesign in year three, the feedback they received from FFT Inc. did not provide them with specific guidelines on how to improve clinically and maintain model adherence. The program has successfully completed Phases 1 and 2 of FFT site certification. This includes an initial three-day training; a two-day site visit to get the program up and running; weekly telephone consultations for Phase 1; three quarterly two-day site visits with an FFT consultant in Phase 1; bimonthly calls with the site supervisor and an FFT consultant in Phase 2; two two-day trainings for the site supervisor focused on clinical supervision of FFT sites; and one site visit during Phase 2.

- *Barriers to Implementation:* The biggest barrier for participation was the frequency with which clients were remanded to detention. As a result, sessions were missed and the continuity of treatment was lessened. Therapists, when appropriate, met with the client and family at the detention center to minimize treatment disruption. Additional barriers were difficulties with transportation (and a frequent unwillingness by families to have therapists provide in-home treatment); family members, specifically parents, who were low functioning cognitively and had difficulty with the FFT concepts; and the desire of many families to have the therapist use behavior modification therapies rather than FFT.

### Outcome Evaluation

- *Program Outcomes:* There are four main outcomes for youth completing the Adapt FFT program: (1) to improve family functioning, (2) to reduce alcohol and drug use, (3) to reduce juvenile arrest and recidivism rates, and (4) to avoid Oregon Youth Authority (OYA) placements. Youth contact with the Juvenile Justice System is recorded in the statewide Juvenile Justice Information System (JJIS). From this statewide system, evaluators collected juvenile justice data for all youth to whom Adapt had provided service since program inception.

*Family Functioning.* Therapists review family functioning using the Therapist Outcome Measure (TOM), a required FFT measurement tool, during the last therapy session. This measure asks therapists to rate family change in six different domains: overall level of family change, change in communication skills, change in adolescent behavior, change in parenting, change in parental supervision, and change in family conflict. A total of 37 families successfully completed FFT during the fourth year and 100 percent demonstrated improved family functioning.

## Family-Focused Approach to Juvenile Violence Prevention Adapt

---

*Alcohol and Drug.* Measurement of this outcome was initiated in the fourth quarter of the third year following the revision of the program discussed above under FFT site certification. Data was available for 24 of the 37 youth who completed the program in year four (alcohol and drug analysis is not required by FFT and not all staff are qualified to supervise UA collection, therefore not all youth were included). At program exit, 18 of the 24 youth that data was available for (75 percent) demonstrated a reduction in, or abstinence from, the use of alcohol, tobacco and/or other drugs.

*Juvenile Arrest and Recidivism.* Please note that the juvenile arrest and recidivism, as well as OYA placement data presented below, include all Adapt youth served from program inception. Recidivism rates were calculated for those youth with and without prior JJIS referrals at entry into the program. Analyses were conducted for all youth who had participated in the program and were at least six months post participation, as well as on the subset of youth who had reached their 12-month follow-up point. A total of 154 youth who had participated in the program were at least six months post participation and 89 of the 154 (58 percent) had a referral to the juvenile justice system in the six months following participation. Arrest rates six months after program exit for youth without prior JJIS referrals were calculated. A total of 20 youth who had participated in the program were non-offenders prior to program entry. A total of nine (45 percent) of these youth had a referral to the juvenile justice system in the six months following program participation. Likewise, recidivism rates six months after program exit for youth with prior JJIS referrals were calculated. A total of 134 youth who had participated in the program were offenders prior to program entry. A total of 80 of the 134 (60 percent) had a referral to the juvenile justice system in the six months following program participation.

A similar pattern existed at 12 months post participation for offenders, however recidivism was substantially higher for non-offenders. A total of 133 youth who had participated in the program were at least 12 months post participation and 79 of the 133 (59 percent) had a referral to the juvenile justice system in the 12 months following participation. Arrest rates 12 months after program exit for youth without prior JJIS referrals were calculated. A total of 19 youth who had participated in the program were non-offenders prior to program entry. A total of nine (47 percent) of these youth had a referral to the juvenile justice system in the 12 months following program participation. Likewise, recidivism rates 12 months after program exit for youth with prior JJIS referrals were calculated. A total of 114 youth who had participated in the program were offenders prior to program entry and 70 of these youth (61 percent) had a referral to the juvenile justice system in the 12 months following program participation.

*OYA Placement.* A total of 154 youth who had participated in the program were at least six months post participation and 37 of the 154 (24 percent) had been committed to OYA and placed out of the home in the six months following participation. A similar pattern existed at 12 months post participation. A total of

# Family-Focused Approach to Juvenile Violence Prevention

## Adapt

---

133 youth who had participated in the program were at least 12 months post participation and 35 of these youth (26 percent) had been committed to OYA and placed out of the home in the 12 months following participation.

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who complete the program.
- Percent of clients who report improved family functioning.
- Percent of clients who report decreased substance abuse.
- Percent of clients who had a referral to the juvenile justice system during the six months following program participation.
- Percent of clients who had a referral to the juvenile justice system during the 12 months following program participation.
- Percent of clients who had a juvenile justice placement during the six months following program participation.
- Percent of clients who had a juvenile justice placement during the 12 months following program participation.

The outcomes for Adapt include:

- The program provided 64 youth/families with FFT treatment.
- 78 percent (37 of 47) of qualified/screened families that exited during the grant period, completed FFT.
- 100 percent (37) of completing families demonstrated improved family functioning.
- Of the 24 out of the 37 that data was available for, 75 percent (18) youth completing treatment demonstrated a reduction in, or abstinence from the use of alcohol, tobacco and/or other drugs.
- During the six months following program completion, 83 percent (five of six) of youth who were not on the JJIS database at treatment entry were not convicted for a status or criminal offense. During the 12 months following program completion, 50 percent (two of four) of youth who were not on the JJIS database at treatment entry were not convicted for a status or criminal offense.
- During the six months following program completion, 70 percent (14 of 20) of youth who entered treatment with a Minor in Possession (MIP) or other status violation, were not convicted for a criminal offense. During the 12 months following program completion, 78 percent (14 of 18) of youth who entered

## Family-Focused Approach to Juvenile Violence Prevention

### Adapt

treatment with an MIP or other status violation, were not convicted for a criminal offense.

- During the six months following program completion, 47 percent (seven of 15) of youth who entered treatment with a previous criminal record did not receive another criminal conviction. During the 12 months following program completion, 100 percent (six) of youth who entered treatment with a previous criminal record did not receive another criminal conviction.
- During the six months following program completion, 100 percent (six) of non-offending youth remained in their homes. During the 12 months following treatment, 100 percent (four) of non-offending youth remained in their homes.
- During the six months following program completion, 95 percent (19 of 20) of status offenders remained in their homes. During the 12 months following program completion, 89 percent (16 of 18) of status offenders remained in their homes.
- During the six months following program completion, 67 percent (10 of 15) of criminal offenders remained in their homes. During the 12 months following program completion, 91 percent (10 of 11) of criminal offenders remained in their homes.

### Lessons Learned

The principal challenge faced by Adapt was how to maintain the fidelity of the FFT model while integrating the medical models of mental health and chemical dependency with the systems model of FFT. The original program design was modified in order to be compliant with both state chemical dependency requirements and to maintain the fidelity of the FFT model. Specific changes made to accommodate FFT have been oriented toward enabling the family therapists to develop and maintain a therapeutic relationship “uncontaminated” by alliances with the Juvenile Department. The original program design was based on the notion that the FFT therapist would be able to provide some individual treatment to the youth for chemical dependency as well as provide family treatment. Through training with FFT, the program discovered that this would jeopardize a core treatment principle of the FFT model. The program was originally structured to serve the primary youth first in chemical dependency treatment (CD) and then in family therapy. It was thought that in order to benefit from family therapy, the youth must first be stabilized. Youth participated in CD treatment for one to two months before beginning family therapy. Discussions with FFT Inc. in year three led to a redesign of the program that incorporates CD treatment directly into the FFT model. In addition, a new Program Director assumed responsibility for the program. This change in leadership has resulted in communication with FFT Inc. that identified clear expectations and benchmarks for clinical staff and program development.

Clinical implementation of the FFT model in a drug treatment setting proved to be a challenge for the therapists. The program had two FFT external supervisors who did not interpret the FFT process and the progress of the program staff in the same way. FFT is a moderate to quite difficult model to implement, especially when therapists have used other family therapy

## Family-Focused Approach to Juvenile Violence Prevention Adapt

---

models for a number of years. The prescriptive nature of the model and the need for the clinicians to, for the most part, eliminate reliance on previously used family treatment techniques, as well as FFT mixed messages about Adapt's model adherence, made clinical implementation difficult for the therapists.

The program did not meet its goal for number of clients served. This could be due to two reasons: during the first quarter one of the therapists resigned and although a new therapist was hired and trained, the transition required a reduction in case load during the last 45 days of the therapist's employment and during the hiring and training period for the replacement therapist. In addition, the Site Supervisor unexpectedly needed to go on leave for personal reasons, resulting in a reduction in her case load.

Model adherence and staff skill in using the model improved significantly in the program's fourth year. A key factor in the improvement of the program was the selection of a new Program Administrator. The Program Administrator plays a vital role that is quite different from that of the Clinical Supervisor. It is imperative that this person have a basic understanding of the clinical model, yet maintain an objective administrative position when it comes to monitoring the progress of the therapists in meeting FFT's expectations for model adherence.

For further information about this program, please contact Ms. Pauline Martel at (541) 672-2691 ext. 248.

## **Functional Family Therapy**

### Parrott Creek Child and Family Services

---

#### **Program Purpose**

The Parrott Creek Child and Family Services is responsible for the management of Clackamas County youth who are between 11 and 18 years of age and have committed a crime. The program assists the Juvenile Court in the legal intervention of children who are at risk, in that their parents are unable to provide for their physical or emotional well-being. These are generally child abuse and neglect cases. The Juvenile Department employs 50 full time staff that provide supervision, counseling, detention access, investigation, and administrative support services for youth whose conduct or circumstances bring them within the jurisdiction of the Juvenile Court. The Clackamas County Juvenile Department partnered with Parrott Creek Child and Family Services, a community mental health agency, to offer Functional Family Therapy to at-risk youth.

The purpose of the Functional Family Therapy program is to provide an effective family counseling program to youth who are at risk of becoming involved with juvenile justice or at risk of increased involvement with the juvenile justice system. The program seeks to reduce juvenile crime through the use of Functional Family Therapy (FFT), an empirically evaluated family-based intervention for acting-out youth. FFT has been designated as a best practices program and has been shown to decrease risk factors and increase protective factors in families who complete counseling. The FFT intervention involves skill training in family communication, parenting skills, and conflict management skills. Family therapists work with each individual family in order to change maladaptive behaviors and strengthen positive behaviors.

The main goals of the program are to:

- Reduce juvenile crime arrest rates.
- Reduce recidivism.
- Avoid juvenile justice placement.
- Improve the level of family functioning.
- Reduce juvenile violence.

Program objectives in support of these goals are as follows:

- The program will provide 100 youth/families with FFT treatment annually.
- 75 percent of youth/family who are referred to FFT and are eligible will attend at least one intake session.
- 80 percent of youth/families admitted to FFT will complete FFT (i.e. attend at least one session of generalization; generalization typically takes one to three sessions).
- 85 percent of youth/families who participated in and completed FFT will improve their youth to adult interactions and problem-solving skills as measured by pre- and post-testing.

## Functional Family Therapy

### Parrott Creek Child and Family Services

---

- 85 percent of youth/families participating in FFT treatment will report satisfaction with FFT and other supports.
- Therapists will demonstrate fidelity to the FFT model by obtaining average adherence and competency ratings of three or better (on a scale of zero to six) 95 percent of the time.
- 85 percent of at-risk, non-delinquent youth will not be referred to the Juvenile Department for a crime within six months after FFT completion. Eighty-five percent of at-risk, non-delinquent youth will not be referred to the Juvenile Department for a crime (felony or misdemeanor) within one year after FFT completion.
- 85 percent of youth with previous delinquent referrals will not be referred for a crime within six months after FFT completion. Eighty percent of youth with previous delinquent referrals will not be referred for a crime (felony or misdemeanor) for at least one year after completing FFT.
- 90 percent of youth will not be referred to the Juvenile Department for a person-to-person felony crime for six months after completing FFT. Eighty-five percent of youth will not be referred to the Juvenile Department for a felony person-to-person crime within one year of completing FFT.
- 100 percent of at-risk, non delinquent youth will avoid OYA placement for at least six months after completing FFT. One hundred percent of at-risk, non delinquent youth will avoid OYA placement for at least one year after FFT completion.
- 100 percent of youth with previous delinquent referrals will avoid OYA placement for at least six months after FFT completion. One hundred percent of youth with previous delinquent referrals will avoid OYA placement for at least one year after FFT completion.

### Target Population

The program targets youth between the ages of 11-18 with risk factors in two of the following five domains: school issues, peer relationships, anti-social behavior, drug and alcohol abuse, and family functioning when assessed on the Oregon Juvenile Crime Prevention Risk Screen Assessment. Youth living in rural communities and Hispanic youth who meet the above criteria receive priority. To be eligible to participate in the program both the youth and their family must agree to participate in FFT. In addition, the youth should not be at imminent risk of out-of-home placement and should not be involved in concurrent family treatment.

Referrals to the program come from the Juvenile Department, schools, other agencies, and directly from families. Referrals from the Juvenile Department are prioritized for entry. A direct referral from the Juvenile Department is automatically eligible for the program. If the youth is referred from the Juvenile Department, the Risk Screen Assessment is completed there. If the youth is referred from schools, families, or other agencies, the Risk Screen

## Functional Family Therapy

### Parrott Creek Child and Family Services

---

Assessment is completed at Parrott Creek by the therapist. The therapist completes an internal referral form with the family over the telephone. Families are asked briefly about the Risk Screen Assessment domains to determine likely eligibility. At intake, families who have not yet been given the Risk Screen Assessment do so at that time. A weekly meeting is dedicated to staffing and assigning these referrals.

### Program Components

FFT is a proven nationally recognized best practice and has been successfully replicated for 25 years. It is a multisystemic, multitechnique, multiphase, and multicultural intervention. FFT focuses on the domains and systems within which adolescents and their families live. By developing family strengths and sense of efficacy, FFT provides the family with a platform for change and future functioning that extends beyond the direct support of the therapist and other social systems. Families enter feeling angry, hopeless, and resistant to treatment. FFT does not proceed with treatment until the family is motivated to change. The primary way this occurs is through the effort of the therapist to show respect by understanding the family and to reframe patterns of negative interactions into positive attempts to keep the family together. When change occurs in the family domain, it can be generalized outside the family. The following is a detailed description of the main program components:

- *Functional Family Therapy:* FFT is delivered by family therapists who engage the entire family in skills training in family communication, parenting skills, and conflict management skills in order to change maladaptive behaviors and strengthen positive behaviors. Following the FFT model, Clackamas County's therapeutic intervention was designed to last 12 weeks, with approximately one therapy session per week. If necessary, the FFT model stipulates that families may receive more frequent sessions early on, with the frequency diminishing over the course of treatment. Therapists work with families to set treatment goals, and if the families' goals are not met within 12 weeks, the therapist can continue treatment with the family.

Assessment is an integral component of FFT and occurs at program intake, throughout therapy, and at program exit. FFT requires the use of a series of assessment instruments that allow therapists to measure individual and family functioning, and changes in such functioning, over time. Assessments are completed using the Clinical Services System (CSS), a client tracking and monitoring database that is a required component of implementing Functional Family Therapy. The CSS provides a very structured framework for therapists to record data and features a series of easily generated reports. The CSS requires that the therapist complete a Client Case History at the beginning of services. This form provides information about the family and youth's background and demographics. After each session, the therapist records information about what was done during the session. A report can then be generated that indicates how many sessions the family has had and which phase of treatment they are in. The family is asked to complete a Counseling Process Questionnaire (CPQ) at the beginning of the second session and every third session thereafter. The CPQ measures a variety of therapist



## Functional Family Therapy

### Parrott Creek Child and Family Services

---

behaviors and is intended to assess fidelity to FFT as well as client satisfaction. FFT also requires that the family and youth complete the Youth Outcome Questionnaire, the Youth Outcome Questionnaire–Self Report and the Outcome Questionnaire at the initial session and again when counseling is completed. The Outcome Questionnaire, both youth and parent versions, measures clients' progress in therapy focusing on three aspects: (1) subjective discomfort (anxiety disorders, affective disorders, adjustment disorders, and stress-related illness), (2) interpersonal relationships, and (3) social role performance.

The FFT model consists of three phases: engagement and motivation, behavior change, and generalization. Using the FFT model, therapists determine when families are ready to advance through the FFT phases, with the applied therapeutic interventions determined by the phase.

*Phase 1. Engagement and Motivation:* The focus of Phase 1 is to address any issues that might inhibit families' full and productive engagement with therapy and to build on those individual and family strengths that will contribute to successful therapy. This is the most important phase and often the longest for families who demonstrate resistance. During this phase, therapists work to create a shared understanding of the presenting problems and build trust with the family members. A therapeutic alliance is formed between the family and the therapist. The family completes assessment procedures and develops focus. Negativity is reduced and patterns and themes are reframed into positive efforts.

*Phase 2. Behavior Change:* During Phase 2 the therapist works with the family to create and implement short- and long-term behavior change plans tailored to each family member's needs and perspective. In this phase the therapist develops and implements individualized change plans that address parenting skills, delinquency behavior, and communication skills. The therapist teaches the family new ways to interact and talk to each other. Negative relational sequencing is changed. The therapist is active in instructing, modeling, and directing session activities with the goal of changing the family's negative relational sequencing. Sequencing behavior is a method used by the therapist to assess what happens and who does what within a family. Sequencing or circular questioning is usually done around the specifics of a presenting problem. Because it is drawn out in a circular fashion it is visually easier to see the context in which behavior occurs. This information is rich in knowledge about all of the participants, the action each took, and the meaning of each participant's behavior.

*Phase 3. Generalization:* During Phase 3 the therapist helps the family apply positive behavior change techniques to additional situations and potential problems that could arise in the future. The focus shifts to relapse prevention and providing necessary community resources to support change. At this point the therapist becomes more of a case manager and works to assure stabilization of new skills. At closure the family is also offered three booster sessions if needed in the future.

## Functional Family Therapy

### Parrott Creek Child and Family Services

---

#### Program Resources

##### *Byrne Funding*

The Functional Family Therapy program receives Byrne grant funding of \$250,000 and provides matching funds of \$83,333. During the period July 1, 2004 through September 30, 2005, the program expended \$236,493 in federal funds, and \$80,191 in match funds. Parrott Creek Child and Family Services uses Byrne grant funds for personnel salaries, program activities, and FFT site certification. Parrott Creek Child and Family Services contracts with the Clackamas County Juvenile Department for internal evaluation services, with Portland State University for external evaluation services to provide process and outcome evaluations of the program, and with FFT Inc. for site certification and staff training.

##### *Program Staff*

The Functional Family Therapy program has a service delivery staff of four persons. There are three FFT therapists, and a Program Director. The three FFT therapists all have master's degrees. They provide direct service to families using the FFT model and carry caseloads of up to 15 families. One of the therapists is a licensed marriage and family therapist in Oregon and is designated as the Site Supervisor. The Site Supervisor's role is to reinforce the program model and to provide help, ideas, and examples on how to approach challenging cases. The Program Director provides overall supervision. Program evaluation services are contracted to the Director of the Regional Research Institute for Human Services at Portland State University.

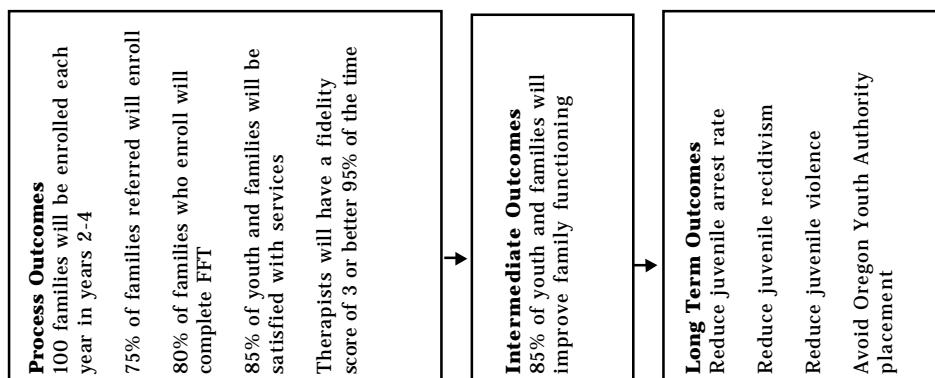
##### *Collaboration*

The key community partners for the Functional Family Therapy program are the Clackamas County Juvenile Department, Parrott Creek Child and Family Services, and the public school system. The key stakeholder and collaborative partner involved in identifying target families and referring them into the FFT program is the Clackamas County Juvenile Department. In addition, the program consults with community partners such as Todos Juntos (provides recreation, Latino Clubs, job skills training, and leadership training for Hispanic youth and support services for their families) and the Russian Oregon Social Services (ROSS) to provide culturally effective services.

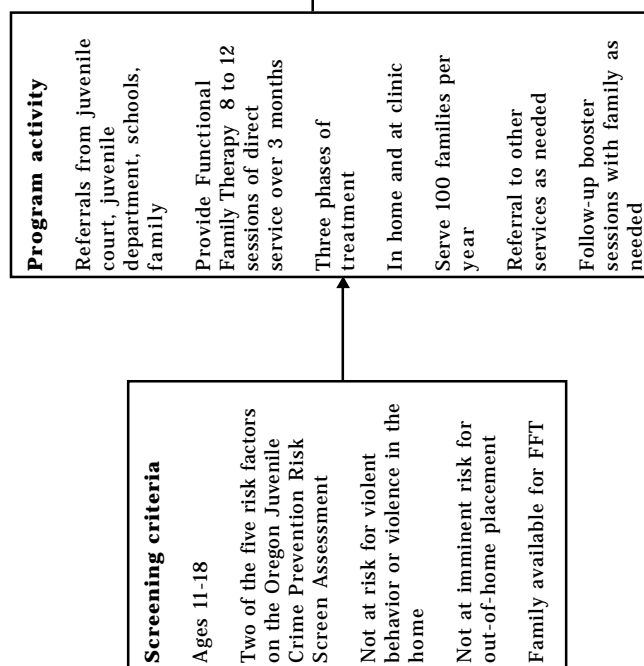
# Program Logic Model

## Functional Family Therapy

### Outcomes



### Goals



## Functional Family Therapy

### Parrott Creek Child and Family Services

---

#### Program Progress

The Functional Family Therapy program made good progress during the fourth year of funding. The program completed all required steps toward FFT site certification in year three and maintained its site certification from FFT Inc. in year four. The theory of change of FFT is based on improving family functioning and communication and subsequently improving the adolescents' behavior in a variety of domains. Evaluation data indicates that the implementation of FFT was consistent with the requirements of this evidence-based model and has exceeded benchmarks on most program objectives.

#### Process Evaluation

- *Clients served:* From July 1, 2004 through June 30, 2005, the program served 88 families. Of the 88 families served, 28 families were receiving services at the end of June 2005, 44 families had completed the program, and 16 families had failed to complete the program. There were 12 families on a waiting list for service. Of the 88 clients served in this reporting period, 50 (57 percent) clients were involved with the Clackamas County Juvenile Department (CCJD) at the time of intake and thus considered "delinquent" youth; 38 youth (43 percent) had not had prior involvement with CCJD and were considered "non-delinquent". A total of 34 (39 percent) of the 88 FFT clients were on probation and 14 (16 percent) were in diversion at the time they began FFT services.

Basic demographic data were collected and recorded for the 88 youth served by the program in the 2004-2005 grant year. According to these data, 56 (64 percent) were male and 32 (36 percent) were female; 11 youth (13 percent) were under age 13 and 77 (87 percent) were 13 to 18 years of age. In addition, 78 percent were White, seven percent were Hispanic, two percent were Asian, one percent were American Indian/Alaskan Native, one percent were African-American, eight percent were multi-racial, and three percent were unknown.

Parrott Creek received 96 referrals in year four. A total of 88 of the 96 (92 percent) enrolled in FFT and began treatment. Among those enrolled, over half were referred to FFT from the Clackamas County Juvenile Department (CCJD, N=46). Another 41 FFT clients served in 2004-2005 were self referrals. One referral came from DHS. On average, clients served during the reporting period exhibited 3.4 risk factors each. The frequency of risk factors (in descending order) for all clients participating in FFT this year was family functioning (94 percent), school issues (90 percent), anti-social issues (57 percent), peer relationships (52 percent), and drug and alcohol abuse (40 percent).

Therapists noted several barriers to accessing FFT services during the past year. Language was a barrier to serving clients as the program currently does not have a bilingual therapist. Over the four years of the program, there have been several occasions when a family was referred who did not speak sufficient English without the aide of a bilingual therapist. Another barrier to participation was the limited number of available spaces for clients. In the past year the program typically

## Functional Family Therapy

### Parrott Creek Child and Family Services

---

maintained a waiting list for clients. Another barrier to participation is that it is difficult to see a large number of clients in their homes relative to the size of the case load for each therapist. The average case load for an FFT therapist is 6-8 cases, as they see most of their clients in the home and traveling to the home is time consuming. The FFT program sees most clients in the office and is thus able to see more clients overall (on average 12-15). This, of course, may become a problem if several clients request services in their homes and the therapists must adjust their schedules to accommodate them, which often means seeing fewer clients during that period of time.

- *Program implementation:* Evaluation data from quantitative measures provided evidence that the Functional Family Therapy program is being implemented with fidelity to the program design and that program output objectives are being met. The program has met or exceeded most of the output objectives. A total of 92 percent of eligible families/youth referred to FFT enrolled in the program. The program served 88 clients; the benchmark was 100. One therapist resigned at the end of August 2004 and the program considered it as a clinical best practice for her to not take on any new clients who would have to be transferred. As a result, the number of clients seen dropped during the recruitment/replacement period. A total of 44 of the families/youth who left the program during the year, completed the program. Data from families that completed FFT services indicates that 70 percent of families were satisfied with the services they received.
- *FFT Model Adherence:* Data from Parrott Creek therapists and the clinical supervisor suggest that therapists are adhering to the FFT model. The Parrott Creek clinical supervisor rates each of the FFT therapists on their adherence to the FFT model utilizing an adherence measure created by FFT, Inc. - the FFT Global Therapist Rating Scale. The supervisor rates the FFT therapists every three months. Adherence is the degree to which the therapist is doing the FFT program. The adherence scale ranges from 0 to 6. Low ratings (0-1) on adherence indicate that the therapist is not or very rarely using the technical elements of the program (assessment protocol, CSS), is not participating (attending staffing infrequently), or using the clinical model in work with clients (following phases of the model and attempting to achieve the goals of the model in clinical work). An average rating (2-4) indicates that the therapist is adhering to the technical aspects, but not to the clinical aspects of the model. High adherence (5-6) indicates that the therapist is adhering to all parts of the model consistently.

A second scale, competence, reflects the skill of the therapist in adhering to the model. The scale ranges from 0 to 6. Low competence ratings (0-1) indicate the therapist is attempting to achieve the goals of each phase of the model and is using the skills associated with each phase. However, the clinical application of the skills is inadequate and inconsistent. An average competence rating (2-4) indicates that the therapist is thinking somewhat complexly about the family and process, using skills (e.g. reframing) with moderate complexity and doing these things most of the

## Functional Family Therapy

### Parrott Creek Child and Family Services

---

time. High competence ratings (5-6) indicate that the therapist has the ability to think complexly about families and the process, and to do the clinical skills of FFT with a high degree of skill in ways that match to many different kinds of families in a consistent manner.

A review of the adherence and competency ratings for the two therapists that served the FFT Team in the year 2004-2005 demonstrated that both therapists met the benchmark of adherence and competency ratings of three or better 95 percent of the time. One therapist who has been with the team for over two years now has shown consistent improvement in adherence and competency with the number of “fairly well” and “not well” items steadily decreasing over time, from 15 in the first rating, to 14, then six, and finally four items in the last rating by the supervisor. The other therapist, who is new to the team this year and came fully trained in FFT has demonstrated consistently high scores in competency and adherence.

- *FFT site certification:* FFT Inc. has a systematic training and implementation model for agencies adopting FFT that insures the fidelity of the FFT model. The model includes clinical training for all staff, advanced clinical training for team leaders, follow-up visits, and ongoing supervision. In addition, agencies receive training in the use of the FFT Clinical Services System (CSS), a sophisticated client assessment, tracking, and monitoring system that provides for specific clinical assessment and outcome accountability. Functional Family Therapy Site Certification is a three-phase process and each phase takes one year to complete. Parrott Creek made several attempts to schedule phase three activities with FFT without success, however the FFT program at Parrott Creek has now completed the training and is site certified. The program continues to be closely aligned with the Functional Family Therapy model as defined by FFT Inc., although there has been less direct contact during years three and four than in the first two years of the program. With the lead therapist serving the team as site supervisor, there has been less need to confer with FFT, Inc. The site supervisor continues to be monitored on the CSS by FFT, Inc., and maintains a caseload. FFT Inc. reports that the site supervisor is doing an outstanding job of adhering to the FFT model in both her practice and supervision. The FFT therapists continue to contribute data to the CSS data system run by FFT Inc., however they receive no regular reports on this data.

There was a change in staffing as one veteran therapist resigned in August of 2004 and another was hired by September 2004. The new therapist joined the team already trained in the FFT model with strong adherence and a high degree of competency. Any model drift that may have been occurring due to lack of additional training in year three was corrected. FFT, Inc. and the Oregon Youth Authority have collaborated this year to provide ongoing regional trainings for FFT programs throughout Oregon to address the issue of training and model drift. The two Parrott Creek therapists took the opportunity to participate in the first training in July of 2005.

## Functional Family Therapy

### Parrott Creek Child and Family Services

---

- *Barriers to Implementation:* The program encountered several barriers to implementing the FFT program. The original CSS database presented an obstacle for collecting accurate information. The first version of the CSS database had numerous errors: the database reported information incorrectly and sporadically and arbitrarily switched data from one client record to another. In the second year, FFT Inc. implemented a web-based CSS and it appeared these problems had been resolved. However, the program has found it difficult to extract data from the web-based CSS. Therapists must download the data on one client and one variable at a time. There appears to be no standard query that allows one to look at all the data on one client at a time. In addition, staff turnover is a barrier to implementing FFT. In year four, one of the therapists trained in FFT resigned. Parrott Creek was able to replace the therapist in a fairly short period of time, however there was lag time that limited the program's capacity to serve clients. Finally, an ongoing barrier is that referral sources want more information about their client's progress than may be possible under the FFT model. As a result, referrals may fall off unless the program is proactive in providing information to referral sources. For example, Juvenile Department counselors (the primary referral source) feel they need more feedback from the therapists in order to find the referrals useful to them. The program has increased the amount of contact offered to the juvenile counselors (while trying to maintain the boundaries set up by the FFT model), by way of phone calls to acknowledge the referral, letting the counselors know when the family has started therapy and when they plan on ending therapy, as well as making a priority of getting a closing summary of services to the juvenile counselor in a timely fashion.

### Outcome Evaluation

- *Program Outcomes.* There are four main outcome goals for youth completing the FFT program: (1) to improve family functioning, (2) to reduce juvenile arrest and recidivism rates, (3) to avoid Oregon Youth Authority (OYA) placements, and (4) to reduce juvenile violence. Youth contact with the juvenile justice system is recorded in the statewide Juvenile Justice Information System (JJIS). From this statewide system, evaluators collected juvenile justice data for all youth to whom Parrott Creek had provided service since program inception. Please note that the arrest and recidivism, as well as juvenile violence data presented below, includes all youth served from program inception.

*Family Functioning.* Family problem solving skills and youth/adult interaction was measured using the Therapist Outcome Measure (TOM). The TOM asks therapists to assess change in behavior by looking at pre- and post-program assessments to make a final determination of client status at completion. This determination, although taking into consideration objective outcomes, is a subjective decision that results in one of six scores: (1) *Positive:* Most/all goals achieved; family function/adolescent behavior significantly improved, (2) *Moderate:* Many goals achieved; family function/adolescent behavior improved, (3) *Satisfactory:* Some goals achieved; family function/adolescent behavior

## Functional Family Therapy

### Parrott Creek Child and Family Services

---

somewhat improved, (4) *Non-significant*: Few goals achieved; family function/adolescent behavior improved little, (5) *No change*: Goals not achieved; family function/adolescent behavior not achieved, or (6) *Negative*: Goals not achieved; family function/adolescent behavior worse.

A total of 114 of the 147 families who completed the FFT program had a TOM measure (78 percent). Of the 114, 85 (75 percent) had improved family functioning (they were rated in the positive, moderate or satisfactory categories on the TOM). A total of 17 (15 percent) clients completed with positive outcomes, 33 (29 percent) had moderate outcomes, 35 (31 percent) had satisfactory outcomes, 12 (10 percent) had non-significant outcomes, and 17 (15 percent) had no change.

*Juvenile Arrest and Recidivism.* Recidivism rates were calculated for those youth with and without prior JJIS referrals at entry into the program. Analyses were conducted for all youth who had participated in the program and were at least six months post participation, as well as on the subset of youth who had reached their 12-month follow-up point. A total of 127 youth who had participated in the program were at least six months post participation and 24 of the 127 (19 percent) had a referral to the juvenile justice system in the six months following participation. Arrest rates six months after program exit for youth *without prior JJIS referrals* were calculated. A total of 76 youth who had participated in the program were non-offenders prior to program entry. A total of nine (12 percent) of these youth had a referral to the juvenile justice system in the six months following program participation. Likewise, recidivism rates six months after program exit for youth *with prior JJIS referrals* were calculated. A total of 51 youth who had participated in the program were offenders prior to program entry. A total of 15 of these youth (29 percent) had a referral to the juvenile justice system in the six months following program participation.

A similar pattern existed at 12 months post participation. A total of 106 youth who had participated in the program were at least 12 months post participation and 39 of the 106 (37 percent) had a referral to the juvenile justice system in the 12 months following participation. Arrest rates 12 months after program exit for youth *without prior JJIS referrals* were calculated. A total of 45 youth who had participated in the program were non-offenders prior to program entry. A total of nine of these youth (20 percent) had a referral to the juvenile justice system in the 12 months following program participation. Likewise, recidivism rates 12 months after program exit for youth *with prior JJIS referrals* were calculated. A total of 61 youth who had participated in the program were offenders prior to program entry and 30 of these youth (49 percent) had a referral to the juvenile justice system in the 12 months following program participation.

*OYA Placement.* A total of 127 youth who had participated in the program were at least six months post participation and 16 of these youth (13 percent) had been committed to OYA and placed out of the home in the six months following participation. A total of 106 youth who had participated in the program were at



## Functional Family Therapy

### Parrott Creek Child and Family Services

---

least 12 months post participation and 24 of these youth (23 percent) had been committed to OYA and placed out of the home in the 12 months following participation.

*Juvenile Violence.* Recidivism rates were calculated for felony person-to-person crimes for all youth who had participated in the program. A total of 127 youth who had participated in the program were at least six months post participation and four of the 127 (three percent) had a referral to the juvenile justice system in the six months following participation for a person-to-person crime. A similar pattern was observed at 12 months. A total of 106 youth who had participated in the program were at least 12 months post participation and six of the 106 (six percent) had a referral to the juvenile justice system in the 12 months following participation for a person-to-person crime.

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who complete the program.
- Percent of clients who report improved family functioning.
- Percent of clients who had a referral to the juvenile justice system during the six months following program participation.
- Percent of clients who had a referral to the juvenile justice system during the 12 months following program participation.
- Percent of clients who had a juvenile justice placement during the six months following program participation.
- Percent of clients who had a juvenile justice placement during the 12 months following program participation.

The outcomes for Parrott Creek include:

- The program provided 88 youth/families with FFT treatment.
- 92 percent (88 of 96) of youth/family who were referred to FFT and were eligible attended at least one intake session.
- 50 percent (44 of 88) of youth/families admitted to FFT completed FFT (i.e. attended at least one session of generalization).
- 95 percent (42 of 44) of youth/families who participated in and completed FFT improved their family functioning as measured by pre- and post-testing on the youth to adult interactions and problem-solving skills scales.

## Functional Family Therapy

### Parrott Creek Child and Family Services

---

- 70 percent of clients were satisfied with services based on average family score of 5 or greater on the first four items of the Counseling Process Questionnaire (21 out of 30 families who completed the CPQ). (Scale ranges from 1 (completely disagree) to 7 (completely agree); scores 1 to 3 indicate 'dissatisfaction', a score of 4 indicates 'mixed view', and scores 5 to 7 indicate 'satisfaction').
- All therapists demonstrated fidelity to the FFT model by obtaining average adherence and competency ratings of three or better (on a scale of zero to six) 95 percent of the time.
- 96 percent (47 of 49) of at-risk, non-delinquent youth were not referred to the juvenile department for a crime (felony or misdemeanor) for six months after FFT completion.
- 77 percent (60 of 78) of delinquent youth were not referred to the juvenile department for a crime (felony or misdemeanor) for six months after FFT completion.
- 97 percent (38 of 39) of at-risk, non-delinquent youth were not referred for a crime (felony or misdemeanor) for at least one year after completing FFT.
- 75 percent (50 of 67) of youth with previous delinquent referrals were not referred for a crime (felony or misdemeanor) for at least one year after FFT completion.
- 97 percent (123 of 127) of youth were not referred to the juvenile department for a person-to-person felony crime for six months after completing FFT.
- 94 percent (100 of 106) of youth were not referred to the juvenile department for a felony person-to-person crime within one year of completing FFT.
- 87 percent (111 of 127) of youth avoided OYA placement for at least six months after completing FFT.
- 77 percent (82 of 106) of youth avoided OYA placement for at least one year after FFT completion.

### Lessons Learned

Collaboration between Parrott Creek and the Juvenile Department continues to be the key to successful implementation of the FFT program. The administrative staff, evaluators, and therapists all work well together for the common goal of implementing a best practice family therapy model in the county. This is characterized by a strong, non-competitive, mature partnership and excellent working relationship between Parrott Creek and CCJD. This, along with continual open communication with FFT Inc. and support from the PSU evaluators, encourages success for the program. Quarterly meetings occur between the two agencies and with the evaluator from PSU to process the evaluation data, discuss implementation issues,

## **Functional Family Therapy**

### Parrott Creek Child and Family Services

---

and problem-solve. Effective communication among one another has led to identifying problems quickly, finding resolutions, and implementation of new systems to overcome challenges.

The FFT Therapists noted several barriers to accessing FFT services during the past year. Language was a barrier to serving clients as the program currently does not have a bilingual therapist. Over the four years of the program, there have been several occasions when a family was referred who did not speak sufficient English, without the aide of a bilingual therapist. Another barrier to participation was the limited number of available spaces for clients. In the past year the program typically maintained a waiting list of three to five clients per week. This is a longer waiting time than in previous years. However, it is attributed to an increase of referrals to the program due to outreach by Parrott Creek Child and Family Services. Another barrier to participation is that it is difficult to see a large number of clients in their homes relative to the size of the case load for each therapist. The average case load for an FFT therapist around the country is 6-8 cases as they see most of their clients in the home and traveling to the home is time consuming. The Parrott Creek Child and Family Services FFT program sees most clients in the office and is thus able to see more clients overall (on average 12-15). This, of course, has been a problem when several clients request services in their homes and the therapists has had to adjust their schedules to accommodate them, which often means seeing fewer clients during that period of time.

Finally, an ongoing barrier is that referral sources want more information about their client's progress than is allowed under the FFT model. As a result, referrals may decrease unless the program is proactive in providing information to referral sources. For example, Juvenile Department counselors (the primary referral source) feel they need more feedback from the therapists in order to find the referrals useful to them. The program has increased the amount of contact offered to the juvenile counselors (while trying to maintain the boundaries set up by the FFT model), by way of phone calls to acknowledge the referral, letting the counselors know when the family has started therapy and when they plan on ending therapy, as well as making a priority of getting a closing summary of services to the juvenile counselor in a timely fashion.

For further information about this program, please contact Ms. Elizabeth Limbocker at (503) 722-4110.

## Marigold Girls Program

### Homestead Youth and Family Services

---

#### Program Purpose

Homestead Youth and Family Services (Homestead) uses Functional Family Therapy (FFT) to address the needs of Umatilla and neighboring Morrow County at-risk girls and their families. Homestead and its community partners decided that a family therapy service for girls was a natural focus of the new program for several reasons. First, services for girls were sorely lacking in Umatilla County despite the fact that arrests and incarcerations of teen girls rose faster than rates for teen boys during the 1990's. Second, Umatilla County's Five Year Comprehensive Strategy for Serious, Violent, and Chronic Offenders identified family conflict and management as risk factors for violent behavior and stressed that these risk factors should be target areas for future services. Finally, creating a FFT program for at-risk girls would meet the demand for gender-specific and family-focused services. Since its inception, the Marigold Girls program has had numerous requests to serve at-risk boys as well. In response, Marigold now serves a limited number of at-risk boys and their families.

The primary purpose of Homestead's Marigold Girls program is to provide comprehensive treatment to families of girls who are at risk of involvement in juvenile delinquency. The program offers early, in-home intervention for at-risk girls utilizing the FFT model. In addition to receiving FFT from a trained therapist, a Case Manager assists families in securing the basic resources needed to strengthen and stabilize the family.

The main goals of the program are to:

- Decrease juvenile justice system involvement.
- Decrease substance abuse.
- Facilitate greater engagement in school.
- Decrease out-of-home placements.
- Improve family functioning.

Marigold program objectives in support of these goals are as follows:

- The program will provide 100 youth/families with FFT treatment annually.
- 75 percent of youth/families served will be at-risk girls.
- 80 percent of youth/families participating in FFT treatment will successfully complete the program.
- 80 percent of youth/families completing FFT treatment will demonstrate improved individual and family functioning.
- 80 percent of youth completing FFT treatment will be attending school or otherwise engaged in educational or vocational pursuits.
- Youth who receive FFT treatment will have a 50 percent decrease in substance abuse.

## Marigold Girls Program

### Homestead Youth and Family Services

---

- 80 percent of all youth who complete FFT treatment will avoid out-of-home placements and remain in the family environment.
- Youth with prior juvenile justice referrals who complete FFT treatment will have 50 percent fewer contacts with the juvenile justice system in the 12 months following treatment than in the 12 months prior to entering the FFT program.
- Youth with prior violent arrests who complete FFT treatment will have a 50 percent reduction in violent arrests in the 12 months following treatment compared to the 12 months prior to entering the FFT program.
- 80 percent of all youth with no prior juvenile justice referrals who complete FFT treatment will not have a referral to juvenile justice in the 12 months following treatment.

### Target Population

The Marigold Girls program targets adolescent girls and a limited number of boys between the ages of 11 and 18 who exhibit at least two risk factors on the Oregon Juvenile Crime Prevention (JCP) Risk Screen Assessment. The JCP is an assessment tool that categorizes risk factors into five domains: school issues, peer relationships, behavior issues, family functioning, and substance abuse. In order to maintain a focus on girls, no more than 25 percent of cases will be boys. To be eligible to participate in the program, referred youth should reside in Umatilla or Morrow County, ideally live at home, and have parents or guardians willing to participate in the therapy; or if not, at least have family members and/or guardians willing to participate and work toward reconciliation. In addition, referred youth should not be at imminent risk of out-of-home placement and should not be involved in concurrent family treatment.

Referrals to the program come directly from families or from program professionals including: the County Juvenile Services Division, local middle and high schools, social service agencies, and mental health agencies. Once a referral has been made, the Marigold program Case Manager places a call to the parents and confirms that the youth resides in Umatilla or Morrow County and is between the ages of 11 and 18. The Case Manager collects information regarding the impetus for the referral and completes the Juvenile Crime Prevention Risk Screen Assessment with the parent or referent.

### Program Components

The Marigold Girls program has two major components: Functional Family Therapy and case management. Concurrent with FFT, the Marigold program provides case management services to participating families in accordance with FFT principles. The Case Manager supports the therapy process in accordance with FFT treatment goals. The following is a detailed description of the main program components:

- *Functional Family Therapy:* FFT is an empirically evaluated, family-based intervention for acting-out youth. The intervention is delivered by family therapists who engage the entire family in skills training in family communication, parenting

## Marigold Girls Program

### Homestead Youth and Family Services

---

skills, and conflict management skills in order to change maladaptive behaviors and strengthen positive behaviors. Following the FFT model, the Marigold Girls program therapeutic intervention was designed to last 12 weeks, with approximately one therapy session per week. When necessary, the FFT model allows flexibility and stipulates that therapists assess the optimal “match” to the family’s needs in terms of session numbers and frequency and adjust accordingly. Therapists work with families to set treatment goals and if the families’ goals are not met within 12 weeks the therapist can continue treatment with the family. Families are given the option of having therapy sessions in their home or at the Homestead offices.

Assessment is an integral component of FFT and occurs at program intake, throughout therapy, and at program exit. FFT requires the use of a series of assessment instruments that allow therapists to measure individual and family functioning and changes in such functioning over time. Assessments are completed using the Clinical Services System (CSS), a client tracking and monitoring database that is a required component of implementing Functional Family Therapy. The CSS provides a very structured framework for therapists to record data and features a series of easily generated reports. The CSS requires that the therapist complete a Client Case History at the beginning of services. This form provides information about the family and youth’s background and demographics. After each session, the therapist records information about what was done during the session. A report can then be generated that indicates how many sessions the family has had and which phase of treatment they are in.

The family is asked to complete a Counseling Process Questionnaire (CPQ) at the beginning of every even numbered session. The CPQ measures a variety of therapist behaviors and is intended to assess fidelity to FFT as well as client satisfaction. When Marigold first began services, FFT required that the family and youth complete the Family Assessment Measure III. The Family Assessment Measure assesses seven different aspects of family functioning including communication, involvement, and control. FFT has since discontinued this requirement but Marigold continues to utilize the FAM-III.

FFT also requires use of the Outcome Questionnaire series - Outcome Questionnaire (OQ), Youth Outcome Questionnaire (YOQ) and Youth Outcome Questionnaire Social Role (YOQ-SR) at the initial session and again when counseling is completed. The Outcome Questionnaire is available in both youth and parent versions. The OQ measures clients’ progress in therapy focusing on three aspects: (1) symptom distress (anxiety disorders, affective disorders, adjustment disorders, and stress-related illness), (2) interpersonal relationships, and (3) social role performance. The YOQ (completed by parents about the child) and the YOQ-SR (completed by the child about him/herself) assess the child’s functioning on a variety of dimensions (intrapersonal distress, somatic, interpersonal relations, critical items, social problems, and behavior dysfunction). These dimensions are all subscales of the YOQ. The Somatic subscale measures

## Marigold Girls Program

### Homestead Youth and Family Services

---

physical problems; the Critical Items subscale measures delusions, suicide, mania, and eating disorders.

The FFT model consists of three phases: engagement and motivation, behavior change, and generalization. Using the FFT model, therapists determine when families are ready to advance through the FFT phases, with the applied therapeutic interventions determined by the phase.

*Phase 1. Engagement and Motivation:* The focus of Phase 1 is to address any issues that might inhibit families' full and productive engagement with therapy and to build on those individual and family strengths that will contribute to successful therapy. This is the most important phase and often the longest for families who demonstrate resistance. During this phase, therapists work to create a shared understanding of the presenting problems and build trust with the family members. A therapeutic alliance is formed between the family and the therapist. The family completes assessment procedures and develops focus. Negativity is reduced and patterns and themes are reframed into positive efforts.

*Phase 2. Behavior Change:* During Phase 2 the therapist works with the family to create and implement short- and long-term behavior change plans tailored to each family member's needs and perspective. In this phase the therapist develops and implements individualized change plans that address parenting skills, delinquency behavior, and communication skills. The therapist teaches the family new ways to interact and talk to each other. Negative relational sequencing is changed. The therapist is active in instructing modeling and directing session activities with the goal of changing the family's negative relational sequencing. Sequencing behavior is a method used by the therapist to assess what happens and who does what within a family. Sequencing or circular questioning is usually done around the specifics of a presenting problem. Because it is drawn out in a circular fashion it is visually easier to see the context in which behavior occurs. This information is rich in knowledge about all of the participants, the action each took, and the meaning of each participant's behavior.

*Phase 3. Generalization:* During Phase 3 the therapist helps the family apply positive behavior change techniques to additional situations and potential problems that could arise in the future. The focus shifts to relapse prevention and providing necessary community resources to support change. At this point the therapist becomes more of a case manager and works to assure stabilization of new skills. At closure the family is also offered a booster session if needed in the future.

*Case management:* The Case Manager helps families access needed services by providing appropriate referrals and helps families navigate the oftentimes confusing public support and social service systems. The case manager component is designed to work with families that request help with a variety of needs including, but not limited to, educational and vocational training and job searches; basic assistance such as food, shelter, and clothing; transportation assistance; and

## Marigold Girls Program

### Homestead Youth and Family Services

---

childcare assistance. The Case Manager introduces herself to the families early in the therapy process but typically does not start working with the families until the last phase of the FFT model. As families transition into the final FFT phase, the focus shifts to discussing the families' functioning after they leave the Marigold Girls program. At this point, the therapists determine, with families, whether they have any needs with which the Case Manager can assist.

### Program Resources

#### *Byrne Funding*

The Homestead Marigold Girls program receives Byrne grant funding of \$250,000 and provides matching funds of \$83,333. During the period July 1, 2004 through September 30, 2005, the program expended \$240,397 in federal funds, and \$80,133 in match funds. Homestead uses Byrne grant funds for personnel salaries, evaluation activities, and FFT site certification. Homestead contracts with NPC Research, Inc., a Portland-based research and evaluation firm, to serve as the external evaluator and provide process and outcome evaluations of the program and with FFT Inc. for site certification and staff training.

#### *Program Staff*

The Homestead Marigold Girls program has a service delivery staff of four persons. There are two FFT therapists, a Case Manager, and a Program Director. The two FFT therapists both have master's degrees. They provide direct service to families using the FFT model and carry caseloads of up to 15 families. The Case Manager provides transition services to families during the third phase and at the completion of their FFT. The Program Director provides overall supervision and also carries a reduced (3-5 family) caseload. The Program Director is designated as the lead therapist and has received training from FFT Inc. to assume a clinical supervision role. Program evaluation services are contracted to NPC Research, Inc.

#### *Collaboration*

The key stakeholders for the Marigold Girls program include the Umatilla County Commission on Children and Families, the Community Access for Resource Effectiveness (CARES) Team (a collaborative team that brings agencies, schools, and parents of troubled children together to develop appropriate strategies to assist the child to achieve success), the Juvenile Services Division, the Oregon Youth Authority, the Oregon Department of Human Services, Umatilla County Health Department, area middle and high schools, Adult and Family Services, and the Confederated Tribes of the Umatilla Indian Reservation. Each of these stakeholders has collaborated with Homestead Youth and Family Services through the development phase of the Marigold Girls program and currently make referrals to the program. The Commission on Children and Families has provided at least \$17,500 annually for match funding and several other stakeholders assisted Homestead in planning the new program including the County Juvenile Services Division, the Oregon Youth Authority, and the Oregon Department of Human Services.



# Program Logic Model

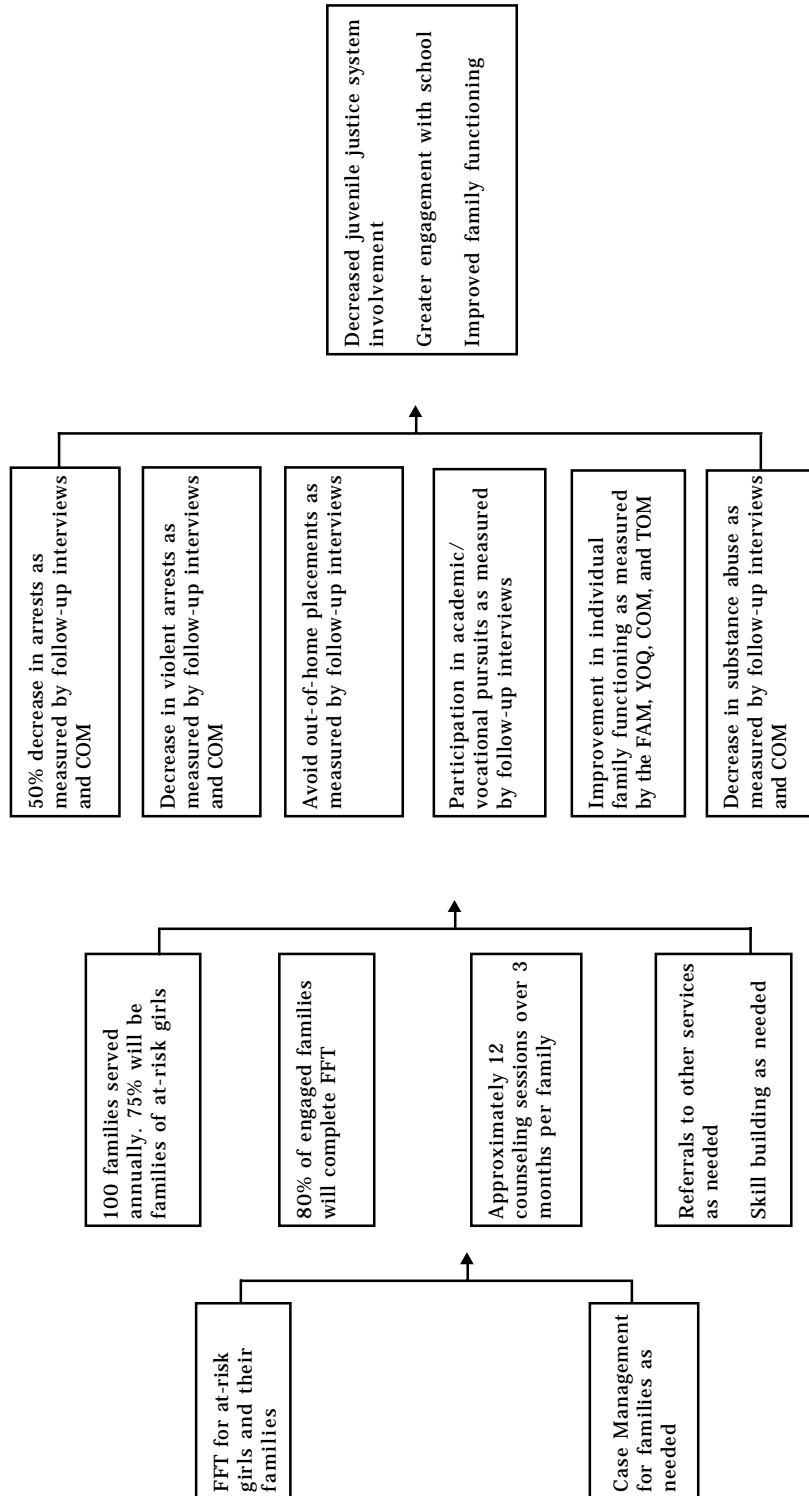
## Marigold Girls Program

### Program Goals

### Outcomes Measured

### Outputs

### Activities



## Marigold Girls Program

### Homestead Youth and Family Services

---

#### Program Progress

The Homestead Marigold Girls program made good progress during the fourth year of program funding. The program completed all required steps toward FFT site certification in the third year and evaluation data indicates that the therapists are continuing to adhere to the FFT model. The theory of change of FFT is based on improving family functioning and communication and subsequently improving the adolescents' behavior in a variety of domains. Evaluation data indicates that the program is improving family functioning and adolescent outcomes among those served and particularly among those who complete the program. However, the program is not meeting its objectives for the number of clients served and completion rate of clients served.

#### Process Evaluation

- *Clients served:* From July 1, 2004 through June 30, 2005, the program served 76 families. Of the 76 families served, 17 families were receiving services at the end of June 2005, 32 families had successfully completed the program, and 27 families had failed to successfully complete the program. There were no families on a waiting list for service. Basic demographic data were collected and recorded for the 76 youth served by the program. According to these data, 75 percent were female and 25 percent were male; eight percent were under age 13, 91 percent were 13 to 18 years of age, and one percent was unknown. In addition, 83 percent were White, seven percent were Hispanic, three percent were Asian, one percent were American Indian, one percent were African-American, one percent were multi-racial, and four percent were unknown.

Of the 165 cases referred to Marigold during year four, 84 (51 percent) completed a Juvenile Crime Prevention (JCP) Risk Screen Assessment (the other 81 were either not eligible or did not contact Marigold); 80 (48 percent) had a “zero” session (families complete initial program paperwork; four did not attend the session); and 49 (30 percent) had at least one FFT session (31 did not return for the first session). Of the 84 youth with JCP risk data, the total number of risk factors ranged from 1 to 19, with youth averaging eight risk factors. A total of 57 percent of the youth with JCP risk data had at least one risk indicator in the School Domain; 61 percent had one or more risk factors in the Peer Relationships Domain; 77 percent had risk indicator(s) in the Behavioral Issues Domain; almost all (99 percent) were at-risk in the Family Functioning Domain; and 39 percent had at least one risk factor in the Substance Abuse Domain.

Therapists noted several barriers to accessing FFT services during the past year. Marigold's attention to engagement with families from referral through the first phase may be a barrier i.e., if therapists are not adequately engaging families, motivation and commitment to therapy becomes a barrier. There were 165 families referred for service in year four. Documentation from the referral tool illuminated some of the reasons why 85 (52 percent) referred families did not participate in a “zero” session. For instance, 20 referred families never responded to Marigold's outreach; 14 referred families wanted another type of service or referral; the

## Marigold Girls Program

### Homestead Youth and Family Services

---

referral source failed to provide Marigold with adequate background information about the family in nine cases; seven referred youth did not meet the minimum age requirement (they were under 11 years old); five referred families were not interested in participating in Marigold's service. However, 80 (48 percent) families remained engaged in the referral process through to a "zero" session. For those families, the number of days elapsing between the referral date and the "zero" session date ranged from 0 to 64, with a median of seven days.

Overall, 30 percent (49 of 165) of referred families engaged in services (attended at least one FFT session). Analyses were conducted to determine if there was a pattern of which youth were more or less likely to engage in the Marigold program. Of the White population of referred youth, 32 percent engaged in Marigold. One of the three African-American youth and one of the three Native American youth referred engaged in the program. The only Asian youth referred engaged. However, only one of the 20 Hispanic youth referred engaged and only one of 18 youth for whom Spanish was their primary language engaged in the Marigold program. Marigold's lack of cultural diversity may be a barrier to successfully providing services to Hispanic families. The small percentage of Hispanic and Spanish-speaking youth engaging in Marigold is likely due to the lack of a bilingual therapist on staff.

- *Program implementation:* Evaluation data from quantitative measures provided evidence that the Marigold program is being implemented with fidelity to the program design. However, some program output objectives are not being met: the program served 76 families in the fourth year, below the benchmark of 100 and a total of 54 percent of the youth/families participating in FFT treatment completed the program, below the benchmark of 80 percent. However, the program did meet its objective that 75 percent of the youth served will be at-risk girls.
- *FFT site certification:* FFT Inc. has a systematic training and implementation model for agencies adopting FFT that insures the fidelity of the FFT model. The model includes clinical training for all staff, advanced clinical training for team leaders, follow-up visits, and ongoing supervision. In addition, agencies receive training in the use of the FFT Clinical Services System (CSS), a sophisticated client assessment, tracking, and monitoring system that provides for specific clinical assessment and outcome accountability. The entire training and implementation process takes three years to complete. This includes an initial three-day training; a two-day site visit to get the program up and running; weekly telephone consultations for the first year; three quarterly two-day site visits with an FFT consultant in year one; bimonthly calls with the site supervisor and an FFT consultant in year two; two two-day trainings for the site supervisor focused on clinical supervision of FFT sites and one site visit during year two; and monthly consultation and a review of the program's CSS in year three. The program has successfully completed all three phases of FFT site certification and is site certified.

## Marigold Girls Program

### Homestead Youth and Family Services

---

- *Barriers to implementation:* The program encountered several barriers to implementing the FFT program. Since the inception of the Marigold program referral and engagement rates have been below expected rates. While the rate has climbed over time, it has been disappointing that agencies and professionals do not refer more eligible youth. Several factors may contribute to this. First, establishing a new program in a small, rural area where community members prefer to turn to familiar faces and places for help results in some skepticism about utilizing the “new” program. Marigold staff addressed this by making a concerted effort to engage in regular public relations activities and be as visible in the community as possible. Additionally, the program staff’s lack of diversity and bilingual therapist has been a deterrent for other referral sources. Although the population in Umatilla and Morrow County is largely English-speaking, the program does receive a fair number of referrals for families with Spanish as their primary language. The program makes use of an interpreter at the family’s request. FFT advocates offering FFT in a ‘match to’ way that takes into account that the family likely has a system in place to act as its own interpreter and has found this to be effective. However, some referral sources have been quite vocal in their criticism of Marigold for relying on the family to interpret for themselves believing that the children may be dishonest or manipulative given the opportunity. The lack of referrals from the Native American community is also an ongoing concern. Despite several direct efforts to offer services to this population and the reservation, the program has been unsuccessful. At this point, it is not clear what would meet with success toward this end without a change in staff. Efforts to recruit qualified bilingual or diverse therapists (when the program has staff openings) have not been successful.

### Outcome Evaluation

- *Program Outcomes:* There are six main outcome goals for youth completing the Marigold FFT program: (1) to improve family functioning, (2) to reduce alcohol and drug use, (3) to improve school engagement, (4) to avoid Oregon Youth Authority (OYA) placements, (5) to reduce juvenile arrest and recidivism rates, and (6) to reduce juvenile violence.

*Family Functioning.* Each family member completed the Client Outcome Measure (COM), a required FFT measurement tool, during the last therapy session. This measure asked youth and their parents to rate family change in six different domains: overall level of family change, change in communication skills, change in adolescent behavior, change in parenting, change in parental supervision, and change in family conflict. At exit, 80 percent or more of families completing year four reported improvement in five of the COM domains; overall family change (95 percent), change in communication skills (89 percent), change in adolescent behavior (89 percent), change in parenting skill (89 percent), and change in family conflict (95 percent). A total of 79 percent of families reported improvement in the remaining domain, change in parental supervision.

## Marigold Girls Program

### Homestead Youth and Family Services

---

*Alcohol and Drugs.* The Marigold Case Manager and counselors provided a report of the youth's alcohol and drug use at the time of program intake. Additionally, both the youth and the parents were asked to report the youth's alcohol and drug use at the time of exit COM. For the 32 youth who completed therapy, at the time of program intake, seven youth were using alcohol, eight youth were using drugs, and four were using both alcohol and drugs. At program exit, youth reported their alcohol and drug usage: five youth reported using alcohol; two youth reported using drugs; and one youth reported using both alcohol and drugs. Thus at program intake, 59 percent (19 of 32) were using alcohol, drugs, or both. At program completion, 25 percent (8 of 32) were using alcohol, drugs, or both. The change from 59 percent to 25 percent represents a 58 percent decrease in youth substance use.

*School Engagement.* The COM, completed at program exit, was used to capture school attendance data. Data on school attendance at the close of therapy were available for all 32 youth who completed therapy in year four. At the close of therapy, 30 (94 percent) of these youth were attending school or a vocational program.

*OYA Placement.* Youth contact with the juvenile justice system is recorded in the statewide Juvenile Justice Information System (JJIS). From this statewide system, evaluators collected juvenile justice data for all youth to whom Marigold had provided service since program inception. Please note, the data presented on placement, arrests, and violence in the following sections include all Marigold youth served since program inception to June 2005. A total of 127 youth who had participated in the program were at least six months post participation and none of these youth had been committed to OYA or placed out of the home in the six months following participation. A similar pattern existed at 12 months post participation. A total of 97 youth who had participated in the program were at least 12 months post participation and one of these youth had been committed to OYA or placed out of the home in the 12 months following participation.

*Juvenile Arrest and Recidivism.* Recidivism rates were calculated for those youth with and without prior JJIS referrals at entry into the program. Analyses were conducted for all youth who had participated in the program and were at least six months post participation, as well as on the subset of youth who had reached their 12 month follow-up point. A total of 127 youth who had participated in the program were at least six months post participation and 33 of the 127 (26 percent) had a referral to the juvenile justice system in the six months following participation. Arrest rates six months after program exit for youth *without prior JJIS referrals* were calculated. Recidivism rates for youth *without prior JJIS referrals* were lower for youth who completed Marigold (nine percent) than for youth who failed to complete the Marigold program (14 percent). Likewise, recidivism rates six months after program exit for youth *with prior JJIS referrals* were calculated. Arrest rates were similar regardless of whether or not the youth completed Marigold (53 percent for both completers and non-completers).

## Marigold Girls Program

### Homestead Youth and Family Services

---

A similar pattern existed at 12 months post participation. A total of 97 youth who had participated in the program were at least 12 months post participation and 31 of the 97 (32 percent) had a referral to the juvenile justice system in the 12 months following participation. Arrest rates 12 months after program exit for youth *without prior JJIS referrals* were calculated. Recidivism rates for youth *without prior JJIS referrals* were lower for youth who completed Marigold (nine percent) than for youth who failed to complete the Marigold program (21 percent). Likewise, recidivism rates 12 months after program exit for youth *with prior JJIS referrals* were calculated. Arrest rates were similar regardless of whether or not the youth completed Marigold (58 percent for completers and 62 percent for non-completers).

*Juvenile Violence.* Analyses were conducted for all youth who had participated in the program and were at least six months post participation. A total of 127 youth who had participated in the program were at least six months post participation and nine of the 127 (seven percent) had a referral to the juvenile justice system in the six months following participation for a person-to-person crime. Analyses were conducted for all youth who had participated in the program and were at least 12 months post participation. A total of 97 youth who had participated in the program were at least 12 months post participation and 10 of the 97 (10 percent) had a referral to the juvenile justice system in the 12 months following participation for a person-to-person crime.

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who complete the program.
- Percent of clients who report improved family functioning.
- Percent of clients who report improved school engagement.
- Percent of clients who report decreased substance abuse.
- Percent of clients who had a referral to the juvenile justice system during the six months following program participation.
- Percent of clients who had a referral to the juvenile justice system during the 12 months following program participation.
- Percent of clients who had a juvenile justice placement during the six months following program participation.
- Percent of clients who had a juvenile justice placement during the 12 months following program participation.

## Marigold Girls Program

### Homestead Youth and Family Services

---

The outcomes for Marigold Girls Program include:

- The program provided 76 youth/families with FFT treatment.
- 75 percent (57 of 76) of youth served were at-risk girls.
- 54 percent (32 of 59) of youth/families participating in FFT treatment completed the program.
- 94 percent (24 of 25) of youth/families completing FFT treatment demonstrated improved individual and family functioning.
- 94 percent (30 of 32) of youth completing FFT treatment were attending school or otherwise engaged in educational or vocational pursuits.
- Youth who received FFT treatment had a 58 percent decrease in substance abuse (11 of 19).
- 100 percent (47) of all youth who completed FFT treatment and were 12 months after therapy avoided out-of-home placements and remained in the family environment.
- 42 percent (five of 12) of youth with prior juvenile justice referrals who completed FFT treatment did not have a referral in the 12 months following treatment.
- 75 percent (nine of 12) of youth with prior violent arrests who completed FFT treatment did not have a violent-related arrest in the 12 months following treatment.
- 91 percent (32 of 35) of all youth with no prior juvenile justice referrals who completed FFT treatment did not have a referral to juvenile justice in the 12 months following treatment.

### Lessons Learned

The program faced a number of challenges in developing a FFT program. The implementation of a model program has been, perhaps, the greatest overall challenge. The FFT model requires not only a fit between it and the individual therapist, but a fit with the agency as well. Without doubt, the training and support from FFT, Inc. early on was critical in being able to accomplish as much as Marigold has. Working with FFT, Inc. has been a challenge as well. As they undergo growth and change, FFT Inc. has made adjustments to their training protocol based on research findings and FFT's learning process regarding how to assist sites with implementation. As a result, there have been times when communication with FFT, Inc. was not completely clear or timely. In year four, support and contact with FFT, Inc. dropped off dramatically. With less support and monitoring from FFT, Marigold faces the challenge of developing internal mechanisms to monitor program fidelity. The program has developed a fidelity protocol which includes: requiring team members to present

## **Marigold Girls Program**

### Homestead Youth and Family Services

---

cases regularly and complete case notes in a timely fashion, requiring team supervisors to review notes for completion as well as quality, providing weekly staffing time to review cases, and a commitment to additional training in the model.

Homestead is actively pursuing efforts to sustain the program. Marigold serves a population that is not likely to ever be sustained on a fee-for-service schedule, thus necessitating other sources of funding. The Program Director has actively pursued contracts and grants throughout the fourth year of the program's operation. At this point, Marigold has obtained enough support to be sustainable for at least the next two years. During this time, administration and staff will continue to look toward the future and find other funding sources. The Oregon Youth Authority recently agreed to contract with Marigold for both therapy services and coordination of statewide implementation of FFT.

For further information about this program, please contact Ms. Elisa Doebler-Irvine at (541) 276-5433 ext. 13.



# Youth Turnaround Project

## Jackson County Health & Human Services

---

### Program Purpose

The Youth Turnaround Project was developed to target high-risk juveniles, both offenders and pre-offenders with the goal of delivering science-based services that will impact juvenile crime behavior, functional family behavior, and youth behavior correlated with juvenile crime. The program gives priority to chronic offenders.

Research has shown that family functioning is the most important predictor of youth's success in avoiding delinquency and alcohol and drug abuse. Although a full array of outpatient and residential alcohol and drug treatment services are available in Jackson County, services have traditionally been oriented towards individual clients with minimal family centered services, particularly for families with adolescents. The purpose of the Youth Turnaround Project is to prevent juvenile crime and recidivism among youth ages 10 to 17 in Jackson County's highest risk families. The program provides intensive, family-centered services including Functional Family Therapy (FFT) and intensive case management for youth at high risk for juvenile delinquency or recidivism who are currently being served through Integrated Family Drug Court, Kids Acting Responsibly Everywhere (KARE) (Jackson County's juvenile crime prevention project), or the juvenile justice system.

The main goals of the program are to:

- Reduce juvenile crime, especially violent crime among high-risk youth.
- Increase youth and family functional behavior in areas which impact juvenile crime.
- Improve family functioning for families of program youth.
- Strengthen service and evaluation capacity in Jackson County.

Program objectives in support of these goals are as follows:

- The program will provide 50 youth/families with FFT treatment annually.
- The program will enroll 20 of the 50 youth/families in the Integrated Family Drug Court.
- Comprehensive case management plans will be developed for all youth/families enrolled for 30 days.
- 70 percent of youth/families participating in FFT treatment and case management will demonstrate improved family self-sufficiency.
- Referral to one or more agencies for mental health, substance abuse treatment, education, or employment, will be made for 100 percent of youth enrolled.
- 75 percent of youth referred for mental health, substance abuse treatment, education, or employment will demonstrate improvement in that referral area within six months of enrollment into the FFT program.

## Youth Turnaround Project

### Jackson County Health & Human Services

---

- A school liaison will be identified for 80 percent of youth enrolled in school.
- 60 percent of youth participating in FFT treatment who are enrolled in school will improve their school attendance or school grades within six months of program enrollment.
- 70 percent of youth/families participating in FFT treatment will complete the program.
- 80 percent of youth/families completing FFT treatment will demonstrate improved family functioning.
- The recidivism rate of juvenile offenders will be reduced by 20 percent in the 12 months following program discharge.

#### Target Population

The Youth Turnaround Project targets male and female youth ages 10 to 17 who are at risk of involvement in juvenile crime or recidivism. To be eligible to participate in the program, youth must reside in Jackson County and both the youth and their family must agree to participate in FFT. In addition, the youth should not be at imminent risk of out-of-home placement, should not have serious mental health issues or developmental disabilities that would preclude progress in FFT, and should not be involved in concurrent family treatment.

Referrals to the program come from three primary sources: the Integrated Family Drug Court (IFDC), the juvenile justice system, or KARE. Youth referred through IFDC fall into two categories: (1) youthful offenders or (2) dependency cases (adults with open protective service cases secondary to substance abuse who also usually have criminal drug cases pending or by history thereby involving child protective services). Youth referred through the juvenile justice system range from status offenders (runaways, truants, alcohol, tobacco, and other drug offenders, and incorrigibles) to chronic offenders. Youth referred from the KARE program are non-offenders at risk of juvenile crime. Youth referred through the KARE program must have already completed a Juvenile Crime Prevention Risk Screen Assessment and been identified as having risk factors in three of five domains.

#### Program Components

The Youth Turnaround Project has three primary components: Functional Family Therapy (FFT), case management, and Integrated Family Drug Court. FFT is an empirically grounded, highly successful, family intervention program for dysfunctional youth. Data from numerous outcome studies suggest that FFT can reduce recidivism between 25 and 60 percent. FFT is the primary program component and all families receive FFT. The addition of the Integrated Family Drug Court as a motivator for the youth and their parents should strengthen the outcomes of FFT. For youth referred through the KARE program, the case management and integration with school services should maximize the effectiveness of FFT. The following is a detailed description of the main program components:

## Youth Turnaround Project

### Jackson County Health & Human Services

---

- *Functional Family Therapy:* FFT is an empirically evaluated family-based intervention for acting-out youth. The intervention is delivered by family therapists who engage the entire family in skills training in family communication, parenting skills, and conflict management skills in order to change maladaptive behaviors and strengthen positive behaviors. Following the FFT model, the Youth Turnaround Project therapeutic intervention was designed to last 12 weeks, with approximately one therapy session per week. If necessary, the FFT model stipulates that families may receive more frequent sessions early on, with the frequency diminishing over the course of treatment. Therapists work with families to set treatment goals, and if the families' goals are not met within 12 weeks, the therapist can continue treatment with the family.

Assessment is an integral component of FFT and occurs at program intake, throughout therapy, and at program exit. FFT requires the use of a series of assessment instruments that allow therapists to measure individual and family functioning and changes in such functioning over time. Assessments are completed using the Clinical Services System (CSS) client tracking and monitoring database that is a required component of implementing Functional Family Therapy. The CSS provides a very structured framework for therapists to record data and features a series of easily generated reports. The CSS requires that the therapist complete a Client Case History at the beginning of services. This form provides information about the family and youth's background and demographics. After each session, the therapist records information about what was done during the session. A report can then be generated that indicates how many sessions the family has had and which phase of treatment they are in. The family is asked to complete a Counseling Process Questionnaire (CPQ) at the beginning of the second session and every third session thereafter. The CPQ measures a variety of therapist behaviors and is intended to assess fidelity to FFT as well as client satisfaction. FFT also requires that the family and youth complete the Family Assessment Measure III and the Outcome Questionnaire at the initial session and again when counseling is completed. The Family Assessment Measure assesses seven different aspects of family functioning including communication, involvement, and control. The Outcome Questionnaire is available in both youth and parent versions. It measures clients' progress in therapy focusing on three aspects: (1) subjective discomfort (anxiety disorders, affective disorders, adjustment disorders, and stress-related illness), (2) interpersonal relationships, and (3) social role performance.

The FFT model consists of three phases: engagement and motivation, behavior change, and generalization. Using the FFT model, therapists determine when families are ready to advance through the FFT phases, with the applied therapeutic interventions determined by the phase.

*Phase 1. Engagement and Motivation:* The focus of Phase 1 is to address any issues that might inhibit families' full and productive engagement with therapy and to build on those individual and family strengths that will contribute to successful therapy. This is the most important phase and often the longest for families who

## Youth Turnaround Project

### Jackson County Health & Human Services

---

demonstrate resistance. During this phase, therapists work to create a shared understanding of the presenting problems and build trust with the family members. A therapeutic alliance is formed between the family and the therapist. The family completes assessment procedures and develops focus. Negativity is reduced and patterns and themes are reframed into positive efforts.

*Phase 2. Behavior Change:* During Phase 2 the therapist works with the family to create and implement short- and long-term behavior change plans tailored to each family member's needs and perspective. In this phase the therapist develops and implements individualized change plans that address parenting skills, delinquency behavior, and communication skills. The therapist teaches the family new ways to interact and talk to each other. Negative relational sequencing is changed. The therapist is active in structuring modeling and directing session activities with the goal of changing the family's negative relational sequencing. Sequencing behavior is a method used by the therapist to assess what happens and who does what within a family. Sequencing or circular questioning is usually done around the specifics of a presenting problem. Because it is drawn out in a circular fashion it is visually easier to see the context in which behavior occurs. This information is rich in knowledge about all the participants, the action each took, and the meaning of each participant's behavior.

*Phase 3. Generalization:* During Phase 3 the therapist helps the family apply positive behavior change techniques to additional situations and potential problems that could arise in the future. The focus shifts to relapse prevention and providing necessary community resources to support change. At this point the therapist becomes more of a case manager and works to assure stabilization of new skills. At closure the family is also offered a booster session in the future if needed.

- *Case management:* The Case Manager develops a comprehensive case plan, refers youth to mental health, chemical dependency treatment, educational resources, and employment services as indicated; identifies a school liaison for each youth and monitors school behavior and achievement; tracks the progress of all participants weekly; and communicates weekly with FFT therapists and other involved team members.
- *Integrated Family Drug Court:* The IFDC utilizes a one judge/one family case assignment, thereby providing the family an impartial judge who is in a position of authority over the family and whose specialized knowledge of the family and family dynamics can help resolve their conflicts, provide access to services, and improve their lives. The Integrated Family Drug Court Coordinator coordinates the Integrated Family Drug Court Team members, attends the weekly Integrated Family Drug Court Team meetings to review the progress of youth, attends the Integrated Family Drug Court hearings, participates in courtroom proceedings, and provides information to the judge as needed. The team includes the Program Coordinator, the lead therapist in the treatment staff, the Case Manager, and the Probation Officer.

## **Youth Turnaround Project**

### Jackson County Health & Human Services

---

Program services are individualized to meet the needs of each client family. All families receive FFT and case management. A school liaison is identified for all youth enrolled in school. In addition, IFDC families appear before the judge weekly to monthly for one year. Youth in need of mental health services or chemical dependency treatment are referred to one or a combination of treatment services.

#### **Program Resources**

##### *Byrne Funding*

The Youth Turnaround Project receives Byrne grant funding of \$249,702 and provides matching funds of \$83,234. During the period July 1, 2004 through September 30, 2005, the program expended \$237,296 in federal funds, and \$79,099 in match funds. Jackson County Health & Human Services uses Byrne grant funds for personnel salaries, evaluation activities, and FFT site certification. Jackson County contracts with a national expert in juvenile crime and delinquency to serve as the external evaluator, and to review and provide input on all levels of program evaluation, and with FFT Inc. for site certification and staff training.

##### *Program Staff*

The Jackson County Youth Turnaround Project has a service delivery staff of seven persons. There are four FFT therapists, a Clinical Supervisor, a Case Manager, and a Program Director. They provide direct service to families using the FFT model. One of the four therapists is designated as the lead therapist and receives training from FFT, Inc. to assume a clinical supervision role. In the interim, the program as a whole receives supervision and oversight from a trained FFT clinical consultant. The clinical consultant provides weekly phone supervision and conducts four on-site training sessions for the staff during the year. The consultant's role is to reinforce the program model and to provide help, ideas, and examples on how to approach challenging cases. The Clinical Supervisor provides clinical oversight to the FFT team and participates in case staffings and drug court hearings. The Case Manager tracks referrals into FFT and insures clients receive needed services. The Program Director provides overall program supervision, coordination with funders, and fiscal accountability. Program evaluation services are contracted to an external evaluator.

##### *Collaboration*

The key community partners for the Jackson County Youth Turnaround Project are the adult and juvenile community justice systems, the Jackson County Circuit Court, Jackson County Health & Human Services, the District Attorney's Office, the KARE program, public schools, and OnTrack, Inc., a non-profit comprehensive counseling agency for this program (FFT therapists are employed at OnTrack). Jackson County has developed a strong collaborative human service/family court system which supports collaborative countywide service integration. Jackson County Community Justice, OnTrack, Jackson County Health & Human Services, and Jackson County Courts Administration and Judiciary were involved in planning the development of the Youth Turnaround Project. Jackson County Community Justice, Health and Human Services, and OnTrack, along with several other community partners, are involved in collaborative efforts aimed at reducing and preventing juvenile crime through juvenile crime prevention resources made available under Senate Bill 555. OnTrack is working collaboratively with adult and juvenile corrections and OYA to deliver substance abuse treatment to court-referred clients and to clients within correctional facilities.

# Program Logic Model

## Youth Turnaround Project

### Goals

To reduce juvenile crime – especially violent crime among high-risk youth

To increase youth functional behavior in areas which impact juvenile crime

Improve family functioning for families of program youth

To strengthen service and evaluation capacity in Jackson County

Completion of FFT training

### Outcomes

Recidivism rate of offenders will be reduced as measured by 12 month post offender rate

Reduce OYA and out-of-home placement

80% of high-risk non-offenders participating in this project will not commit a crime during the program year

70% of families will complete Functional Family Therapy

80% of families completing FFT will show improvement on Functional Family Therapy instrument

70% of families will show improvement on the family self-sufficiency scale

60% of youth participating in program who are enrolled in school will show improvement in school attendance

75% of youth receiving service in one of four designated service areas will show improvement in that service area

Award of FFT site certification

### Outputs

50 youth will be enrolled

50 youth and their families will participate in FFT

School liaison will be identified for all youth in school

At least one outside referral/client contact will be made for each participating youth with an identified need in the following service areas: AOD treatment, MH treatment, school success, employment advancement

Completion of FFT training

Development of Individualized Youth Plan

### Activities

Training to become FFT certified site

Intake staffings for cases referred by JDH, Courts, DHS (Children, Adults & Families Division) and treatment providers

Weekly case staffings on drug court enrolled clients

Monthly staffings on non-drug court families

Functional Family Therapy intake assessments, sessions, and exit appointment

Case management with referrals to needed services

Weekly integrated family drug court for drug court youth

Incentive/rewards

Coordinate treatment with schools

Program evaluation

### Resources

Integrated Family Drug Court

JDH probation officer

JCHHS program oversight

OnTrack, Functional Family Therapy team, Case Manager

OnTrack youth alcohol and drug abuse outpatient treatment services, youth residential treatment services, HOME program, AOD residential treatment for pregnant and parenting teens and women, and adult outpatient

DHS, division of Children, Adults & Families

Outside evaluation consultant

School Liasons

# Youth Turnaround Project

## Jackson County Health & Human Services

---

### Program Progress

The Youth Turnaround Project made good progress during the fourth year of funding. The program provided Functional Family Therapy/Integrated Family Drug Court (IFDC) for 15 families with at-risk youth ages 10 to 17, and Functional Family Therapy/case management for 45 families with at-risk youth ages 10 to 17. The program provides services to the Integrated Family Drug Court population for nine to 12 months, which includes one month for referral, staffing, and court docketing, an average of five months in FFT, and two to four months of post-therapy case management. The non-IFDC families are enrolled an average of five to eight months with less time in the post-therapy case management and intake phases. Initial results are highly encouraging. Despite ongoing budget cuts impacting most of the collaborative partners in the program, the integrity of the program has been maintained. Families receiving FFT are very high risk and have seldom had any previous success in demonstrating successful family behavior. They are distrustful of the system and have typically had several unsuccessful experiences with alternative therapy programs. The experience of the program, thus far, confirms the research data that validates this treatment with high-risk families.

### Process Evaluation

- *Clients served:* From July 1, 2004 through June 30, 2005, the program served 60 families. Of the 60 families served, 23 families were receiving services at the end of June 2005, 23 families had successfully completed the program, and 14 families had failed to successfully complete the program. There were four families on a waiting list for service. Basic demographic data were collected and recorded for the 60 youth served by the program. According to these data, 58 percent were male and 42 percent were female, a much higher percentage of females than in the juvenile justice population as a whole. This higher referral rate for females reflects both family and referrer's belief that family behavior is particularly crucial in resolving female offender issues. Five percent of the clients were aged 12 and under and 95 percent were between 13 and 18. The mean age in the population during the year was 15; the mode or most common age was 16. This age spread is slightly younger than the general juvenile justice population because the focus of referrals for the juvenile population was on families who would have custody of their youth for at least another 18 months so family behavioral changes would have the most impact on youth development. The ethnic breakout of the program population resembles the county and juvenile department demographics. According to these data, 71 percent (43) of the families were White; 17 percent (10) were Hispanic, three percent were Asian/Pacific Islander, two percent were American Indian/Alaskan Native, two percent were Black or African American, two percent were multi-racial, and three percent were unknown (ethnicity not provided).

All youth involved in the program were considered to be high-risk according to one or more of the following parameters: (1) current charges against the youth, (2) dependency cases involving the youth and/or their parents, (3) current drug-related charges against their parents, or (4) identified as at-risk in three of five Juvenile Crime Prevention Risk Screen Assessment domains. Of the 60 families

## Youth Turnaround Project

### Jackson County Health & Human Services

---

served, 15 were enrolled in the integrated family drug court and 45 were non-drug court high-risk youth. Youth referred to the Integrated Family Drug Court component of the Youth Turnaround Project generally are at the high end of the offender continuum; for many families it is the last option before OYA and/or residential placement. For the court, it is often used as a diversion to forestall placement in OYA. The program has managed to avoid OYA placement for some of these youth; it has also been used as a family treatment component for youth exiting residential treatment for substance abuse. For two youth who started FFT and then placed in residential treatment, FFT was completed when the youth re-entered the community and FFT assisted the youth and family in the transition process. All the youth referred to Youth Turnaround by juvenile services (74 percent in year four) are youth on the active caseloads with juvenile services, which generally means they have committed felonies or serious misdemeanors. In year four Youth Turnaround had only one family in the non-offender category. Those referrals diminished significantly when the reduction in juvenile crime prevention funding eliminated most of the non-offender referral sources.

The program had originally planned to serve a higher proportion of IFDC families. However, court docket limitations have limited that population to court capacity. In addition, the program has learned through experience that a substantial number of high-risk families, particularly where one or both parents use alcohol or drugs, are not willing to be under the authority of IFDC. However, many of these families were willing to enroll directly in FFT because they believe their family would benefit from FFT therapy and FFT therapy itself would not involve court monitoring of adult behavior. Initially, program staff were concerned about whether FFT would be effective with families who were avoiding IFDC monitoring, but many of the families who fit that description have enrolled, completed, and benefited from FFT.

Another population change in the program is the number of Hispanic families enrolled. Originally, with no Hispanic FFT therapist and no program history in the Hispanic community, the percentage of Hispanic enrollment was very low. However, this rate has been steadily increasing partially because several of the Hispanic families involved belong to extended families in the community which eventually resulted in multiple enrollments. Also, once the Hispanic community became aware of the program they appreciated the model's support for family and family autonomy (i.e. a process where the family makes its own decisions about how to make positive changes within the family). OnTrack has prioritized the hiring of a Hispanic FFT counselor so that this population will be well-served. A Hispanic male FFT counselor is presently in training to replace the one who has left the program.

Of the 148 families enrolled since the program's inception, 14 are still active. Of the 134 who have left (completed) the program, 81 successfully completed the program, and 53 were unsuccessful completions. Successful completion is attained when a client both completes the program and shows some positive success on



## Youth Turnaround Project

### Jackson County Health & Human Services

---

program rating scales. While no one who completed the program showed losses in functioning, there were a few families that stayed the same and did not show progress. These families are not considered successful completers. Program staff feedback indicates it is difficult to predict which families will complete or not complete the program. Families who, based on motivation and initial interest, seemed destined for success would drop out or not make progress, while some families, who had tremendously challenging family histories and no visible potential, would engage in the program and make remarkable progress as a family. One clear pattern throughout the program has been that the majority of the families who are unsuccessful have left the program after one or two sessions. Families who stay in the program beyond the first few sessions generally complete and show positive results as a result of their efforts. Another surprising factor is that successful program completers showed higher juvenile offense rates in many of the pre-scale categories than the non-completers.

- *Program implementation:* Evaluation data from quantitative measures provided evidence that the Youth Turnaround Project is being implemented as designed. The program met or exceeded most of the output objectives. During the fourth year, the program served 60 families. Of those 60 families, 57 were enrolled at least 30 days. A total of 48 of the 57 (84 percent) had a comprehensive case management plan. These plans are developed with the youth and the staffing team and are the basis for referrals, treatment, and case management. A total of 48 of the 57 youth (84 percent) enrolled in the program received referrals to one or more agencies for mental health, substance abuse treatment, education, or employment. A School Liaison was identified for 56 of the 57 (98 percent) youth enrolled in school. These numbers are lower than previous years because the Case Manager left the program in the winter of 2004 and the new Case Manager was not able to make contact with some of the juvenile offender population who were enrolled in that interim period. The Integrated Family Drug Court Coordinator was able to assist the new Case Manager in effectively connecting with all the IFDC population, but some of the offender population missed case management services. All new enrollees have case management services and a comprehensive plan. The Case Manager is presently working with all active enrollees who do not have plans to ensure that comprehensive plans are developed and that they have assistance in meeting the goals in those plans.

The program strengthened the school liaison connection with the addition of the Day Reporting classrooms in the new juvenile facility. School connections and communication are improving, particularly with the Medford School District, which is the largest district in the county and enrolls approximately 40 percent of Jackson County youth.

- *FFT site certification:* FFT Inc. has a systematic training and implementation model for agencies adopting FFT that ensures the fidelity of the FFT model. The model includes clinical training for all staff, advanced clinical training for team

## Youth Turnaround Project

### Jackson County Health & Human Services

---

leaders, follow-up visits, and ongoing supervision. In addition, agencies receive training in the use of the FFT Clinical Services System (CSS), a sophisticated client assessment, tracking, and monitoring system that provides for specific clinical assessment and outcome accountability. The entire training and implementation process takes two years to complete. During the third year, three of the four FFT trained therapists resigned. Because of the loss in FFT-trained staff, OnTrack had to hire and train three FFT therapists in year three. One of the three staff they lost was also the person who had completed his externship training in readiness for internal site supervision. The three new FFT staff all completed the FFT training and have been providing FFT therapy for more than one year. The program is FFT approved. It receives weekly telephone supervision from an FFT-selected therapist. Now that staff has gained experience with the model, OnTrack hopes to send one of the therapists on to externship training so they can eventually provide supervision internally.

- *Barriers to Implementation:* A major barrier to program implementation is the capacity of the program to maintain a core of trained FFT therapists. The Youth Turnaround Project went for two and a half years without losing one therapist and then lost three within a two-month period. One staff left the area and two left for public service positions with higher benefits and wages. OnTrack will always be at risk for losing staff because of the relatively low wages. The agency has dealt with this by assigning long-term employees with proven commitment to the agency as replacements for the staff who left. Also the agency Director is in the process of becoming an FFT Supervisor thus stabilizing the FFT supervision role. The four FFT-trained therapists have all remained at OnTrack in year four, giving much needed stability to the program. The efforts of the agency to select staff who would remain with the program and provide the training and support to keep them has thus far paid off.

The economic cost of becoming and remaining a licensed FFT site is a major barrier to the long-term sustainability of providing FFT in this community. The agency has commitments through a number of grant projects for enough funding to support the direct costs of providing therapy, but the ongoing training and site certification costs are still an unsolved problem. The agency has not yet identified a way to share these costs with other sites or the state. Jackson County hopes to work with the other Oregon FFT programs and the state to find a cooperative and cost-efficient way of maintaining this model statewide. With the focus on best-evidence practices, it is essential that Oregon find ways to maintain and stabilize the ones they have in place.

One barrier that was resolved this year was the referral of families from juvenile services. Jackson County Juvenile Services is combined with adult corrections and a new program Director was hired September 2004. During the transition process of a new Community Justice Director, and with the unexpected loss of the program Case Manager, the referral system from the juvenile justice system to FFT

## Youth Turnaround Project

### Jackson County Health & Human Services

---

broke down. Probation officers were referring all youth to the Integrated Family Drug Court. Many of these referrals were inappropriate to the IFDC but not to FFT, however, they were never referred to FFT unless they were enrolled in one of the few IFDC slots. Once the program realized what was happening, the Community Justice Director and the Family Court judges recreated the direct referral system to FFT.

The new Community Justice Director has more than doubled the amount of funding his department is committing for treatment - for both adults and juveniles. Functional Family Therapy is one of the components in youth treatment and is also a resource for the now combined caseload of families where both one parent and one youth are on the corrections caseload. This department focus on client treatment has tremendous potential for providing best practice treatment to both juvenile and adult offenders.

### Outcome Evaluation

- *Program Outcomes:* There are five main outcomes for youth completing the Youth Turnaround Project FFT program: (1) to improve family self-sufficiency, (2) to improve family functioning, (3) to improve school attendance or school grades, (4) to avoid Oregon Youth Authority (OYA) placements, and (5) to reduce juvenile arrest and recidivism rates.

*Family Self-Sufficiency.* A total of 65 percent of families completing the FFT program have showed gains in family self-sufficiency as demonstrated by changes pre/post on the Family Self-Sufficiency Scale. The scale is a holistic measure of family stability across a wide area of basic life functions. The assessment measures broad areas of life functioning including shelter, employment, mental health, parenting, and school attendance. The improvement is measured by pre/post changes in the overall scale. This pre/post scale is measured six months past intake. A total of 97 of the youth were enrolled six months or more. Of the 97, there were 84 with six months post enrollment data and 13 who dropped out before completing the program. Among the 84 with pre/post data, 55 (65 percent) showed improvement on the scale.

*Family Functioning.* Of the 134 families who completed the program, 81 (60 percent) successfully completed the FFT program. Of the 53 (40 percent) who did not complete, 13 (10 percent) were incarcerated, 29 (22 percent) quit or dropped out and 11 (eight percent) families moved out of Jackson County before completion. A total of 97 percent (79 of 81) of families successfully completing FFT treatment have shown improvement as demonstrated by positive changes in pre/post assessment results on the Functional Family Therapy instrument.

*School Attendance/Grades.* A total of 56 of 97 youth (58 percent) enrolled six months or more improved their school attendance or grades. This includes 11 youth who had formally dropped out of school and re-entered school while in the

## Youth Turnaround Project

### Jackson County Health & Human Services

---

program. Youth in the Drug Court had the most dramatic improvement as the family court closely monitored youth's school behavior including ongoing contact with teachers and scrutinizing of report cards and school behavioral reports during Drug Court sessions. Youth were also strongly rewarded in court for school improvements. Generally, those youth who improved did so in both areas.

*OYA Placement.* A total of 109 youth who had participated in the program were at least six months post participation and 15 of these youth (15 percent) had been committed to OYA and placed out of the home in the six months following participation. A total of 97 youth who had participated in the program were at least 12 months post participation and 19 of these youth (20 percent) had been committed to OYA and placed out of the home in the 12 months following participation.

*Juvenile Arrest and Recidivism.* Recidivism rates were calculated for those youth with and without prior Juvenile Justice Information System (JJIS) referrals at entry into the program. Analyses were conducted for all youth who had participated in the program and were at least six months post participation, as well as on all youth who had reached their 12-month follow-up point. A total of 109 youth who had participated in the program were at least six months post participation and 31 of the 109 (28 percent) had a referral to the juvenile justice system in the six months following participation. Arrest rates six months after program exit for youth without prior JJIS referrals were calculated. A total of 10 youth who had participated in the program were non-offenders prior to program entry. A total of one (10 percent) of these youth had a referral to the juvenile justice system in the six months following program participation. Likewise, recidivism rates six months after program exit for youth with prior JJIS referrals were calculated. A total of 99 youth who had participated in the program were offenders prior to program entry. A total of 30 of these youth (30 percent) had a referral to the juvenile justice system in the six months following program participation.

A similar pattern existed at 12 months post participation. A total of 109 youth who had participated in the program were at least 12 months post participation and 42 of the 109 (39 percent) had a referral to the juvenile justice system in the 12 months following participation. Arrest rates 12 months after program exit for youth without prior JJIS referrals were calculated. A total of 10 youth who had participated in the program were non-offenders prior to program entry. A total of three of these youth (30 percent) had a referral to the juvenile justice system in the 12 months following program participation. Likewise, recidivism rates 12 months after program exit for youth with prior JJIS referrals were calculated. A total of 99 youth who had participated in the program were offenders prior to program entry and 39 of these youth (39 percent) had a referral to the juvenile justice system in the 12 months following program participation.

# Youth Turnaround Project

## Jackson County Health & Human Services

---

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who complete the program.
- Percent of clients who report improved family functioning.
- Percent of clients who report improved school engagement.

The outcomes for Youth Turnaround Project include:

- The program provided 60 youth/families with FFT treatment.
- 62 percent (23 of 37; 23 were still enrolled at the end of the grant period) of youth/families participating in FFT treatment successfully completed the program.
- 25 percent (15 of 60) of the youth/ families served in the program have been enrolled through Integrated Family Drug Court.
- 84 percent (48 of 57) of youth/families enrolled for 30 days received comprehensive case management plans.
- 86 percent (32 of 37; 23 were still enrolled at the end of the grant period) of youth/families participating in FFT treatment and case management demonstrated improved family self-sufficiency.
- 96 percent (22 of 23) of youth/families successfully completing FFT treatment demonstrated improved family functioning.
- 84 percent (48 of 57) of youth enrolled for at least 30 days and who received a referral to one or more agencies for mental health, substance abuse treatment, education, or employment, demonstrated improvement in that referral area within six months of enrollment into the FFT program.
- 98 percent (56 of 57) of youth enrolled for at least 30 days and were enrolled in school, had a school liaison identified.
- 58 percent (56 of 97) of youth enrolled since the program's inception and enrolled in school, improved their school attendance or school grades within six months of program enrollment.
- The recidivism rate of chronic (four or more crimes) juvenile offenders was reduced by 25 percent in the 12 months following program discharge.

## Youth Turnaround Project

### Jackson County Health & Human Services

---

#### Lessons Learned

The Youth Turnaround Project has integrated a newly created Functional Family Therapy program into a newly created Integrated Family Drug Court system. This has been possible only because of the intensive collaborative system integration that has taken place in Jackson County over the past decade. The program required the cooperation and proactive support of the court system, the juvenile justice system, the youth treatment service providers, and the community. A key factor in the success of the program is the multidisciplinary staffing team. This team includes the Program Coordinator, the lead therapist in the treatment staff, the Case Manager, and the Probation Officer. The team meets weekly to determine who will enter the program and to coordinate treatment and case management for youth already enrolled. In addition, the strong commitment of the courts and the judges has assisted strongly in identifying families, enrolling them, and holding them accountable. The Functional Family Therapy model itself combined with the technical assistance involved in becoming a licensed site is perhaps the strongest factor in the program's success, as it has proven very successful in working with high-risk families in the community. However, staff turnover threatens program continuity and a successful program requires ongoing training and monitoring.

Because this program was designed as a service program for the emerging Family Drug Court, it had strong collaborative support from all the Family Court partners, particularly the juvenile judges. This proved crucial in establishing linkages between the Courts, the Juvenile Department and treatment providers, linkages that had historically been underdeveloped and underutilized in this community. The program learned that it takes continuing efforts to maintain these linkages particularly given the reality of staff turnover. On the downside, the Family Drug Court is designed as a universal family drug court program including Child Welfare and adult criminal populations as well as juveniles. This resulted in limited placement openings for juveniles and a drug court model that was not designed specifically for the juvenile population. Drug court judges sometimes became frustrated dealing with the developmental vagaries of the juvenile population and the process itself may not be the optimal court process for juveniles.

The model used in this program combined FFT with an individualized youth comprehensive plan with case management services. In addition to FFT, it focused on supporting youth's school success and access to mental health, health and employment services. It was difficult to maintain this service in the juvenile population when there was turnover in probation officers or case managers but it resulted in startling successes for some families, particularly those who had not previously been involved in service systems. It impacted both school attendance and for youth who had stopped going to school, school re-entry.

Families completing FFT found value in the program and recommended it to other families. They also spoke positively about it in court to the staffing team that works with the Family Drug Court. These are families who are not positive about most of their treatment and service system experiences. They valued the FFT model because it empowered them to define the family problems and goals. Consequently they felt that the program supported their vision of themselves as a family. They didn't feel like someone was trying to make them be something

## **Youth Turnaround Project**

### Jackson County Health & Human Services

---

they were not. The other key element in the model success is in the amount of defined family change it supports in a limited amount of therapy time. The process moves families in five to 12 sessions through four stages that complete the process. Families have a sense of defined closure and for most families who complete the process, it is successful closure.

For further information about this program, please contact Ms. Carin Niebuhr at (541) 774-8200.

## Multisystemic Therapy Treatment Foster Care Multnomah County Department of Community Justice

---

### Program Purpose

The Multnomah County MST program was initiated in 1998 as part of an effort to decrease recidivism and increase family functioning with targeted high- and medium-risk juveniles on probation. MST has been designated as a best practices program and has been shown to reduce the rates of antisocial behavior in adolescents, reduce out-of-home placements, and empower families to resolve future difficulties. The primary goals of MST are to reduce criminal activity, reduce other types of antisocial behavior such as drug or alcohol abuse, and to achieve these outcomes at a cost savings by decreasing rates of incarceration and out-of-home placement. To achieve these goals, MST uses interventions that focus on factors in each youth's ecology that are contributing to his or her antisocial behavior such as improving discipline/parenting practices, enhancing family relations, addressing alcohol or drug usage, decreasing youth's association with negative peer groups, and improving youth's school attendance or performance.

The primary use of the Byrne Grant is to fund and evaluate an enhancement to the existing MST program by developing and utilizing a MST-tailored Treatment Foster Care component. In the past, the MST program faced a lack of alternatives to correctional placement for youth who had to be removed from the family home for short periods of time during treatment. The Treatment Foster Care component will allow the program to place the youth outside of the home temporarily during MST program enrollment without disrupting treatment by providing a smooth bridging of MST principles, methods, and staffing from the home environment to the foster care environment. It is expected that this program enhancement will help to achieve the overall goals of the MST program, improve outcomes, and decrease recidivism rates. A rigorous evaluation study is being conducted to evaluate the effectiveness of the Treatment Foster Care component and the overall MST program.

The main goals of the program are to:

- Reduce recidivism rates of youth participating in the MST program.
- Improve family functioning of families being served by the MST program.
- Reduce drug and alcohol use by youth participating in the MST program.
- Reduce out-of-home placements to Oregon Youth Authority correctional facilities for youth participating in the MST program.
- Reduce long-term out-of-home placements for youth participating in the MST program.

Program objectives supporting these goals are to:

- Provide 50 youth/families with MST treatment annually.
- Provide 30 of the 50 youth/families with alcohol and drug specific MST services annually.



## Multisystemic Therapy Treatment Foster Care

### Multnomah County Department of Community Justice

---

- Of the 50 youth/families served by MST annually, provide MST services to 20 gang-involved or gang-affected youth.
- Provide short-term treatment foster care to 50 percent of all youth participating in MST treatment annually.
- MST therapists will participate in quarterly booster trainings and receive weekly clinical supervision.
- The average monthly Therapist Adherence Measurement Scales (TAMS) score will be 0.40 or above (on a scale of -4.0 to +3.0).
- 60 percent of youth/families participating in MST treatment will successfully meet at least 75 percent of MST's overarching program goals (goals set with the family).
- 90 percent of youth/families participating in MST treatment will successfully meet at least 60 percent (partially successful completion) of MST's overarching program goals (goals set with the family).
- 80 percent of youth/families participating in MST treatment will maintain or improve family functioning.
- 75 percent of all youth participating in the MST program will demonstrate reduced alcohol and drug usage.
- 85 percent of all youth participating in the MST program will remain in their family or a family-like environment at the time of program discharge.
- 80 percent of all MST participating youth will not re-offend within six months after program discharge.
- 75 percent of all MST participating youth will not re-offend within 12 months after program discharge.
- 85 percent of all youth who have successfully met at least 75 percent of the MST program goals will not re-offend within 12 months after program discharge.

### Target Population

The Multnomah County Multisystemic Therapy Treatment Foster Care program targets youth with the following characteristics: (1) medium- to high-risk juveniles on probation, (2) ages 12 to 17, (3) at risk of immediate out-of-home placement due to the youth's behavior(s), and (4) have a significant substance abuse issue and/or are gang-affected.

Referrals to the program come from the youth's Juvenile Court Counselor (probation officer). To make a referral, the Juvenile Court Counselor (JCC) completes a referral form and presents the case to the lead MST therapist for a screening. At that meeting, the JCC discusses the family's strengths and needs, the youth's and family's legal and social history, the

## Multisystemic Therapy Treatment Foster Care Multnomah County Department of Community Justice

---

individuals included in the family and the youth's social-ecology, and any other information pertinent to the referral. If the youth meets program criteria, the parent(s) is/are willing to participate in the program, and the lead therapist has verified that the youth has had a recent psycho-social assessment, the case is accepted and opened within two weeks. The need for a current assessment is the result of the Department of Community Justice (DCJ) MST program becoming a state licensed mental health and alcohol and drug treatment program in November 2003.

Any youth who is participating in the MST program is also eligible to receive Treatment Foster Care (TFC) services upon referral by their MST therapist. The decision to refer to TFC is made by the MST therapist in consultation with the family. If, during the course of the MST treatment, it is deemed appropriate for the youth to leave the family home for a short (up to four weeks) period of time, the parent(s) may voluntarily place the youth into TFC.

### Program Components

The Multnomah County Multisystemic Therapy Treatment Foster Care program has two major components: Multisystemic Therapy (MST) and Treatment Foster Care (TFC). MST is an intensive, home-based, systems-based family therapy program. The model mandates that therapists conduct certain activities with each family (e.g., performing a Strengths and Needs Assessment, developing overarching goals for treatment, forming hypotheses about behaviors exhibited, doing a "Functional Analysis" to better understand behaviors, etc.), and it is also flexible enough to allow for the individual needs of specific families. Program activities depend upon the goals for treatment and the individual needs of the youth and family. To successfully complete the program, the youth must have completed 75 percent of his/her overarching goals for treatment and not be placed in Oregon Youth Authority (OYA) or Oregon Department of Human Services (DHS) custody at the end of the program. Concurrent with MST, the program also provides for a TFC component for youth on an as-needed basis. Youth who enter the TFC component continue to receive MST services while in the foster care placement.

The foundational element of the program is the Multisystemic Therapy model itself, which is supplemented by the second element of Treatment Foster Care.

*Multisystemic Therapy:* MST uses the family preservation model of service delivery in that it is home-based, goal-oriented and time-limited. It is present-focused and seeks to identify and extinguish behaviors that are of concern not only to referring agents but to the family as well. The entire family participates in the MST program and MST involvement typically lasts between three and five months. Collaboration with community agencies is a crucial part of MST. The school is a key player and therapists may be in daily contact with teachers and administrators. MST therapists also work in close partnership with probation officers who are the referral source.

A central feature of the MST treatment model is its integration of empirically tested treatment approaches, which have historically focused on a limited aspect of the youth's social ecology (e.g., the individual youth, the family), into a broad-based ecological framework that addresses a range of pertinent factors across family, peer, school, and community contexts.

## Multisystemic Therapy Treatment Foster Care Multnomah County Department of Community Justice

---

The choice of modality used to address a particular problem is based largely on the empirical literature concerning its efficacy. As such, MST interventions are usually adapted and integrated from pragmatic, problem-focused treatments that have at least some empirical support. These include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies. In addition, and as appropriate, biological contributors to identified problems are identified and psychopharmacological treatment is integrated with psychosocial treatment.

Concomitant with the integration of empirically tested treatment approaches, a crucial aspect of MST is its emphasis on promoting behavior change in the youth's natural environment. As such, the overriding goal of MST is to empower parents with the skills and resources needed to independently address the inevitable difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. Parent (and family) is broadly defined to include the adult who serves as the youth's primary parent figure or guardian. Within a context of support and skill building, the therapist places developmentally appropriate demands on the adolescent and family for responsible behavior.

Initial therapy sessions identify the strengths and weaknesses of the adolescent, the family, and their transactions with extra-familial systems (e.g., peers, friends, school, parental workplace). Problems identified by both family members and therapists are explicitly targeted for change, and the strengths of each system are used to facilitate such change. Although specific strengths and weaknesses can vary widely from family to family, several problem areas are typically identified for serious juvenile offenders and their families.

At the family level, parents and adolescents frequently display high rates of conflict and low levels of affection. Similarly, parents (or guardians) frequently disagree regarding discipline strategies and their own personal problems (e.g., substance abuse, depression) often interfere with their ability to provide necessary parenting. Family interventions in MST often attempt to provide the parent(s) with the resources needed for effective parenting and for developing increased family structure and cohesion. Such interventions might include introducing systematic monitoring, reward, and discipline systems; prompting parents to communicate effectively with each other about adolescent problems; problem-solving day-to-day conflicts; and developing social support networks with friends, extended family, church members, and so forth.

At the peer level, a frequent goal of treatment is to decrease the youth's involvement with delinquent and drug-using peers and to increase his or her association with prosocial peers (e.g., through church youth groups, organized athletics, after-school activities). Interventions for this purpose are optimally conducted by the youth's parents, with the guidance of the therapist, and might consist of active support and encouragement of associations with non-problem peers (e.g., providing transportation and increased privileges) and substantive discouragement of associations with deviant peers (e.g., applying significant sanctions).

The design and implementation of MST interventions is based on the following core treatment principles:

## Multisystemic Therapy Treatment Foster Care

### Multnomah County Department of Community Justice

---

- The primary purpose of assessment is to understand the “fit” between the identified problems and their broader context.
- Therapeutic contacts should emphasize the positive and should use systemic strengths as levers for change.
- Interventions should be designed to promote responsible behavior and decrease irresponsible behavior among family members.
- Interventions should be present-focused and action-oriented, targeting specific and well-defined problems.
- Interventions should target sequences of behavior within or between multiple systems that maintain the identified problems.
- Interventions should fit the developmental needs of the youth.
- Interventions should be designed to require daily or weekly effort by family members.
- Intervention efficacy is evaluated continuously from multiple perspectives with therapists assuming accountability for overcoming barriers to successful outcomes.
- Interventions should be designed to promote treatment generalization and long-term maintenance of therapeutic change by empowering caregivers to address family members’ needs across multiple systemic contexts.

MST is a flexible intervention tailored to each unique situation. There is no one recipe for success. Instead, MST therapists design and implement MST interventions based on adherence to the core treatment principles. Each therapist is assigned a small caseload of no more than four clients, which affords the opportunity for multiple meetings per week with each client and his or her family in addition to consultation with other systems in which the child is involved, including the school system and the juvenile justice system.

*Treatment Foster Care:* When it is clinically advisable, Treatment Foster Care (TFC) provides MST families a safe place outside of the family environment where the youth can live for short periods of time (up to four weeks) and the continuity of MST therapy can be maintained. Treatment Foster Care allows the MST therapist to move a youth from a family home in crisis situations (e.g., during an alcohol and drug intervention with a parent, severe marital problems of parents, incidences of domestic violence, etc.) or for clinical treatment reasons, without interrupting MST counseling for the youth and his or her family. While in TFC, the youth continues to be held accountable to probation and the MST treatment plan and the MST therapist continues to work with both the youth and the family. In addition, the TFC foster parent becomes part of the MST team, attending MST staff meetings and counseling sessions with the family as appropriate. Additionally, the biological parents are afforded the opportunity to talk with and learn from the TFC foster parent. Once the youth is returned to his/her parental home, the foster parent often remains a support for both the

## Multisystemic Therapy Treatment Foster Care Multnomah County Department of Community Justice

---

youth and the biological parents. Without Treatment Foster Care the only options for placing youth outside the home are correctional facilities or long term foster care with the Department of Human Services.

### Program Resources

#### *Byrne Funding*

The Multnomah County Multisystemic Therapy Treatment Foster Care program receives Byrne grant funding of \$168,465 and provides matching funds of \$56,155. During the period July 1, 2004 through June 30, 2005, the program expended \$157,921 in federal funds, and \$69,653 in match funds. The program uses Byrne grant funds to provide clinical supervision to MST therapists, for external evaluation services that provide process and outcome evaluations of the program and to contract with Maple Star Oregon for treatment foster care services. Additional funding for the program is provided by the Multnomah County general fund and by state funds (specifically, Gang Transition Services dollars).

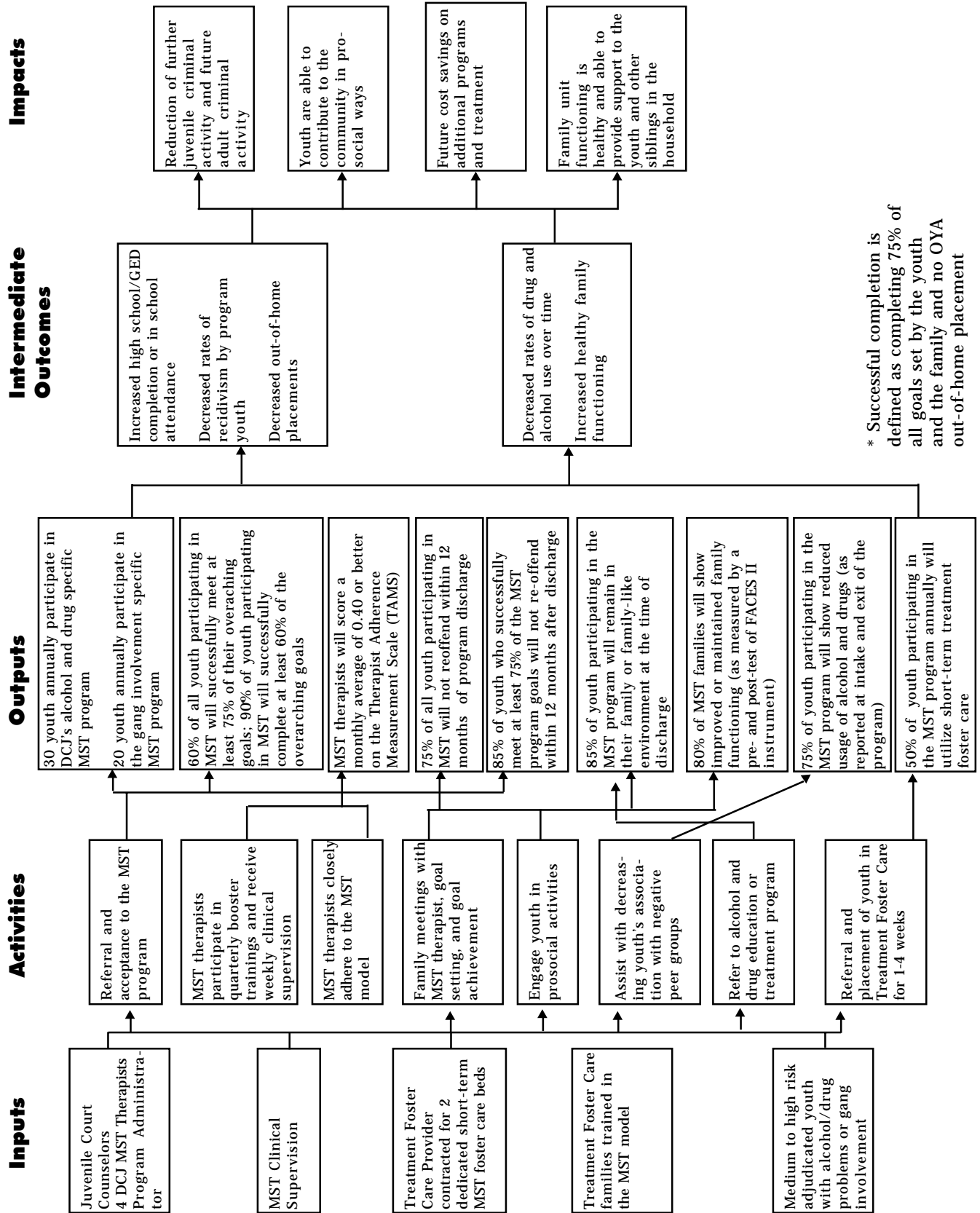
#### *Program Staff*

The Multnomah County Multisystemic Therapy Treatment Foster Care team has seven members: four MST therapists, a Clinical Supervisor, a Program Administrator, and the Treatment Foster Care provider. Services are delivered at the Multnomah County Department of Community Justice, family homes, and community sites for substance abusing and gang affected youth. All four therapists have master's degrees. The MST therapists provide direct services to families using the MST model and carry caseloads of up to four families. The Clinical Supervisor has a doctoral degree and several years experience as a clinician and as a supervisor and consultant. The Clinical Supervisor's role is to facilitate clinician adherence to MST and is responsible for the development of the clinician's ability to bring MST-like thinking and interventions to cases. In so doing, the Clinical Supervisor identifies obstacles to implementation of MST and suggests strategies to address these issues. The Program Administrator provides overall supervision. Program evaluation services are provided by the Multnomah County Department of Community Justice.

#### *Collaboration*

Multnomah County's MST Treatment Foster Care program involves a great deal of collaboration. In addition to the four therapists and a Program Administrator employed by the Department of Community Justice (DCJ), the MST staff also consists of one Clinical Supervisor who is a contractor, and an agency (Maple Star Oregon) that is responsible for the TFC component. Coordination and collaboration between DCJ/MST staff and Maple Star is a critical and key component to the success of the two agencies operating as a team, even though they work in different types of environments. Additionally, there are several stakeholders, including DCJ staff, Multnomah County Commissioners, judicial officers, and other treatment programs with whom MST Treatment Foster Care interfaces. MST Treatment Foster Care staff meets regularly with the DCJ staff and other treatment providers in an effort to keep lines of communication open. The DCJ Director, who reports to the Chair of the County Commissioners, is kept informed of relevant findings from the program and is responsible for providing such information to the Commissioners.

## Program Logic Model Multisystemic Therapy Treatment Foster Care



# Multisystemic Therapy Treatment Foster Care

## Multnomah County Department of Community Justice

---

### Program Progress

Program staff and supervisors had difficulty implementing the Multisystemic Therapy Treatment Foster Care program as designed. The program was successful in meeting its goals for improved family functioning and keeping youth in a family-like environment, however it did not meet its goals for alcohol and drug use reduction or youth recidivism after program discharge. There were many factors that played a role in the program not being able to meet these goals including staff turnover, budget cuts, inconsistent availability of the Treatment Foster Care provider and overly optimistic expectations given the severity of the youth served.

### Process Evaluation

- *Clients served:* From July 1, 2004 through June 30, 2005, the program served 32 families. Of the 32 families served, nine families were receiving services at the end of June 2005. Of the 23 families discharged from the program, 16 families had completed the program successfully, two families completed the program with partial success, and five families failed to successfully complete the program. There were no families waiting for service. All youth served by the program were (1) between the ages of 12 and 17, (2) adjudicated and on probation, (3) at high- to medium-risk to re-offend, (4) at immediate risk of out-of-home placement, and (5) involved with gangs and/or had an alcohol and/or drug problem.

All youth served during this reporting period were between the ages of 13 and 17, 91 percent were male, 44 percent were White, 31 percent were African-American, three percent were American Indian/Alaskan Native, 16 percent were Hispanic, and six percent were unknown. There were no Asian/Pacific Islander youth served during this period. Nineteen percent of participating youth were identified as being involved with gangs, and abusing alcohol and/or drugs, while 16 percent were involved with gangs only; 65 percent of enrolled youth had substance abuse problems without any gang involvement. Forty-one percent of youth were placed in Treatment Foster Care (TFC) during the reporting period. Sixty-nine percent of youth placed in Treatment Foster Care had only one treatment episode, while the remaining 31 percent had anywhere from two to four treatment episodes each.

From the time of implementation (May 2002) through June 30, 2005, there were 45 youth placed in TFC a total of 67 times. While 14 youth were placed in TFC multiple times most youth only needed to be placed in TFC once. The average length for all episodes was 14 days. A successful exit from Treatment Foster Care is defined as the completion of at least two-thirds of the treatment goals. When the client leaves against advice, is non-compliant with program rules, or is arrested for a new crime while in foster care the exit is unsuccessful. A neutral exit is one in which the client was discharged because his/her needs were better served by another agency. Sixty-eight percent of the 67 TFC episodes were successful, 30 percent were unsuccessful and three percent were closed as neutral. This analysis may be overly conservative in that program staff indicated that often episodes were closed as “unsuccessful” because the youth ran away from TFC back to the home, and that these episodes should be seen as a successful exit precisely because the

## Multisystemic Therapy Treatment Foster Care Multnomah County Department of Community Justice

---

youth chose to return to the home. Of the nine youth who ran away from TFC, six of them went on to successfully complete the MST program.

This past year 41 percent (13 of 32) of youth served were referred to Treatment Foster Care (TFC). Since the onset of TFC availability (May 2002), 112 youth/families have been served by the MST program and 45 (40 percent) of those youth/families were referred to Treatment Foster Care.

Of the 45 youth served by TFC since implementation, 89 percent (40) were male. Fifty-eight percent (26 of 45) of the youth served exited MST successfully, six were partially successful, 10 were unsuccessful in the MST program, and three were still active in the MST program.

- *Program implementation:* Evaluation data indicate that the MST Treatment Foster Care program was implemented, but encountered several barriers. While some program goals were met, many were not.

MST Program staff served 32 youth this past year, which falls short of the goal of serving 50 youth/families per year. The program did meet its goals of providing services to alcohol, drug and gang affected youth: the program provided 21 youth/families with alcohol and drug specific MST services. The program provided Treatment Foster Care to 41 percent (13 of 32) of youth enrolled in MST this year, which fell short of the program's goal of 50 percent to be served by TFC. The program exceeded its goals in (1) rate of successful completion of the program by families (70 percent), (2) family functioning (90 percent), and (3) keeping youth in a family-like environment (91 percent). No youth were committed to OYA at the time of their exit from the MST program. The program did not meet any of its goals related to recidivism of youth or adherence of therapists to the MST model (see Outcome Evaluation section for details).

Successful completers of the MST program must meet at least 75 percent of their treatment goals and avoid placement of the youth in an OYA or DHS facility. Seventy percent (16 of 23) of discharged youth/families successfully completed the program. This is an increase over last year's rate of 65 percent. Participants are considered partially successful if they meet at least 60 percent of their treatment goals and avoid OYA or DHS placement. Partial completers accounted for nine percent (two of 23) of discharged youth/families. Together the partial and fully successful completers accounted for 78 percent of youth/families, which is a six percent increase over last year's rate of 73 percent. Meeting fewer than 60 percent of their goals or placement of the youth in an OYA or DHS facility is considered failure to complete the program. Five youth (22 percent) did not complete the program successfully.

While the number of youth referred to Treatment Foster Care was fewer this past year than compared to the two previous years (because the provider was ill for extended periods and could not take youth into her home), nearly half (46



## Multisystemic Therapy Treatment Foster Care Multnomah County Department of Community Justice

---

percent) of the referrals made were done so in the last three months of the grant year from April 2005 through June 2005 underscoring the intense need for this service.

- *MST Model Adherence and Certification:* MST Inc. has a systematic training and implementation program for agencies adopting MST that insures fidelity to the MST model. The program includes clinical training for all staff, follow-up visits, and on-going supervision. The program terminated its contract with MST Services, Inc. in January of 2003 because of budget cuts. While the Multnomah County MST Treatment Foster Care program continues to subscribe fully to the practice of adherence to the MST model, including weekly clinical supervision and quarterly booster trainings, data gathered indicate that there are gaps in adherence to the MST model. Therapist Adherence Measurement Scales (TAMS) are surveys of parents and youth regarding the nature and content of their interactions with the MST therapists. The TAMS are considered by MST Inc. to be one measure of adherence to the MST model. Multnomah County contracted with Advanced Behavioral Health to gather TAMS from May 2004 through August 2004. Analysis of the data gathered indicate therapists are meeting the target score on two of the five dimensions. However, the target for the Adherence dimension is a score above 0.40, and the average score of the 89 TAMS collected during the last 14 months is 0.29. The program has not met the target Adherence score for the last three quarters. The Program Administrator and the Clinical Supervisor continue to monitor these scores and to discuss them with MST therapists. Clearly, this raises concerns as to whether the program is adhering to the model. MST administrators have begun conversations with MST, Inc. about the possibility of re-enrolling in their MST certification program.
- *Barriers to implementation:* The program encountered significant barriers to implementing the MST Treatment Foster Care program as intended in the following areas: (1) budget cuts, (2) staff turnover, (3) inconsistent availability of Treatment Foster Care, and (4) agency structural/policy issues.

*Budget cuts:* Non-grant related cuts in the budget of the program were directly responsible for the loss of one therapist during the second year of Byrne funding bringing staffing for the program from five therapists to four. This staffing shortage partly explains why the program has not met its goal of serving 50 families each year. Non-grant related budget cuts were also directly responsible for the loss of the contract for staff training with MST, Inc. The termination of these training services may be directly responsible for the slip in treatment fidelity as reflected in the dropping of the TAMS adherence score. Though the program supervisor and some staff are committed to the philosophy of MST, it appears that new staff have not had the opportunity to be trained by MST Services Inc. and that at least one therapist is suffering from complacency and

## Multisystemic Therapy Treatment Foster Care Multnomah County Department of Community Justice

---

this can easily explain ‘drift away’ from the treatment model. The program supervisor has re-initiated conversations with MST Services Inc, about renewing their training contract.

The expectation of budget cuts was also partially responsible for the delay in hiring a bi-lingual therapist. Even after significant delays in recruiting a qualified candidate, possible impending budget cuts at the county level put this individual at risk of being laid off if there were cuts within the County Mental Health and Juvenile Justice division. Therefore this individual was given the opportunity to wait until the budget was solidified in November, prior to officially accepting and beginning this position.

*Staffing turnover:* In addition to losing a therapist from budget cuts, another therapist resigned in the third quarter of 2004, leaving three therapists to serve 13 families from April 2004 through July of 2004.

The hiring process for a replacement bilingual position lasted much longer than anticipated and a new therapist did not join the team until December 2004, and was not trained and ready to serve families until February 2005. This delay had a direct impact on the number of families served during this last reporting period. There are several factors contributing to the delay of hiring of the bilingual therapist, which are discussed in more detail below.

Additionally, throughout the four years of Byrne funding the program has had no less than three different supervisors. Though it is not known how this has affected the program, it probably has not benefited implementation.

*Treatment Foster Care:* Byrne funding was requested specifically because program supervisors and evaluators believed that it was imperative to have a “release valve” for youth and parents—a place where youth could go for a short period of time during a family crisis that would allow a continuity of therapeutic integrity and avoid placement in DHS foster care or with the Oregon Youth Authority. It is clear that the TFC component is valued by staff and families. When it has been available it has been well utilized but there have been serious problems in implementing TFC. In addition to the long delay in starting TFC, there have been significant gaps in the availability of the TFC provider.

Implementation of TFC was delayed for eight months until May 2002 because of a lack of understanding in county contracting procedures (see “agency policies” section below). Even then, however, it was not until January of 2003 that Maple Star was able to provide a full-time foster care parent dedicated to the MST program because of the unique qualifications needed for a TFC provider—24/7 availability, providing a dedicated bed, dedication to the MST model, and participation as a team member with the MST program. January

## Multisystemic Therapy Treatment Foster Care Multnomah County Department of Community Justice

---

2003 to April 2003 was a “testing” period for both the MST program and the foster care parent to be sure that the TFC provider was a “good fit”; during this period the TFC provider was trained in the MST model.

Additionally, there were at least two extended periods when the TFC provider was not available because of illness. In Fall/Winter 2003, and again in Winter/Spring of 2005, the foster care parent experienced serious health problems and “burnout” that made her unavailable to receive referrals.

These periods of unavailability resulted in youth being placed in other treatment foster care homes that were not trained in the MST model. This placement did not always prove to be the most beneficial intervention for some families. Unfortunately, by June of 2005 this provider’s health issues, along with the provider’s growing concern around the severity of substance abuse issues with MST youth and general “burn-out,” led this individual to resign as the MST foster care provider. Fortunately, there was another provider who had been identified as a replacement and after meeting with the MST team was accepted as the new TFC provider to the program in late June 2005.

Despite these challenges program supervisors and staff believe that the Treatment Foster Care component has been a key factor that has led to the success of the program. Throughout the last four years, MST therapists have become comfortable not only in using the TFC component, but have come to depend on this resource. The MST TFC provider is now another member of the MST team. The provider attends clinical meetings and continues to work closely with all the MST therapists. If the TFC component were not available to the MST program, there would have been many youth removed from their homes prior to completing MST treatment due to their acting out behavior. MST therapists, program administrators, and the Deputy Director of Multnomah County Department of Community Justice acknowledge the necessity of the TFC component. Recently another program in the Treatment Services section at DCJ received a Safe and Drug-Free Schools and Communities grant that incorporated a TFC bed based on the MST model. Also, with the expiration of the Byrne Grant occurring this year, County administrators were able to secure County general funds to continue to fund this necessary component of the MST program.

While the program currently has a full-time TFC provider, as long as it relies on only one provider it remains vulnerable to experiencing gaps in TFC availability (see Lessons Learned section for a detailed discussion).

*Agency policies:* It appears that County policies and/or awareness of those policies are partially responsible for both the delay in implementing Treatment Foster Care and the delay in hiring the bilingual therapist.

## Multisystemic Therapy Treatment Foster Care Multnomah County Department of Community Justice

---

Several factors are responsible for the delay in hiring the bilingual position not least of which are agency policies. The hiring for the bilingual therapist was the first recruitment process for a bilingual therapist position that was required to meet state licensing requirements as a Qualified Mental Health Professional (QMHP). This requirement posed challenges for the Human Resources department in the recruitment process as there were two recruitments necessary to obtain a pool of individuals who met this state requirement. Interviews were eventually ready to be completed by Summer 2004, however setting these up took longer than expected due to individuals being out of the office on vacation. When interviews were completed and the position was offered to the first choice candidate, she declined the offer due to medical concerns. The MST Supervisor and the Clinical Manager then offered the position to the second choice candidate who is a Mexican national, and holds a work VISA for employment in the U.S. After much negotiation with an immigration attorney, and Multnomah County's willingness to pay for immigration fees, this individual accepted the position. Fortunately, this individual was hired on December 1, 2004 and began accepting referrals in February 2005.

Lack of awareness of County policies around contracting for foster care services was partially responsible for the delay in the implementation of Treatment Foster Care. After negotiations with foster care provider Maple Star had begun, it was discovered that Multnomah County policies required that the contract for the foster care beds be put out for bid. A Request for Proposals was drafted and distributed, but only one contractor, Maple Star, responded to the bid. The contract with Maple Star was signed in April 2002 and by May 2002, Maple Star was able to provide foster care placement of youth from the MST program.

While County policies may be in place for solid reasons, the awareness of them and planning with them in mind would have improved implementation of the program.

### Outcome Evaluation

The four main outcome goals for youth enrolled in the MST program are to: (1) reduce alcohol and drug use, (2) keep youth in a family-like living environment and avoid out-of-home placement, (3) improve family functioning, and (4) reduce recidivism. The outcome evaluation sample includes all youth who participated in the MST program during the Byrne grant period of October 1, 2001 through June 30, 2005. The Multnomah MST program met or exceeded its outcome goals of improved family functioning and keeping youth in a family-like environment. The program did not meet its goals in alcohol and drug use reduction or youth recidivism after program discharge. It may be that the program was too optimistic in setting their objective targets for these goals given that youth enrolled in this MST program are the most severe, chronic offenders, at highest risk for re-offense of any adjudicated youth.

## Multisystemic Therapy Treatment Foster Care Multnomah County Department of Community Justice

---

- *Reduction of Alcohol and Drug Use.* Alcohol and drug use are measured at both intake and exit from the program. Evaluators rely on data from youth self-report, parents' reports, drug and alcohol related offense records and urine analysis. Since the beginning of Byrne grant funding, there were 42 youth who had completed the program and had both intake and exit data on drug and alcohol use in the previous 30 days. Fifty-five percent (23) of the 42 youth had decreased their use of alcohol and drugs at exit compared to intake, which fell short of the program's goal of 75 percent. At intake, 14 percent (six) of the 42 youth reported no drug or alcohol use, while at program completion 55 percent (23) reported no alcohol or drug use in the previous 30 days.
- *Family Environment.* Data for this measure are drawn from the MST exit form which is completed by the MST therapist at the time of discharge. During this past year, 23 youth completed or were discharged from the MST program (18 youth/families completing with at least partial success, and five youth/families that did not complete successfully). Ninety-one percent (21) of these youth were living with the family or a relative at their exit from the program, which exceeded the program's goal of 85 percent of youth remaining in a family-like environment. Two youth were living outside the home and none had been placed in Oregon Youth Authority (OYA) facilities. No cases were closed due to a youth being charged with a Measure 11 offense (Measure 11 requires adult sentencing for certain violent crimes).

Since the beginning of Byrne funding, 78 percent of youth (80/103) for whom data was available, were living at home or with another relative at exit from the program, which fell short of the program's goal of 85 percent. Twelve percent (12) lived outside of the home (but not placed with OYA or Department of Human Services), four percent (four) were placed at an OYA facility or with DHS, and six percent (seven) were terminated from the program due to being charged with a Measure 11 offense which made them unavailable for treatment.

- *Commitments to the Oregon Youth Authority.* Since the beginning of the Byrne grant there have been four youth who were committed to an OYA facility at the time of discharge from MST. Additional data extracted from the Juvenile Justice Information System (JJIS), demonstrate how many additional youth were committed to OYA within six and 12 months after exiting the MST program.

The majority of MST youth who were committed to an OYA facility after being discharged from the program were those who had not successfully completed the program. Of the 115 MST youth who completed the MST program at least six months post program, eight youth (seven percent) had been committed to OYA, only one of whom had completed the MST program successfully. Of the 103 youth at least 12 months post program discharge, 10 youth (10 percent) had been committed to OYA and three of those youth had successfully completed the MST program.

## Multisystemic Therapy Treatment Foster Care Multnomah County Department of Community Justice

---

Of the 45 youth who participated in the TFC component, only four youth (nine percent) had been committed to OYA within six months of completing MST. At 12 months post program discharge, no additional youth who participated in the TFC component had been committed to OYA. These are youth who entered MST not only at immediate risk for out-of-home placement, but who quite possibly might have been placed in a state training facility if TFC had not been an available option.

- *Family Functioning.* The Clinical Rating Scale is completed by the MST therapist at the opening and closing of a case. The MST therapist rates the family on several sub-scales for family adaptability and cohesion and then provides an overall rating which comes from an overall evaluation of the family and is not a sum of the sub-scale ratings. Pre- and post Clinical Rating Survey data was available for 77 youth/families. (The evaluation staff worked with program staff on developing several different means of administering the survey, however, the response rate continued to be low. The response rates seen in this program are typical when data collection relies upon program staff who are not trained evaluators and where data collection rates are not tied to job performance). MST therapists rated 90 percent of youth/families as remaining balanced or improving to balanced for Family Adaptability and 91 percent of youth/families as remaining balanced or improving to balanced for family cohesion, which exceeded the program's goal of improved family functioning in 80 percent of families.
- *Juvenile Arrest and Recidivism.* Using data extracted from JJIS, recidivism rates of youth in the MST program were compared with similar youth not enrolled in the program. During the Byrne grant period, 133 youth were served by the MST program. Of these 133 youth, 124 were discharged from the MST program and nine youth were still active in the program by the end of the grant period. The sample of youth for recidivism analysis is comprised of the 115 MST youth who were at least six months post program discharge at the end of the grant period (June 30, 2005) and the subset of 103 youth who were 12 months past program discharge. A youth is considered to have recidivated if they received at least one new felony or misdemeanor referral.

*Six month recidivism.* A total of 115 MST youth participated in the program and were at least six months post participation. Fifty-one percent (59 of 115) had successfully completed the program. Sixty-one percent (70 of 115) of all youth did not re-offend in the six months past their discharge from the program, which falls short of the program's goal of 80 percent of youth not re-offending. Seventy-five percent (44 of 59) of the youth who had successfully completed the program did not re-offend at the six months follow-up point.

*Twelve month recidivism.* Of the 103 youth who were at least 12 months post discharge, 50 percent (51 of 103) had successfully completed the program. Fifty-two percent (54 of 103) of all youth did not re-offend in the 12 months after being discharged from the program, which falls short of the program's goal of 75 percent

## Multisystemic Therapy Treatment Foster Care

### Multnomah County Department of Community Justice

---

not re-offending. Among the *successful completers*, 61 percent (31 of 51) did not re-offend in the same period, which is much lower than the program's goal of 85 percent not re-offending.

#### Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who complete the program.
- Percent of clients who report improved family functioning.
- Percent of clients who report decreased substance abuse.
- Percent of clients who had a referral to the juvenile justice system during the six months following program participation.
- Percent of clients who had a referral to the juvenile justice system during the 12 months following program participation.
- Percent of clients who had a juvenile justice placement during the six months following program participation.
- Percent of clients who had a juvenile justice placement during the 12 months following program participation.

The outcomes for Multisystemic Therapy Treatment for the July 2004 through June 2005 reporting period include:

- 32 youth were served by the MST program this past year.
- 84 percent of youth/families participating in the MST program (27 of 32) were provided with alcohol and drug specific MST services and six of the 27 youth had referrals that indicated an alcohol and drug problem and as being gang affected or involved.
- 34 percent of enrolled youth (11 of 32) were gang-involved or gang-affected and six of these 11 youth were also referred for alcohol and drug specific MST services.
- 41 percent (13 of 32) were placed in Treatment Foster Care. However, some youth were placed more than once for a total of 25 Treatment Foster Care episodes.
- MST therapists received quarterly booster trainings and weekly clinical supervision.
- The average Therapist Adherence Measurement Scale (TAMS) score for this reporting period was 0.27.

## Multisystemic Therapy Treatment Foster Care Multnomah County Department of Community Justice

---

- 70 percent (16 of 23) of youth/families discharged from MST treatment successfully met at least 75 percent of MST's overarching program goals.
- 78 percent (18 of 23) of youth/families discharged from MST treatment successfully met at least 60 percent (partially successful completion) of MST's overarching program goals.
- 90 percent of families (69 of 77) served by the program since the beginning of Byrne funding were rated by therapists as having good family functioning as reflected in families' scores on family adaptability and family cohesion on the Clinical Rating Scale.
- 56 percent (10 of 18) of youth participating in the MST program this year for whom there was both intake and exit data reduced their alcohol and drug usage.
- 91 percent (21 of 23) all youth participating in the MST program remained in their family or a family-like environment at the time of program discharge.
- 61 percent (70 of 115) of all youth discharged from the program since the onset of Byrne funding had not re-offended within six months after program discharge.
- 52 percent (54 of 103) of all youth discharged from the program since the onset of Byrne funding had not re-offended within 12 months after program discharge.
- 61 percent (31 of 51) of all youth discharged from the program since onset of Byrne funding who successfully met at least three-quarters of the MST program goals did not re-offend within 12 months after program discharge.
- MST program staff have worked with the director of clinical programs for the Department of Community Justice to incorporate the cost of the short-term Treatment Foster Care component into the Department's general budget after Byrne funding ceases.

### Lessons Learned

Throughout the implementation of the program there have been significant learning in four main areas: (1) Staffing Stability and Change, (2) Setting for Program Implementation, (3) Treatment Foster Care Implementation, and (4) Adherence to the MST Model.

- *Staffing Stability and Change.* The MST program is one that requires a highly skilled, trained and supervised staff. Losing staff can be costly for program implementation. While the program has lost staff and had significant barriers to hiring specialized (bi-lingual) staff, the program has retained a core staff. Since the inception of the Byrne grant, the MST program has maintained three of its four original therapists. Program supervisors have identified four factors that may explain core staff stability: (1) staff are well paid, (2) Multnomah County has a policy of compensating staff for time spent available by pager with paid time off, allowing staff to quickly accrue non-vacation paid time off, (3) Multnomah



## Multisystemic Therapy Treatment Foster Care

### Multnomah County Department of Community Justice

---

County implements policies that allow staff to develop their skills and advance within the organization, and (4) team members can rely on each other for support— they meet as a group to discuss their cases and any team member can call upon all members of the team for help with a case.

- *Setting for Program Implementation.* One of the key factors of the success of the program has been its placement in a juvenile justice setting. Being housed in the same agency and the same building has made it much easier for juvenile justice counselors to refer youth to the MST program. Being located in the same building has facilitated good collaboration as well, since the offices of the counselors are just a few steps down the hall.
- *Treatment Foster Care Implementation.* Treatment Foster Care is highly valued by the program staff. Keeping TFC consistently available has been a serious challenge for the program. This will continue to be a challenge for the program and for any program that seeks to model it as long as the program is relying on a single provider for services. Given that the MST program contracts with Maple Star to have a dedicated provider, whether that provider is used or not, it is unlikely that a program could afford to keep two such providers on contract. Additionally, there are three factors that make recruiting potential Treatment Foster Care providers very challenging.

First, youth referred to TFC present an intense and often hostile set of behaviors. The MST program is a choice of ‘last resort’. The youth in the program face intense challenges and are themselves intensely challenging. Exacerbating this situation is that increasingly youth are using methamphetamine which tends to make them hostile while withdrawing from the drug. This is an extremely challenging situation for a foster care provider—one that requires a lot of training and support and unique character traits.

Second, the fact that the TFC is a 24/7 position makes it intensely challenging for most potential providers to consider. When the provider has youth in her home, there is no respite.

Lastly, standard foster care is structured as a “fee for service” model—foster care parents are paid when a bed is occupied. However, because of its need to have a therapeutic continuum with foster care, the MST program’s contract with Maple Star is structured differently allowing the program to have a certain number of designated slots with a dedicated provider that it can use at any time. The challenge is that the current tax structure heavily favors the “fee for service” model which acts as another disincentive to providers considering providing services to the MST program.

Another lesson learned by staff from the experience of implementing the Treatment Foster Care element was in how to overcome parents’ fear in having their youth removed from their home. Initially, parents were skeptical of the TFC

## Multisystemic Therapy Treatment Foster Care Multnomah County Department of Community Justice

---

option, however over the last couple of years the MST therapists have become adept at assisting parents in understanding more about TFC, which has allowed parents to feel more comfortable and safe in using the program. Knowing that TFC is a short term option for the family has also relieved many parents' fears and anxieties in the last couple of years. Although this is a short term intervention that provides some respite for the family, the family is clear that they are required to continue working on their treatment goals, often motivating family members to work harder so the youth can return home in a timely manner. Many parents have worked closely with the TFC provider, calling and asking for advice after the youth has left the TFC home, and oftentimes youth will call the TFC provider after leaving the home, as a strong relationship was formed with the youth while in care.

- *Adherence to the MST Model.* The Multnomah MST program has learned the value of retaining a training contract with MST Services, Inc. As a result of budget cuts, the Multnomah MST program terminated its contract with MST Services Inc, and consequently lost their certification as an MST services site. This has posed many challenges to the MST team. Unfortunately, the overall TAMS average scores of the last year has not reached the level of compliance that would be expected, suggesting the possibility of lack of adherence to the MST model. In addition, the newly hired bilingual therapist was not given the opportunity to attend the five-day intensive MST training offered through MST services. This lack of intensive training may have affected the learning curve for this individual. This therapist is slowly understanding the model and is just beginning to receive a full caseload. Although the majority of the MST team is made up of clinicians who have been with the program for at least four years, recently the most seasoned clinician on the team left her position, and another new therapist has transferred to the team. This new therapist will be trained in-house by the team and the MST supervisor; however, the supervisor continues to question the impact for new therapists who do not attend the MST services intensive training. Thus, it seems advisable that at least those programs housed in juvenile justice settings retain the training contract with MST, Inc.

For further information about this program, please contact Ms. Kathy Ruberg at (503) 988-5649.

## **iPoder!**

### Oregon Council for Hispanic Advancement

---

#### **Program Purpose**

The main purpose of the ¡Poder! program is to reduce risk behaviors among high-risk, Latino high school dropouts in Portland by engaging them in an alternative education environment. The ¡Poder! program serves Hispanic high-risk youth, ages 15 to 17, who have dropped out of mainstream schools. The major components of the program include: intensive case management services, academic instruction, life skills classes, and youth enrichment activities.

The ¡Poder! program is implemented at the LISTOS Alternative Learning Center of the Oregon Council for Hispanic Advancement (OCHA). Founded in 1986, LISTOS has provided Hispanic youth with culturally based, bilingual academic and social services programs. These services together with the ¡Poder! program help LISTOS students engage in positive educational and community activities, thereby reducing their involvement in juvenile violence. LISTOS provides culturally proficient bilingual academic instruction, English as a Second Language (ESL) classes, life skills classes, and youth enrichment activities with a fully bilingual staff of professional educators, social service workers, and administrators.

The overall purpose of ¡Poder! is to keep high-risk students engaged in positive, productive, educational, and community activities, thereby reducing the risk factors and enhancing the protective factors of each individual participant. Risk factors include school issues, peer relationships, behavioral issues, home/family situations, substance abuse, and mental health issues.

The main goals of the program are to:

- Keep youth engaged in positive, productive, educational, and community activities.
- Reduce youth actual or potential involvement in the juvenile justice system.

¡Poder! program objectives in support of these goals are as follows:

- Provide 15 Latino youth, ages 15 to 17, with intensive case management services during each program year.
- 75 percent of the youth will remain enrolled in the program for a minimum of six months or successfully complete the program.
- 100 percent of the youth will have contact with the Intensive Case Manager according to the Intensive Case Management Level of Intensity.
- 85 percent of the youths' families will have contact with the Intensive Case Manager one or more times per month.
- 100 percent of the youth will meet with the Intensive Case Manager to review their action plan and evaluate their progress one or more times every six months.

## **iPoder!**

### Oregon Council for Hispanic Advancement

---

- 90 percent of youth will achieve one or more goals (on education, employment or life skills) within two quarters.
- 75 percent of youth participating in the program will remain enrolled in the LISTOS Alternative Learning Center for a minimum of six months.
- 85 percent of youth participating in the program will have 80 percent or greater attendance (attendance a minimum of eight out of every 10 school days while they are enrolled) at the LISTOS Alternative Learning Center.
- 90 percent of youth participating in the program will show academic gains in one or more curricular areas within six months of enrollment as measured by the Computerized Adaptive Test (CAT) or Test of Adult Basic Education (TABE) exams.
- 50 percent of youth participating in the program will successfully pass one or more General Educational Development (GED) subtests within one year of LISTOS enrollment.
- 75 percent of youth participating in the program will remain free of violent crime and/or involvement in the juvenile justice system.

#### **Target Population**

The target population of the iPoder! program is Hispanic youth ages 15 to 17 who live in Portland and are gang-involved, gang-affected, or involved in the criminal justice system, or who have two or more of the following risk factors: (1) substance abuse, (2) mental health issues, (3) homelessness, (4) pregnant or parenting, (5) recent immigration, (6) low literacy in either English or Spanish, (7) limited English proficiency, (8) welfare recipient, (9) low income, and (10) family member incarceration.

The LISTOS Alternative Learning Center receives referrals from schools within the Portland Public School District, the Oregon Youth Authority, individual probation or parole officers with the Multnomah County Department of Juvenile and Adult Community Justice, and self-referrals. New students complete a student information form with demographic information including date of birth, amount of time in the U.S., language ability, and educational background.

Youth enrolled in LISTOS are referred to the Intensive Case Manager (ICM) to determine their eligibility for participation in iPoder!. The ICM reviews all new student information forms and identifies students for iPoder!. The time between the LISTOS intake and orientation and the screening interview varies, depending on the number of new students applying to the school and the intensity of the current caseload. After the screening, the ICM contacts the student for a second meeting to begin development of the individualized plan.

# iPoder!

## Oregon Council for Hispanic Advancement

---

### Program Components

Built upon the existing infrastructure of the LISTOS Alternative Learning Center, the ¡Poder! program consists of three main components: (1) intensive case management, (2) bilingual academic instruction including life skills classes and ESL classes, and (3) youth enrichment activities. Intensive case management provides youth with risk and needs assessments, action plans, biweekly behavior monitoring, and home visits. Bilingual, English, and Spanish academic instruction and ESL classes are individualized so that the education program can meet each youth at his or her academic level. Through life skills classes and youth development programs, youth develop skills needed to be successful and reconnect with their community and culture.

The following is a detailed description of the three main ¡Poder! program components:

- *Intensive case management:* The responsibilities of the Intensive Case Manager are to identify students who are 15 to 17 years old enrolled at LISTOS Alternative Learning Center, and screen them using the Risk and Protective Factors Assessment and Screening Forms to determine whether they are eligible for the ¡Poder! program and in need of case management services. The ICM ascertains with the student which resources she/he needs, facilitates service delivery, and helps the student to remain free of new criminal justice involvement.

After completion of risk and needs assessments, the ICM and each youth continue to work together to develop an individual action plan. A completed action plan includes details of the youth's personal, academic, and social goals and ¡Poder! service items designed to improve his or her risk and protective factors. The ICM refers to the youth's action plan to write weekly case notes for the youth and to monitor his or her program activities and progress.

After the action plan is completed, the ICM contacts the youth at least twice a week in order to monitor the youth's behavior, prevent any potential negative activities, provide counseling, and assess progress on action plan items. The contact can take the form of an informal check-in during the school day, a private appointment before or after the school day, or an extra provision of services such as helping the youth get placement in a shelter or accompanying and translating for a medical appointment.

In order to ensure that students are working on their goals, the ICM:

- (a) Helps students to achieve their goals by emphasizing their strengths.
- (b) Offers support for their skill deficits.
- (c) Encourages formal and informal community support from a network of relatives, friends, and others.

## **iPoder!**

### Oregon Council for Hispanic Advancement

---

- (d) Identifies problems that prevent the participants from accessing or attending needed services.
- (e) Develops strategies for solving their problems.
- (f) Assures that their basic needs (financial, legal, housing, educational, employment, etc.) are met.

In addition to biweekly contact with the youth, the ICM contacts the youth's family at least once a month. The ICM makes an initial contact with the youth's family in the first month of enrollment followed by phone contacts and/or home visits as necessary. While many youth do not have a conventionally defined family structure at home, a family contact could be with a grandparent, aunt or uncle, or other adult authority figure for the youth. The program policy is not to insist upon frequent home visits due to the potential stress imposed on a family. The main purpose of contact with the youth's family is to provide a stronger "net" and feeling of support for the youth.

The ICM helps students to advocate for themselves whenever possible by providing them access to better choices and a better quality of life. The ICM, from a bicultural perspective, takes an active advocacy stance and creates a relationship with the student as a high priority of the client-professional intervention. Further, the ICM is flexible and able to adjust to any situation that may arise.

- *Academic Bilingual Instruction:* ¡Poder! participants also enroll in LISTOS which offers students bilingual content-area courses and ESL classes. LISTOS provides a culturally sensitive environment that fosters the value of life-long learning. LISTOS is the only bilingual, bicultural, alternative school in Multnomah County. The school serves youth whose multiple barriers to education keep them from succeeding in traditional schools. The Center's academic curriculum focuses on outcome-driven results that provide students the opportunity to earn a GED credential. Youth receive academic instruction Monday through Thursday, in either the morning (9:00 a.m. to 1:45 p.m.) or evening (5:00 p.m. to 9:00 p.m.) school schedule.

Upon enrollment in LISTOS, students are given an assessment of their academic skills (math and reading) and English language proficiency level in order to place them at the appropriate academic level and to create an individualized curriculum for study. The assessment is based on two main tests: (1) Test of Adult Basic Education (TABE) to assess grade level of reading and math for Spanish speaking youth, or (2) Computerized Adaptive Test (CAT) to assess grade level in reading and math for English speaking youth. After six months of enrollment at LISTOS, ¡Poder! participants complete follow-up assessments to show academic gains in one or more core curricular area (math, science, reading, writing, and social studies).

## **iPoder!**

### Oregon Council for Hispanic Advancement

---

A Life Skills/Health curriculum is administered to all LISTOS students including students in the ¡Poder! program. Life Skills/Health classes are taught by LISTOS instructors and professionals from the community that serve as guest speakers. All classes are taught bilingually and combine teacher-centered lectures with interactive student-centered collaborative tasks in order to help students apply what they have learned to their own lives. Some examples of Life Skills/Health topics have included tobacco use, drugs and alcohol, nutrition and exercise, safe sex, and mental health issues. LISTOS also provides career/job skills and computer classes. Students participate in these classes twice a week.

- *Youth Enrichment Activities:* ¡Poder! youth may also participate in a variety of youth development programs at LISTOS including the following extra-curricular activities:
  - (a) Athletic activities such as regular visits to the YMCA and participation in soccer and basketball leagues.
  - (b) Science-related field trips such as visits to the Oregon Museum of Science and Industry, the Oregon Zoo, and nature walks.
  - (c) Recreational activities including horseback riding, park recreation, and ropes courses.
  - (d) Community services activities sponsored by the Humane Society, Forest Park, Cinco de Mayo, and National Night Out.
  - (e) School visits to local universities and colleges.
  - (f) Leadership conferences and activities such as Cesar Chavez Conference and the Oregon Leadership Institute.

### **Program Resources**

#### *Byrne Funding*

The ¡Poder! program receives Byrne grant funding in the amount of \$93,750 and provides matching funds of \$31,250. During the period July 1, 2004 through June 30, 2005, the program expended \$79,902 in federal funds, and \$26,633 in match funds. The majority of the funding is used to support intensive case management services and the internal and external evaluators.

#### *Program Staff*

The ¡Poder! program has a service delivery staff of three. The Intensive Case Manager conducts screening for potential clients, conducts youth's risk and needs assessments, develops action plans, contacts youth and families, and documents all contact in case notes. The LISTOS Academic and Testing Coordinator monitors the academic progress of ¡Poder! students; bilingual academic instruction, ESL classes, Life Skills/Health classes, and youth

## **iPoder!** Oregon Council for Hispanic Advancement

---

development programs are built into the LISTOS infrastructure. The LISTOS Director serves as the program's internal evaluator and a research faculty staff person at Portland State University serves as the external evaluator.

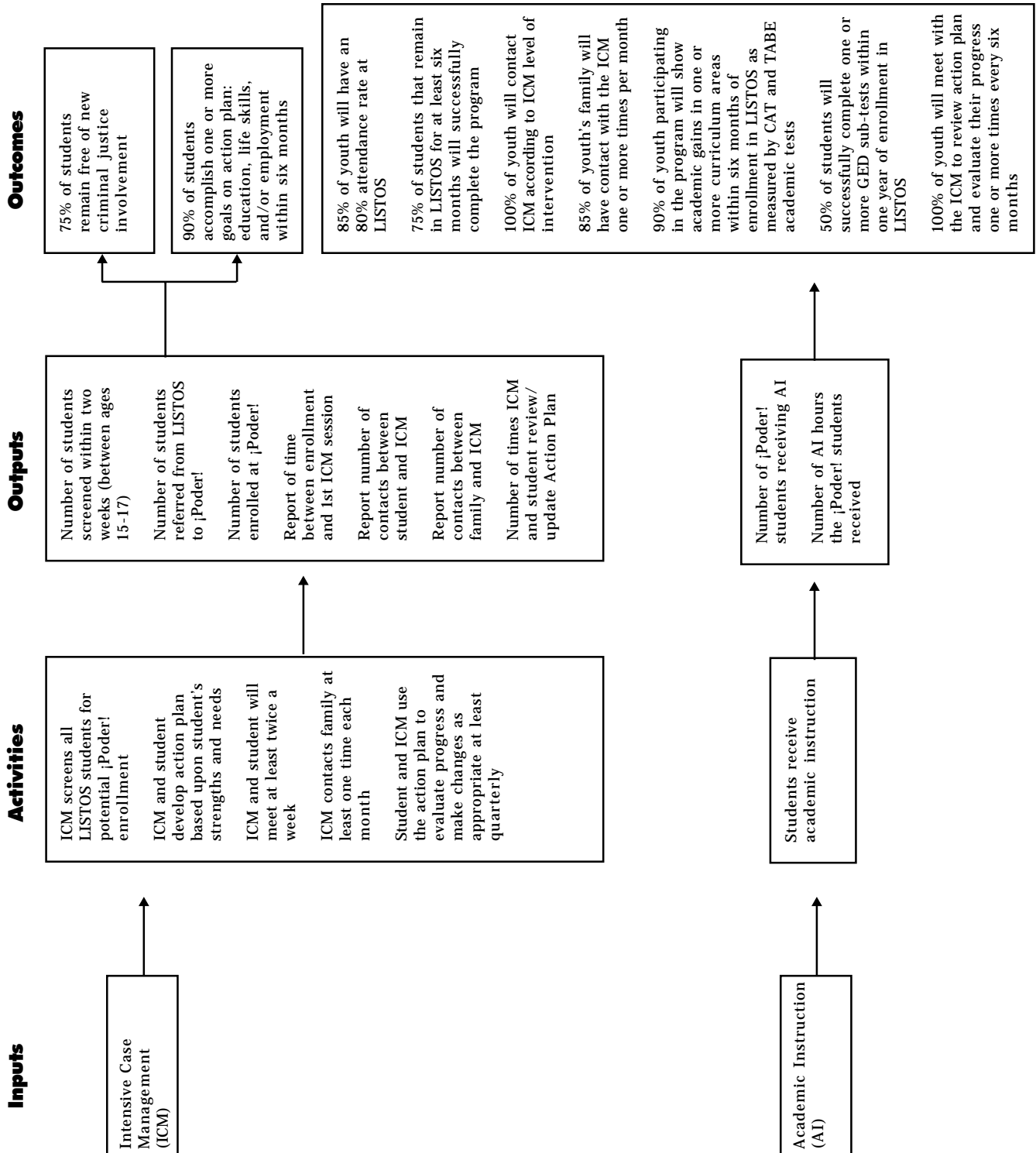
### *Collaboration*

The primary stakeholders in the iPoder! program include the Portland Public School District, Multnomah County Department of Juvenile and Adult Community Justice-Gang Resource Intervention Team (GRIT), the Oregon Youth Authority (OYA), and Portland Police Bureau (Gang Unit). Program staff works closely with these stakeholders to address the needs of high-risk youth who have not been successful in participating and using "traditional" education systems. The program also collaborates with the Northwest Health Foundation, Alternative Pathways, Zimmerman Community Center, Outside In, New Avenues for Youth, Portland Community College, ALMAS, Resolution Northwest, Emmanuel Legacy Hospital, Mental Health Integrated Organization Services and OCHA Mental Health Program, Write Around Portland, Ethos, YMCA, Learning for Life, Portland Parks and Recreation, Planned Parenthood, Northwest Family Services, Oregon Leadership Institute, Morrison Center, Youth Gangs Program, Latino Network, Victory Outreach, National Indian Youth Police Academy, and El Program Hispano.



# Program Logic Model

## ¡Poder!



## iPoder!

### Oregon Council for Hispanic Advancement

---

#### Program Progress

Fourth year efforts of the ¡Poder! program were focused on continued implementation of the program redesign undertaken in the second year. During the fourth year, the program made good progress in establishing intensive case management services for this special population of high-risk Hispanic youth, the largest proportion of which are either gang members or affiliated with gangs through intimate relationships with gang members. The majority of youth enrolled in ¡Poder! made significant progress in reaching their education and employment goals during the year. In addition, with the support of the ICM, most of the participants remained free from violence.

#### Process Evaluation

- *Clients served:* During the reporting period, a total of 28 youth participated in the program. Of the 28 youth, 15 are still in the program, six successfully completed the program, and seven did not complete the program. Of the six youth who successfully completed the program this year, all were involved with gangs at the time of enrollment. Five were female and one was male; five of the youth were enrolled for approximately one and one-half years and one was enrolled for one year. Of the seven who did not complete the program, four dropped out, one moved, one gave birth and chose to leave the program, and one left the program and could not be located.

The population of participants being served by ¡Poder! is Hispanic youth with most born in Mexico. Those who enroll in ¡Poder! tend to lack the support network that would typically contribute to their ability to maintain their educational and prosocial activities. The risk profile of the 28 youth participating in ¡Poder! at program intake was as follows: 39 percent had prior involvement in the criminal justice system; 50 percent were gang-involved; an additional 46 percent had a primary relationship with a gang member; 25 percent were pregnant or parenting; 25 percent were homeless; and 61 percent had a mental health problem. All 28 youth participating in ¡Poder! had multiple risk factors and the average number of risk factors was 4.5. Of the 28 students enrolled during the reporting period, 27 (96 percent) were either gang members or involved in intimate relationships with gang members at the time of enrollment.

The barriers to participation for the target population appear to be related to each youth's life circumstances. These include the challenges of gang membership combined with family issues that interfere with the ability of some participants to focus on their day-to-day activities. Events occurring outside of the LISTOS and ¡Poder! programs impact the ability of participants to maintain consistent school attendance. The powerful influence of gang membership contributed to the inability of some of these young people to engage in positive activities. Moreover, the complexity of gang involvement, combined with physically or emotionally abusive primary caregivers, youth and/or parent mental illness and, lack of status as a legal immigrant, appeared to present extreme challenges for the ICM approach. The ICM provides a high level of consistency for these participants and

## iPoder!

### Oregon Council for Hispanic Advancement

---

this may mitigate these challenges to some extent. In addition, the ICM spends significant effort building partnerships with parents and family members. With assistance from some family members, the ability to monitor participants who are not yet able to self-regulate (make/keep appointments, attend school, etc.) is enhanced. Furthermore, initiating and maintaining participation in pro-social activities may activate the process of severing ties with the gang. The integration of a culturally-appropriate program setting and the ICM model with ¡Poder! and LISTOS staff skills, culturally-appropriate background, and commitment to each student appeared to produce positive results for many of these Hispanic youth.

As students progressed, the ICM and each student determined whether the level of intensity of case management could be reduced. The Level of ICM Measure was developed to gauge level of intensity and track the extent that the ICM provided the pre-determined schedule of services to each youth and family. For example, the ICM met at least two times each week with those students receiving the “high” level of ICM and one time each week with the students who received the “medium” level of ICM. In addition, the ICM met one time each month with those students who progressed to the “low” level of ICM.

The ICM and each enrolled youth develop individualized action plans soon after enrollment. These plans are reviewed by each youth and the ICM at six-month intervals. In some instances, participants chose to revisit their plans more frequently. The reasons for doing so varied; in some cases, students completed their stated goals prior to the six-month review. Other participants felt that they needed to change their plans as a result of either life circumstances or acquisition of new knowledge that impacted their views on what they needed to accomplish in the short and long term.

A goal achievement scaling approach was used to measure each participant’s progress in achieving self-identified goals. The goals incorporated the domains of education, employment, relationships, pro-social activities, and independent living skills. Of the 17 students participating for at least six months, 16 had achieved one or more action plan goals at the time of their six-month review. One student had not reviewed her plan by the end of this reporting period. However, this student had achieved success by entering a community college and is currently establishing a plan for independent living through the Department of Human Services youth transition program.

- *Program Implementation:* The Oregon Council for Hispanic Advancement (OCHA) faced a number of challenges in implementing the ¡Poder! program. During the first year of the program, significant challenges occurred which impeded progress towards meeting the program goals and objectives outlined in the program’s initial grant application, as well as meeting the requirements of the evaluation plan. These challenges were a direct result of considerable organizational transition within OCHA, which brought about numerous staffing changes within LISTOS. In addition to changes in personnel, the ¡Poder! program

was also hindered by a lack of clear understanding of “intensive case management”. The second year of program implementation brought substantial change in program design and management. A new Executive Director and a new Educational Director were hired. The new program directors developed a detailed Intensive Case Manager job description and hired a professional social worker with experience and expertise in providing individualized case management services to high-risk youth and their families. The new team reviewed and redefined the goals and objectives of the iPoder! program, with consultation from the CJSD contract evaluator, to ensure that each was achievable and measurable. In the third and fourth years, these changes were successfully implemented resulting in improved service delivery to program participants as described below.

### Outcome Evaluation

- *Program Outcomes.* There are three main outcomes for youth completing the iPoder! program: (1) to improve school attendance, (2) to improve academic performance, and (3) to reduce juvenile arrest rates.
- *Attendance.* Of the 43 participants who have participated in the iPoder! program since its inception, six are currently enrolled in LISTOS but have been in the program less than six months. An additional three students moved out of the area before they had completed six months in iPoder!. Of the 34 participants remaining, 26 (76 percent) *remained enrolled* in the LISTOS Alternative Learning Center for a *minimum of six months* after enrolling in iPoder!. In addition, average attendance was tracked for youth enrolled in iPoder! for the three years of full implementation of the intervention. Of the 43 individuals who were enrolled in iPoder!, attendance data were available for 38 students. A total of 18 of the 38 (47 percent) had average school attendance of 80 percent or greater over the course of full program implementation. Overall, average attendance for the 38 iPoder! participants was 73 percent.
- *Academic Improvement.* A total of 26 iPoder! participants were enrolled in the LISTOS program for six or more months. Pre- and post-educational testing results were available for 22 of the 26 participants. Results are not available for the remaining four participants because they left the program before post assessments could be administered. For the 22 participants for whom test data was available, 13 participants (59 percent) made gains in reading and 19 (86 percent) made gains in math. Ten students (45 percent) showed academic gains in both reading and math.
- *GED.* A total of 13 iPoder! participants were enrolled in LISTOS for one year or more. Nine (69 percent) of the 13 passed one or more GED subtests (i.e., math, science, writing, social studies, and literature). Eight students passed all five subtests (thus, earning their GED), and one completed and passed one subtest in literature. The success rate for students taking subtests demonstrates that the alternative program ensures that students are prepared to succeed when they schedule the tests.

## **iPoder!**

### Oregon Council for Hispanic Advancement

---

- *Violence.* Almost all students enrolled in ¡Poder! remained free of violent crime and juvenile justice system involvement while in the program. During the reporting period, 41 (95 percent) of the 43 participants remained free of violent incidents that came to the attention of law enforcement. Two participants were arrested by law enforcement for criminal activity while they were enrolled in ¡Poder!. One young woman was placed on probation for assault, theft, and harassment. A second female participant was arrested for theft and assault.

#### **Program Performance Measures and Outcomes**

The performance measures for this program include:

- Percent of clients who complete the program.
- Percent of clients who report improved school engagement.
- Percent of clients who had a referral to the juvenile justice system during the six months following program participation.

The outcomes for ¡Poder! include:

- The program provided 28 Latino youth, ages 15 to 17, with intensive case management services between July 1, 2004 and June 30, 2005. A total of 43 youth received Intensive Case Management (ICM) services over the three years of full implementation.
- 83 percent (30 of 36) of the youth who were enrolled in the ICM Program ¡Poder!, remained enrolled in the program for a minimum of six months or successfully completed the program.
- Of the 43 youth who received ICM services, 38 (88 percent) of the youth met with the Intensive Case Manager two or more times a week. The other five youth were not included due to exiting the program prior to implementation (four) and one youth who was admitted to a residential treatment program.
- 95 percent (41 of 43) of the youths' families had contact with the Intensive Case Manager one or more times per month.
- 100 percent (30) of the youth who remained enrolled in the program for a minimum of six months or successfully completed the program, met with the Intensive Case Manager to review their action plan and evaluate their progress one or more times every six months.
- 100 percent (30) of youth who remained enrolled in the program for a minimum of six months or successfully completed the program, achieved positive change in at least one goal area of their action plan within six months.
- 76 percent (26 of 34) of youth participating in the program remained enrolled in the LISTOS Alternative Learning Center for a minimum of six months.

## iPoder!

### Oregon Council for Hispanic Advancement

---

- 47 percent (18 of 38) of youth participating in the program had 80 percent or greater attendance in the LISTOS Alternative Learning Center.
- For the 22 youth that post-test results were available, all demonstrated academic gains in one or more curricular areas within six months of enrollment as measured by the Computerized Adaptive Test (CAT) or Test of Adult Basic Education (TABE) exams. Results were not available for the remaining students because they either left the program before post assessments could be administered or they left the program prior to six months.
- 69 percent (nine of 13) of youth enrolled in iPoder! one year or longer, successfully passed one or more General Educational Development (GED) subtests within one year of LISTOS enrollment.
- 95 percent (41 of 43) of youth participating in the program remained free of violent probation/parole and/or justice involvement while enrolled in iPoder!.

#### Lessons Learned

LISTOS Alternative Learning Center and OCHA historically have been less successful with students ages 15 to 17 than with older students. Indeed, the original rationale for proposing an intensive case management approach as the primary intervention for iPoder! was that a more focused intervention, combined with support to each individual student in this age group would engage these students in positive educational and community experiences. The development and implementation of iPoder! provided the OCHA organization an opportunity to systematically address the needs of this group of participants. However, the process of establishing the intensive case management approach has been challenging, given the complexity of life circumstances and cultural issues faced by this population as they transition to young adulthood.

Qualitative and descriptive data suggest that one of the greatest challenges to students successfully completing the program is a lack of a stable and permanent home environment. Students who did not continue in the program often disappeared and lost all contact with the ICM. It is very typical for at-risk Hispanic immigrant students to live alone, with extended family, or with friends; rarely do these students live with both their parents or even one parent. As a result, the students are forced to move, often out of the state, every few months. When students had a permanent home with at least one supportive role model, the young person continued in the program longer and was able to make progress towards educational and life goals. The ICM was able to address this barrier by immediately making contact with a youth's family member (if they had one) and referring homeless students to shelters and transitional housing.

Other challenges described by program staff, youth, and parents that were consistently present were those that related to culture and issues relevant to immigrant populations who come to this country with few financial and family resources. These included limited literacy

## **iPoder!**

### Oregon Council for Hispanic Advancement

---

skills in English and sometimes their native language, stressors related to limited employment and income, and differences in parent and youth values and perceptions of how to live in the U.S. society. These issues appeared to contribute to internal family problems, exasperated by typical adolescent development.

Another significant challenge to a youth's success in both the iPoder! program and in LISTOS was the low-level cognitive skills that most students had at the onset of their enrollment in the program. The average reading level of students when they initially entered LISTOS fell below the fifth grade level with many students reading at a third grade level. The average math skills were at the fourth grade level. Many of the students enrolled in LISTOS have not been in a formal educational setting since leaving school in the sixth or seventh grade (these students tended to have had most of their education in their native country and did not reenroll in school after moving to the U.S.). Other students had been placed in classes with an emphasis in developing only their English language skills and did not receive adequate instruction in other subject areas. As a result, students often need at least two years of continuous instruction to reach the eighth grade reading level needed to pass a GED sub-test.

The key factors that contributed to the success of the program in addressing these challenges include:

- The implementation of the program within the LISTOS Alternative Learning Center in order to ensure that students received the wrap-around services needed to successfully exit the program. Because the ICM was housed in the Center, she was able to have daily contact with the participants, their teachers, and the school administration and was more easily able to advocate for students and receive regular updates concerning their behavior and academic progress. The Center also houses a Mental Health Therapist which allowed participants and their families to access free and immediate culturally-specific mental health services.
- Participant incentives, including monthly bus passes, childcare subsidy, and participation in recreational and enrichment activities, ensured access to services and engagement and participation of all youth. Often programs that do not offer such incentives unnecessarily restrict a youth's ability to access services because childcare and transportation needs are not met. The iPoder! program found that these life circumstance barriers first need to be addressed before the students can begin to benefit from case management services.
- The Intensive Case Manager had a clear understanding of the underpinnings of working with Hispanic youth and their families. The ICM's professional experience, bilingual skills, and cultural competency allowed her to reach students who often feel distrustful of counselors. Because the ICM was able to work with only 15 participants at a time, it allowed her to meet with each youth at least twice a week and deliver individualized and consistent feedback to students. At-risk students have a history of poor follow-through and are accustomed to working with service

**iPoder!**  
Oregon Council for Hispanic Advancement

---

providers that cannot always follow up with them as needed. This consistent feedback ensured that students were kept engaged. During the third year of the program, the feedback process was refined through the development of an instrument called the “Level of Intensive Case Management Measure.” The measure allows the ICM to systemically phase back the amount of contact and time spent with participants and their networks of support, based upon individual progress. This instrument allowed the ICM to spend more time with students at greater risk and make decisions regarding participants who were ready for minimal monitoring, and thus allowing more students to be entered into the program.

For further information about this program, please contact Ms. Ximena Ospina-Todd at (503) 228-4131.



## HomeWorks Youth Contact, Inc.

---

### Program Purpose

Youth Contact has 25 years of successful youth treatment service delivery providing family therapy services for delinquent and at-risk youth since 1981. The agency has substantial expertise in the delivery of treatment from a strategic/structural family therapy treatment perspective, which is also one of the key theoretical/clinical components of MST. Youth Contact, Inc. in Hillsboro received funding to establish an in-home family therapy program for youth at high risk of involvement in juvenile crime in Washington County. The HomeWorks program uses Multisystemic Therapy (MST) to address the needs of Washington County's high-risk youth and their families.

The primary purpose of Youth Contact's HomeWorks program is to reduce delinquency, alcohol and drug use, and school drop out through the use of MST, an empirically evaluated family-based intervention that addresses the known determinants of serious anti-social behavior in adolescents and their families. MST has been designated as a best practices program and has been shown to reduce the rates of anti-social behavior in adolescents, reduce out-of-home placements, and empower families to resolve future difficulties.

The main goals of the program are to:

- Prevent or reduce juvenile crime among high-risk youth.
- Improve the level of family functioning.
- Improve school performance.
- Reduce substance use.
- Increase involvement in supportive community activities.

HomeWorks program objectives in support of these goals are as follows:

- The program will provide 55 youth/families with MST treatment annually.
- 80 percent of eligible youth/families referred to the program will engage in MST treatment services.
- 85 percent of youth/families will be satisfied with the services they receive from the MST program.
- 80 percent of youth/families who engage in MST treatment services will successfully complete treatment services.
- Therapists will demonstrate adherence to MST principles for 95 percent of the youth/families they treat.
- 85 percent of youth/families participating in MST treatment will demonstrate improved family functioning.

## HomeWorks Youth Contact, Inc.

---

- 90 percent of youth receiving MST treatment will abstain from or reduce their substance use while enrolled in the program.
- 90 percent of youth receiving MST treatment will participate in at least one pro-social community activity by the end of treatment.
- 90 percent of youth receiving MST treatment who are enrolled in school and attending regularly, will maintain their baseline attendance level while in the program.
- 80 percent of youth receiving MST treatment who are enrolled in school and attending irregularly, will increase their attendance while in the program. One hundred percent of youth receiving MST treatment and not enrolled in school will re-enroll in an academic program by the end of treatment.
- 90 percent of youth receiving MST treatment, enrolled in school, and attending regularly will maintain their baseline attendance level for six months post discharge.
- 75 percent of youth receiving MST treatment, enrolled in school, and not attending regularly will maintain the level of school attendance demonstrated at the end of treatment for six months post discharge.
- 90 percent of youth/families completing MST treatment will have parents involved in school meetings, activities, or school-based counseling sessions.
- 85 percent of all MST participating youth with prior juvenile justice referrals will not have a referral to juvenile justice within six or 12 months of program discharge.
- 90 percent of all MST participating youth with no prior juvenile justice referrals will not have a referral to juvenile justice within six or 12 months of program discharge.

### Target Population

The HomeWorks program targets male and female youth ages 12 to 17 who are at high risk of involvement in juvenile crime. The population targeted for services includes youth who are at risk of out-of-home placement due to delinquency, adjudicated youth returning from out-of-home placement, chronic or violent juvenile offenders, severely emotionally disturbed youth involved in the juvenile justice system and substance abusing youth in the juvenile justice system. To be eligible to participate in the program, youth should reside in Washington County, be enrolled or eligible for enrollment in the Hillsboro School District and have at least three risk factors when assessed on the Juvenile Crime Prevention Risk Screen Assessment. The areas of risk assessed by the screening tool include: anti-social behaviors, family functioning, school performance, peer relationships, and substance abuse.

## HomeWorks Youth Contact, Inc.

---

Referrals to the program come from two primary sources: the Hillsboro School District and the Washington County Juvenile Department. In addition to these primary sources of referrals, a smaller number of referrals come from other community agencies including the Department of Human Services, Oregon Youth Authority, area hospitals, and other mental health programs, as well as directly from families. When a referral is made HomeWorks staff: (1) review the case to determine if it is appropriate for MST, (2) determine if space is available in the MST program, (3) verify that the referral agency has informed the family of the referral, (4) schedule an intake session with the family, and (5) provide regular feedback to the referral agency.

### Program Components

Multisystemic Therapy (MST) is a family-oriented, home-based program that targets chronically violent, substance-abusing juvenile offenders 12 to 17 years old. The underlying premise of MST is that criminal conduct is multi-determined; therefore, effective interventions must recognize this fact and address the multiple sources of criminal influence. These sources are found not only in the youth (values and attitudes, social skills, biology, etc.) but also in the youth's social ecology: the family, school, peer group, and neighborhood. While the initial MST involvement may be intensive, perhaps daily, the ultimate goal is to empower the family to take responsibility for making and maintaining gains. An important activity of therapists is fostering parents' ability to advocate for their children and themselves with social service agencies. In other words, parents are encouraged to develop the requisite skills to solve their own problems rather than rely on professionals.

Multisystemic Therapy uses the family preservation model of service delivery which specifies that services are home-based, goal-oriented, and time-limited. MST focuses on the present situation seeking to identify and extinguish behaviors that are of concern not only to referring agents but to the family as well. The entire family participates in the MST program. MST involvement typically lasts between four and six months. Collaboration with community agencies is a crucial part of MST practices. MST sees the school as a key player, hence therapists may be in daily contact with teachers and administrators. MST therapists also work in close partnership with probation officers who in many cases are the referral source.

A central feature of the MST treatment model is its integration of empirically tested treatment approaches, which have historically focused on a limited aspect of the youth's social ecology (e.g., the individual youth, the family), into a broad-based ecological framework that addresses a range of pertinent factors across family, peer, school, and community contexts. The choice of modality used to address a particular problem is based largely on the empirical literature concerning its efficacy. As such, MST interventions are usually adapted and integrated from pragmatic, problem-focused treatments that have at least some empirical support. These include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavioral therapies. In addition and as appropriate, biological contributors to identified problems are identified and psychopharmacological treatment is integrated with psychosocial treatment.

## HomeWorks Youth Contact, Inc.

---

A crucial aspect of MST is its emphasis on promoting behavior change in the youth's natural environment. As such, the overriding goal of MST is to empower parents with the skills and resources needed to independently address the inevitable difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. "Parent" and "family" are broadly defined to include the adult(s) who serves as the youth's primary parent figure or guardian. Within a context of support and skill building, the therapist places developmentally appropriate demands on the adolescent and family for responsible behavior.

Initial therapy sessions identify the strengths and weaknesses of the adolescent, the family, and their transactions with extra-familial systems (e.g., peers, friends, school, parental workplace). Problems identified both by family members and the therapists are explicitly targeted for change and the strengths of each system are used to facilitate such change. Although specific strengths and weaknesses can vary widely among families, several problem areas are typically identified for serious juvenile offenders and their families.

Within the family, parents and adolescents frequently display high rates of conflict and low levels of affection. Similarly, parents (or guardians) frequently disagree regarding discipline strategies, and their own personal problems (e.g., substance abuse, mental illness) often interfere with their ability to provide necessary parenting. Family interventions in MST often attempt to provide the parent(s) with the resources needed for effective parenting and for developing increased family structure and cohesion. Such interventions might include introducing systematic monitoring, reward, and discipline systems; prompting parents to communicate effectively with each other about adolescent problems; problem solving day-to-day conflicts; and developing social support networks with friends, extended family, church members, and so forth.

A frequent goal of treatment is to decrease the youth's involvement with delinquent and drug-using peers and to increase his or her association with pro-social peers (e.g., through church youth groups, organized athletics, after-school activities). Interventions for this purpose are optimally conducted by the youth's parents, with the guidance of the therapist, and might consist of active support and encouragement of associations with positive peers (e.g., providing transportation and increased privileges) and substantive discouragement of associations with deviant peers (e.g., applying significant sanctions).

The design and implementation of MST interventions is based on the following core treatment principles:

- The primary purpose of assessment is to understand the "fit" between the identified problems and their broader context.
- Therapeutic contacts should emphasize the positive and should use systemic strengths as levers for change.
- Interventions should be designed to promote responsible behavior and decrease irresponsible behavior among family members.

## HomeWorks Youth Contact, Inc.

---

- Interventions should be present-focused and action-oriented, targeting specific and well-defined problems.
- Interventions should target sequences of behavior within or between multiple systems that maintain the identified problems.
- Interventions should be developmentally appropriate and fit the developmental needs of the youth.
- Interventions should be designed to require daily or weekly effort by family members.
- Intervention efficacy is evaluated continuously from multiple perspectives with providers assuming accountability for overcoming barriers to successful outcomes.
- Interventions should be designed to promote treatment generalization and long-term maintenance of therapeutic change by empowering caregivers to address family members' needs across multiple systemic contexts.

MST is a flexible intervention tailored to each family's situation. There is no single recipe for success. Instead, MST therapists design and implement MST interventions based on adherence to the core treatment principles. Each therapist is assigned a small caseload of no more than six to eight clients, which allows the therapist to meet several times per week with each client and his or her family in addition to consulting with other systems in which the child is involved (e.g., the school and juvenile justice systems). Clients also have access to 24-hour crisis intervention services from an on-call therapist.

### Program Resources

#### *Byrne Funding*

The Youth Contact HomeWorks program receives Byrne grant funding of \$250,000 and provides matching funds of \$83,333. During the period July 1, 2004 through September 30, 2005, the program expended \$219,122 in federal funds, and \$81,281 in match funds. Youth Contact's HomeWorks program uses Byrne grant funds for personnel salaries and benefits. Youth Contact contracts with Portland State University for external evaluation services to provide process and outcome evaluations of the program.

#### *Program Staff*

The Youth Contact HomeWorks program has a staff of six: three full-time MST therapists, one part-time therapist, a Clinical Supervisor, and a Program Director. The MST therapists all have master's degrees. They provide direct service to families using the MST model and carry caseloads of up to six to eight families at any one time. One therapist is fluent in Spanish. The Clinical Supervisor has a master's degree and several years experience working with youth and their families in their homes and in community-based settings. The Program Director provides overall supervision. Program evaluation services are contracted to the Director of the Regional Research Institute for Human Services at Portland State University.

## HomeWorks Youth Contact, Inc.

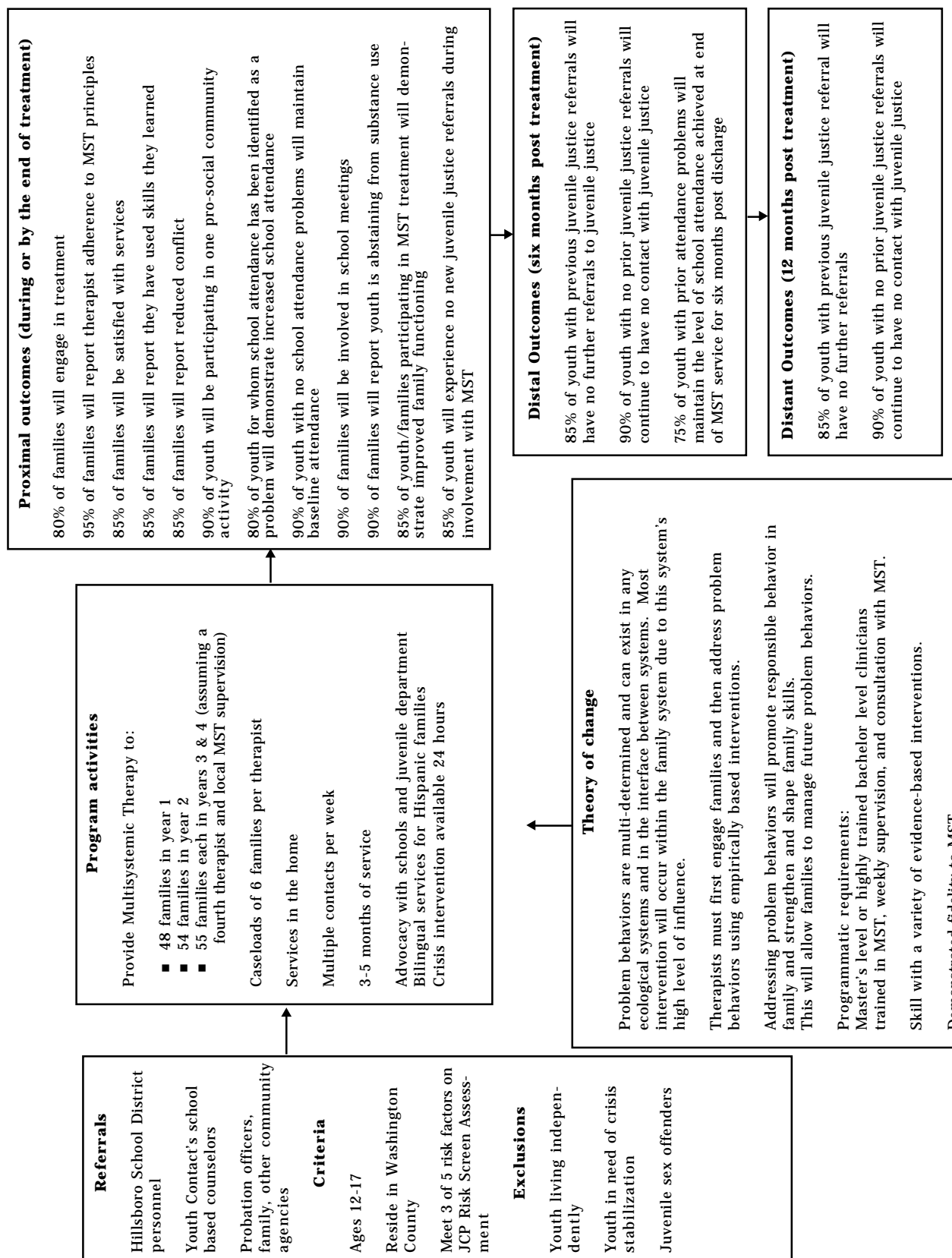
---

### *Collaboration*

The key community partners for the Youth Contact HomeWorks program are the Hillsboro School District and the Washington County Juvenile Department. Youth Contact collaborates with a myriad of county groups who address the needs of Washington County youth. Many of the Washington County Commission on Children and Families sponsored planning groups have identified the need for additional treatment services, particularly those offering a home-based model. The key stakeholders involved in the planning and development of the HomeWorks program were the Washington County Juvenile Crime Prevention Partnership and the Hillsboro School District.

# Program Logic Model

## HomeWorks



## HomeWorks Youth Contact, Inc.

---

### Program Progress

The HomeWorks program made good progress during the fourth year of funding. Therapists continued to successfully establish therapeutic relationships with clients who enrolled in the program. Evaluation data indicate that therapists successfully adhered to the treatment principles of MST. Evaluators conclude that the HomeWorks program shows solid attainment of key program objectives, including increased family functioning, reduced youth substance use, increased youth school attendance, increased youth and family participation in supportive community activities, and decreased youth involvement in the juvenile justice system.

### Process Evaluation

- *Clients served:* From July 1, 2004 through June 30, 2005, the program served 51 families. Of the 51 families served, 18 families were still active in the program and receiving services at the end of the year. Of the 33 families discharged from the program, 70 percent (23) successfully completed the program, and 10 families failed to successfully complete the program. There were no families on a waiting list for services at the end of the year.

MST is designed to serve those youth who are most at-risk, particularly for incarceration or other out-of-home placement. Most of the youth served in the fourth year of funding were experiencing significant family conflict (including domestic violence and past or current abuse or neglect), substance abuse issues (often including charges of Minor in Possession), and problems in school performance (involving grades and relationships with faculty and peers). Aggression towards self and others was frequently evident among youth served. Parents of youth enrolled in the program were often experiencing their own mental health and/or substance abuse issues and, most typically, had minimal control over their youth's behaviors - leading to a highly chaotic family environment.

A total of 65 percent (33 of 51) of youth served by the program this year were male and all youth were between the ages of 12 to 17. A total of 57 percent (29) were White, 35 percent (18) were Hispanic, two percent (one) was Asian/Pacific Islander, and six percent (three) were African-American. All clients met the intended target population eligibility criteria, which include the following: between ages 12 to 17, attending or eligible to attend school in the Hillsboro School District, and meet at least three of the five risk factors according to the Juvenile Crime Prevention Risk Screen Assessment. The areas of risk assessed by the screening tool include: anti-social behaviors, family functioning, school performance, peer relationships, and substance abuse. The majority of youth served by the program were at-risk in all five areas. In addition to being at-risk for delinquency, approximately 25 percent of youth served by the program also demonstrated emotional problems that included victimization, depression, and/or self-harming behaviors.



## HomeWorks Youth Contact, Inc.

---

Furthermore, one barrier to participation in HomeWorks during the past year was the limited number of available spaces for clients. Because of the intensity of MST, each of the three HomeWorks therapists generally could not manage a caseload larger than eight families at any given time. Thus, in the past year, the program typically maintained a waiting list of approximately 10 families, and those on the waiting list had to wait up to three months before being enrolled in treatment. Although potential clients and several referral sources sought alternative services when informed of the potential wait and were assisted in doing so by the program's clinical supervisor when necessary, most chose to remain on the waiting list, indicating that the intensive nature of the program would be most appropriate for their needs. By the end of the year there were no families on the wait list. There is some indication, though, that this is because referring agencies were aware that the HomeWorks program would be ending as of September 2005.

- *Program implementation:* The HomeWorks program is being implemented as intended and is reaching its target population. Evaluation data from quantitative measures provided evidence that HomeWorks therapists and supervisors adhered to the principles of MST and delivered high-quality services.

Families must complete at least 75 percent of their treatment goals to be considered as having successfully completed the HomeWorks MST program. Seventy percent of discharged youth/families (23 of 33) successfully completed the program. Ten families dropped out of the program prior to completing at least 75 percent of their goals. There was no difference in age, gender or race between those who successfully completed the program and those who dropped out.

Thirty-seven percent of youth served (19 of 51) were at-risk in all five domains on the Juvenile Crime Prevention Risk Screen Assessment. One hundred percent of the youth were at-risk in the family dysfunction domain. Eighty-four percent (43 of 51) were at-risk for school attendance problems, 51 percent (26 of 51) were at risk for drug and alcohol problems, 73 percent (37 of 51) were at-risk for peer relationship problems, 80 percent (41 of 51) were at-risk for behavior problems, and all were at-risk for family dysfunction.

Parent and youth satisfaction with services is measured using three instruments: the Therapist Adherence Measure Scale (TAMS), a parent survey, and a youth survey. The TAMS is collected monthly while the parent and youth surveys are collected quarterly. The response rate for the TAMS was 59 percent overall. The parent and youth survey response rates were 72 percent and 58 percent respectively. Since data are collected at multiple points, families have multiple chances to respond and thus results are reported as the rate of responses rather than the rate of families responding to a particular measure. The majority of responses to the TAMS, parent, and youth surveys indicate satisfaction with the services received from the HomeWorks therapists.

## HomeWorks Youth Contact, Inc.

---

HomeWorks staff were able to meet the majority of their program objectives. The program met or exceeded 15 of the 21 benchmarks in their Evaluation Measurement Plan, including family engagement in the program, client satisfaction with services, school attendance, family functioning, and recidivism within six months of program completion.

- *MST site certification:* Following two years of dissatisfaction with MST, Inc.'s training and clinical consultation services, the HomeWorks program was granted permission by CJSD to end its contractual relationship with MST, Inc. beginning in year three of funding. HomeWorks staff and administration had essentially two concerns about the training and consultation they received from MST, Inc.: (1) there were significant gaps and weaknesses in the training and consultation. For example, the program staff felt that the clinical consultations with MST, Inc. were often too narrowly focused on one particular therapeutic strategy which excluded the consideration of other therapeutic strategies that staff thought were worthy of discussion, and (2) the MST training did not add anything to the principles and practices already in place at the hosting agency, Youth Contact.

The core therapeutic stance of Youth Contact, the hosting agency for the HomeWorks program, is grounded in strategic family therapy and structural family therapy. Both of these therapeutic strategies are cited by MST, Inc. as being two of the four "pragmatic, problem-focused treatments" from which MST interventions have been adapted. Thus, the HomeWorks program's host agency shares a substantial therapeutic lineage with the MST Model. Since terminating their relationship with MST, Inc., HomeWorks has formed a relationship with the Director of the Strategic Family Therapy Project of the Mental Health Research Institute, who has trained extensively with the founders of strategic family therapy. The Director provides the clinical consultations that HomeWorks used to receive from MST, Inc. HomeWorks staff and administration are quite satisfied with the change.

- *MST model adherence:* The HomeWorks program is adherent to the MST model. Adherence to the MST model was measured using the Therapist Adherence Measure Scale (TAMS), a standardized instrument developed by MST, Inc. to assess treatment fidelity. MST recommends an adherence score of at least 0.40 (on a scale of -4.0 to +3.0). HomeWorks therapists averaged 0.54 on the adherence scale of the TAMS. The main challenge for program staff and supervisors in implementing the HomeWorks program with fidelity to the MST model was their perception that MST, Inc. provided poor quality clinical training and supervision. Staff felt that MST, Inc. recommendations for treatment interventions were overly focused on cognitive behavioral methods to the exclusion of many other empirically valid methodologies. At times staff felt that MST, Inc. recommended treatment interventions that would have been demeaning to the family. Furthermore, there were several times treatment guidance was offered from MST, Inc. that would have placed the youth outside of the home, when HomeWorks

## HomeWorks Youth Contact, Inc.

---

staff and supervisors felt there were still viable options for keeping the youth in the home. Staff fell back on the agency's commitment to an ecological approach to intervention (strategic and structural family therapy), for guidance when faced with what they felt were poor recommendations from MST, Inc. Ultimately, program staff and supervisors resolved this disagreement by terminating their contract with MST, Inc.

- *Barriers to implementation:* Program capacity limitations were the primary barrier to implementation of the HomeWorks program this year. The program aims to serve 55 youth/families each year. This year the program served 51 youth/families. Not meeting the goal was a result of the extended length of treatment which limited the number of families that therapists could work with over the course of the year.

Therapists found that youth/families benefited from longer treatment than was expected from the MST model. Many of the youth/families served by HomeWorks this year presented multiple and compounded problems such as substance abuse by parents and youth, parental mental illness and criminality, and extreme conflict. In an interesting departure from the usual MST practice of limiting treatment to approximately four months, HomeWorks therapists (in consultation with their colleagues and supervisors) extended treatment for several families significantly beyond four months (up to a year in at least one case). This had the effect of limiting the number of families that could be served by the program, while allowing the families that were served to complete the program successfully. Though this strategy is a departure from the usual MST practice it is not contrary to any of MST's nine core principles.

### Outcome Evaluation

Since the inception of Byrne grant funds, 105 youth have participated in the HomeWorks program. Of these youth, 86 have been discharged and 70 of the 86 (81 percent) completed the program successfully. Nineteen youth were still active with the program as of June 30, 2005.

Program evaluators are gathering data on five main outcome goals for youth completing the MST program: (1) reduced substance abuse, (2) improved school attendance, (3) increased involvement in supportive community activities, (4) improved family functioning, and (5) reduced juvenile recidivism:

- *Substance Abuse:* Clients who complete the HomeWorks program show significant improvement in substance abuse. Therapists use a variety of tools to help youth and families deal with this difficult problem including helping parents develop a plan to increase supervision of their children, helping parents recognize the indicators of substance abuse, teaching youth refusal skills and ways to develop relationships with non-using pro-social peers. Since program inception 50 percent of youth were at-risk for alcohol and drug use at enrollment to the program.

## HomeWorks Youth Contact, Inc.

---

Ninety-three percent (65 of 70) of families who successfully completed the program overall reported that the youth abstained from or reduced his or her use of alcohol or drugs by the end of treatment.

- *School Attendance:* One of the HomeWorks objectives is to help youth stay in school, or enroll in school, if they have dropped out. Poor school attendance is highly correlated with juvenile delinquency. Among youth who successfully completed the program, attendance was tracked for both those youth with prior attendance problems and those with no prior attendance issues. Attendance data was available for 87 percent of youth (61 of 70) who have successfully completed the program since its inception. Seventy-five percent (46 of 61) of these youth had attendance problems prior to enrolling in the HomeWorks program and 25 percent (15 of 61) had regular attendance prior to enrollment. Eighty-nine percent (41 of 46) of those youth with prior attendance problems increased attendance or re-enrolled from baseline to program discharge. Eighty-three percent (24 of 29) of these youth who were also six months past their program discharge had improved attendance or re-enrollment six months after program discharge. Similarly for those youth without attendance issues prior to program enrollment, 87 percent (13 of 15) maintained stable school attendance and 100 percent (three) still had stable school attendance at six months post program discharge.
- *Community and School Involvement:* From an ecological perspective, one of the determinants of youth behavior is the extent to which the youth and the family is integrated into a healthy community. The HomeWorks program seeks to address this issue by providing parents with resource information and assisting them in connecting with community programs. Playing sports with a positive peer group, participating in church activities or gaining employment are some examples of positive community involvement. Since the program's inception, 91 percent (64 of 70) of youth who successfully completed the program participated in at least one supportive community activity. One of the key factors in a youth's success in school is the extent to which the parents are involved with the school. It is a specific objective of the program to improve the level of the parents' involvement with the school by facilitating the forming of positive connections between the school and the family and by coaching the family on ways they can advocate for their child at school. Since the beginning of the program 100 percent (70) of parents completing treatment participated in at least one school-based activity during treatment.
- *Family Functioning:* Evaluators use parent responses to survey questions to measure family functioning. Two questions in particular about the occurrence of conflict within the family and the extent to which the family uses skills learned in therapy outside of the context of the counseling session guide their analysis.

The results of this analysis should be viewed with caution since the data is limited in two ways. First, the number of responses is not a direct indicator of the number of families responding to the question because the parent survey is administered

## HomeWorks Youth Contact, Inc.

---

quarterly to parents and thus a family has the opportunity to make multiple responses to the same question. Second, an in-depth analysis revealed that survey results are from a relatively small percentage of families: data from the past three quarters indicates that survey responses are from 35 percent of the families served (27 of 77). (The evaluation staff worked with program staff on developing several different means of administering the survey, however, the response rate continued to be low. The response rates seen in this program are typical when data collection relies upon program staff who are not trained evaluators and where data collection rates are not tied to job performance).

Of the families that responded to the parent survey since the beginning of the program, 99 percent of responses (155 of 157) indicated that parents are using their new skills with the family outside of the counseling session. A total of 92 percent of survey responses (145 of 157) indicate that conflict had been reduced in the family.

- *Juvenile Recidivism:* The ultimate goal of the HomeWorks program is for youth to not be involved with the justice system. The HomeWorks program made good progress in helping families with this goal. Overall, 85 percent of youth (60 of 71) who were enrolled in the program and were six months post-program, did not have a new referral to the juvenile justice system. The recidivism rate at 12 months post discharge was the same for all youth—85 percent (47 of 55). Recidivism was also tracked for two sub-groups of youth: those with a juvenile justice referral prior to program enrollment and those without any prior contact with juvenile justice. Seventy-eight percent (28 of 36) of youth with prior juvenile justice contact had no new referral six months following program discharge, while 86 percent (24 of 28) had no new referral 12 months post program discharge. Of the youth without any prior contact with juvenile justice 91 percent (32 of 35) had no referral at six months post program discharge, while at 12 months, 85 percent (23 of 27) had no referral to juvenile justice.

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who complete the program.
- Percent of clients who report improved school engagement.
- Percent of clients who report decreased substance abuse.
- Percent of clients who had a referral to the juvenile justice system during the six months following program participation.
- Percent of clients who had a referral to the juvenile justice system during the 12 months following program participation.
- Percent of clients who had a juvenile justice placement during the six months following program participation.

## HomeWorks Youth Contact, Inc.

---

- Percent of clients who had a juvenile justice placement during the 12 months following program participation.

The outcomes for HomeWorks include:

- The program provided 51 youth/families with MST treatment in year four.
- 92 percent of eligible youth/families (22 of 24) referred to the program this year engaged in MST treatment services<sup>1</sup>.
- 94 percent of responses to TAMS survey (97 of 103) indicated that families were satisfied with the services they received from the MST program.<sup>2</sup>
- 70 percent of youth/families (23 of 33) who engaged in MST treatment services successfully completed treatment services.
- 92 percent responses to the TAMS survey (95 of 103) indicated that the therapists were adherent to MST principles<sup>2</sup>. The average monthly Therapist Adherence Measurement Scales score of 0.54 indicates that therapists are adhering to the MST model.
- 98 percent of responses to the parent survey (53 of 54) indicated improved family functioning as measured by family reports of using of new skills learned during counseling.
- 80 percent of responses to the TAMS survey (79 of 99)<sup>3</sup> indicated that youth receiving MST treatment abstained from or reduced their substance use while enrolled in the program<sup>2</sup>.
- 88 percent of youth completing MST treatment (23 of 26) participated in at least one pro-social community activity by the end of treatment<sup>4</sup>.
- 83 percent of youth completing MST treatment (10 of 12) who were enrolled in and regularly attending school, maintained their baseline attendance level while in the program<sup>4</sup>.
- 75 percent of youth completing MST treatment (nine of 12) who were enrolled in school but attending irregularly, increased their attendance while in the program or re-enrolled if they were not initially enrolled in school<sup>4</sup>.

<sup>1</sup> Note that the number of youth referred this year is not the same as the number of youth served.

<sup>2</sup> Parent, youth and TAMS surveys were gathered at multiple time points allowing for multiple responses from any particular family.

<sup>3</sup> The response rate varies depending on the question, as not all questions were answered.

<sup>4</sup> Data source is the Therapist Tracking Form (TTF) completed by therapists quarterly. The number of youth successfully completing includes a small number of duplicate entries that resulted from transitioning case from one therapist to another after a therapist had left HomeWorks.

## HomeWorks Youth Contact, Inc.

---

- All youth who received MST treatment, were enrolled in and regularly attending school, and were six months post discharge (One), maintained their baseline attendance level.
- 100 percent of youth receiving MST treatment, that were enrolled in school but attending irregularly, and were six months post discharge (11), maintained their school attendance at the end of the six months.
- 100 percent of youth/families who completed MST treatment (23) had parents who were involved in school meetings, activities, or school-based counseling sessions.
- 77 percent (10 of 13) of all MST participating youth with prior juvenile justice referrals did not have a referral to juvenile justice within six months of program discharge, and 80 percent (four of five) did not have a referral within 12 months of program discharge.
- 100 percent (five) of all MST participating youth with no prior juvenile justice referrals did not have a referral to juvenile justice within six months of program discharge, and 100 percent (one) did not have a referral within 12 months of program discharge.

### Lessons Learned

Evaluation data indicate that the HomeWorks program is a strong program that effectively works with at-risk youth and their families to meet treatment goals. The following are key characteristics of the program:

- *Characteristics of the host agency:* Youth Contact, the host agency for the HomeWorks program, has three characteristics that have been essential in the implementation of an effective program. First, Youth Contact has a solid reputation in the community for providing effective services to youth and families. This reputation has helped therapists establish working relationships with community partners and with influential members of the systems with which the clients interact. This strong community reputation may help explain HomeWorks high level of client engagement. Second, Youth Contact's services rest on a solid theoretical foundation of structural family therapy and strategic family therapy that both have strong empirical support. The fact that this theoretical stance is congruent with the MST approach facilitates implementing the HomeWorks program. Third, Youth Contact supports a professional culture committed to continuing education on best practices in preventing and treating mental health and psycho-social problems.
- *Ecological perspective:* Progress towards family and youth outcomes has been enhanced by assessing and working intensely with the systems (e.g. school, peers, service agencies, church) with which the family interacts. Assessing the systems provides the therapist with a more comprehensive understanding of the multi-determined nature of clients' behavior. Understanding the determinants of their

## HomeWorks Youth Contact, Inc.

---

behavior leads to more sensitive and effective therapeutic interventions. Working directly with the systems which impact the client allows the therapist to link them into an integrated treatment approach.

- *Clear program objectives:* Program objectives have been developed and refined collaboratively with evaluators, program staff, and CJSD. The presence of clear measurable objectives and the continual feedback of progress toward those objectives has enabled program staff to implement the program as intended.
- *Competent staff:* HomeWorks' success has been largely due to the selection of staff with excellent experience and training working with delinquent youth and their families. In addition, the success of the program in maintaining a Spanish-speaking therapist to serve monolingual Spanish clients has been advantageous in attracting an underserved population, especially considering that 35 percent of the youth served this year were Hispanic.
- *Adequate funding:* Adequate funding allows skilled therapists to do intensive closely supervised work with a small number of families. Full funding allows therapists to make multiple visits to the clients' home each week, work closely with the systems involved (e.g., school, justice system) and have the time to discuss difficult cases with their colleagues and supervisor.

For further information about this program, please contact Ms. Jolynne Batchelor at (503) 640-4222.



## **SchoolWorks** Juvenile Rights Project, Inc.

---

### **Program Purpose**

The conceptual model of SchoolWorks is based on research that failure in education is often the root of juvenile crime and that juveniles can be diverted from delinquency if their educational needs are met. Studies have also shown that addressing risk factors, such as poor school attendance or suspension or expulsion from school, reduces the likelihood that a youth will get involved or stay involved with the juvenile justice system. Since child protection and juvenile justice systems do not adequately provide for juveniles' educational needs, integrated legal and social work interventions increase juveniles' access to and utilization of needed services.

SchoolWorks is a program focused on improving the academic performance of the most at-risk students – those in the juvenile justice and foster care systems. The purpose of SchoolWorks' advocacy is to keep at-risk students “in school and out of trouble.” SchoolWorks has two major underlying premises: (1) failure in education is often the root of juvenile crime and (2) children in the child welfare and juvenile justice systems are falling between the cracks.

Many children who are already involved in the child welfare and juvenile justice systems (where low income and minority children are disproportionately represented) are ignored and/or denied their rights to free and appropriate public education, as well as mental health and other social services. SchoolWorks seeks to ensure that these at-risk children have access to appropriate educational services.

The main goals of the program are to:

- Reduce or prevent juvenile violence and juvenile justice involvement.
- Improve the educational outcomes for dependent and delinquent youth.

The specific objectives of the program are as follows:

- Provide school-based individual case advocacy and representation each year to approximately 210 dependent or delinquent youth between the ages of eight and 15 who are experiencing achievement, attendance, or behavioral difficulties at school.
- Establish eligibility for special education services for 75 percent of SchoolWorks youth deemed in need of these services.
- Assist 75 percent of SchoolWorks youth not currently enrolled in school to re-enroll in school.
- Reduce or prevent disciplinary action for 75 percent of SchoolWorks youth subject to such action.
- Reduce or prevent suspensions or expulsions for 75 percent of SchoolWorks youth threatened with suspension or expulsion.

## **SchoolWorks**

### Juvenile Rights Project, Inc.

---

- Create new or updated school plans (such as Individualized Education Programs [IEPs] and 504 Plans), consistent with child welfare and/or juvenile court plans, for 75 percent of SchoolWorks youth who need them.
- Link 75 percent of SchoolWorks youth (who are in need) with new school services (e.g., tutoring, positive behavioral intervention services, counseling, speech therapy, educational aides, etc.).
- Prevent moves between schools for 75 percent of SchoolWorks youth for whom frequent school moves have been identified as a problem.
- Obtain a more appropriate school placement (i.e., classroom subject level) for 75 percent of SchoolWorks youth who are in or being referred to a school placement that is inappropriate for their needs.
- Facilitate cross-system coordination (e.g. between school districts and the Department of Human Services or the juvenile justice system) for 75 percent of SchoolWorks youth who are experiencing school difficulties.
- Promote improved academic achievement for 75 percent of SchoolWorks youth for whom achievement has been identified as a concern.
- Reduce absenteeism for 50 percent of SchoolWorks youth for whom attendance has been identified as a concern.
- Reduce juvenile court events for 50 percent of SchoolWorks youth for whom this has been identified as an immediate concern.
- Provide community trainings and education sessions to 75 participants and participate in other meetings designed to enhance partnerships with other agencies serving this population.
- Complete two or three targeted systemic reform activities.

### **Target Population**

Juvenile Rights Project (JRP) attorneys handle many of the delinquency and dependency cases in Multnomah County. Of these cases, children and youth ages eight through 15 are eligible for individual case advocacy if they are experiencing difficulties with: school attendance (including truancy, suspension and expulsion or barriers to enrollment), or behavior and/or academic achievement. Youth who reside or attend school in Multnomah County are eligible and youth who are placed in a long-term residential treatment facility are not eligible until they are preparing to discharge. After referral by the primary JRP attorney and screening by the SchoolWorks supervising attorney and legal assistant, cases are assigned to a SchoolWorks attorney or social worker for service.

## **SchoolWorks**

### Juvenile Rights Project, Inc.

---

#### **Program Components**

The program has three primary components: (1) individual case advocacy (ICA), (2) community training and education (CTE) and (3) targeted systemic reform (TSR). Following is a detailed description of the three components:

- *Individual case advocacy (ICA):* Most of SchoolWorks' legal and educational advocacy consists of skillful diplomacy and the facilitation of communication among various service providers, the school, and the family or foster family. Each youth is unique and receives individualized services. For example, he or she may need to be properly assessed for learning disabilities, to have a behavior plan developed that emphasizes alternatives to suspension and expulsion, and/or to receive additional services such as mental health treatment. The SchoolWorks advocate brings together representatives from numerous agencies to address the youth's educational needs comprehensively. This includes identifying appropriate services for the participant as well as his or her eligibility and legal right to receive them, identifying school contacts and services, making requests for special education assessment, advocating for specific services and school placement, and facilitating exchanges of information among various agencies such as the court, school, child welfare department, juvenile justice system, social service agencies, and the family. Staff also appear at Individualized Education Program (IEP) meetings, suspension and expulsion hearings and appeals, and advocate with other agencies that provide mental health, developmental disabilities, child welfare, and juvenile justice services.
- *Community training and education (CTE):* This component is premised on the belief that the unique needs of children and youth in the foster care and juvenile justice systems are poorly understood by the larger community, including by parents or guardians and the agencies charged with serving them, notably the schools. This part of the program works to promote partnerships among people and agencies working with a specific youth or with this group of children and youth in general.
- *Targeted systemic reform (TSR):* This component seeks to use the knowledge and experience the staff gain through their work on the first two components of the program and apply it strategically to target system-wide problems for improvement. For example, program staff brought together representatives from various systems to address a problem that was affecting many youth. Through this multi-system collaboration, the agency representatives and other advocates and stakeholders address: 1) Students involved with multiple public systems who are transitioning from secondary school to adulthood; 2) Children in a shelter care facility in Multnomah County and their access to public education; and 3) Coordination among school districts, child welfare, juvenile justice and other systems statewide to better meet the needs of the children and youth they serve.

## **SchoolWorks**

### Juvenile Rights Project, Inc.

---

#### **Program Resources**

##### *Byrne Funding*

The SchoolWorks program received \$199,565 in Byrne grant funding and provided \$66,522 in matching funds from July 1, 2004 through June 30, 2005. During the period July 1, 2004 through June 30, 2005, the program expended \$189,541 in federal funds, and \$63,181 in match funds. Juvenile Rights Project, Inc. uses the majority of the grant to pay the cost of personnel salaries and contractual services.

##### *Program Staff*

The program is operated as part of the Juvenile Rights Project, Inc. Five attorneys (one supervising attorney and four attorneys) and a Social Worker are responsible for providing individual case advocacy for clients, conducting community training and education, and working on targeted systemic reform. The JRP Director oversees the program and administers the grant. Other key team members include two Legal Assistants and the Database Administrator. The Child Welfare Partnership at Portland State University serves as the external program evaluator.

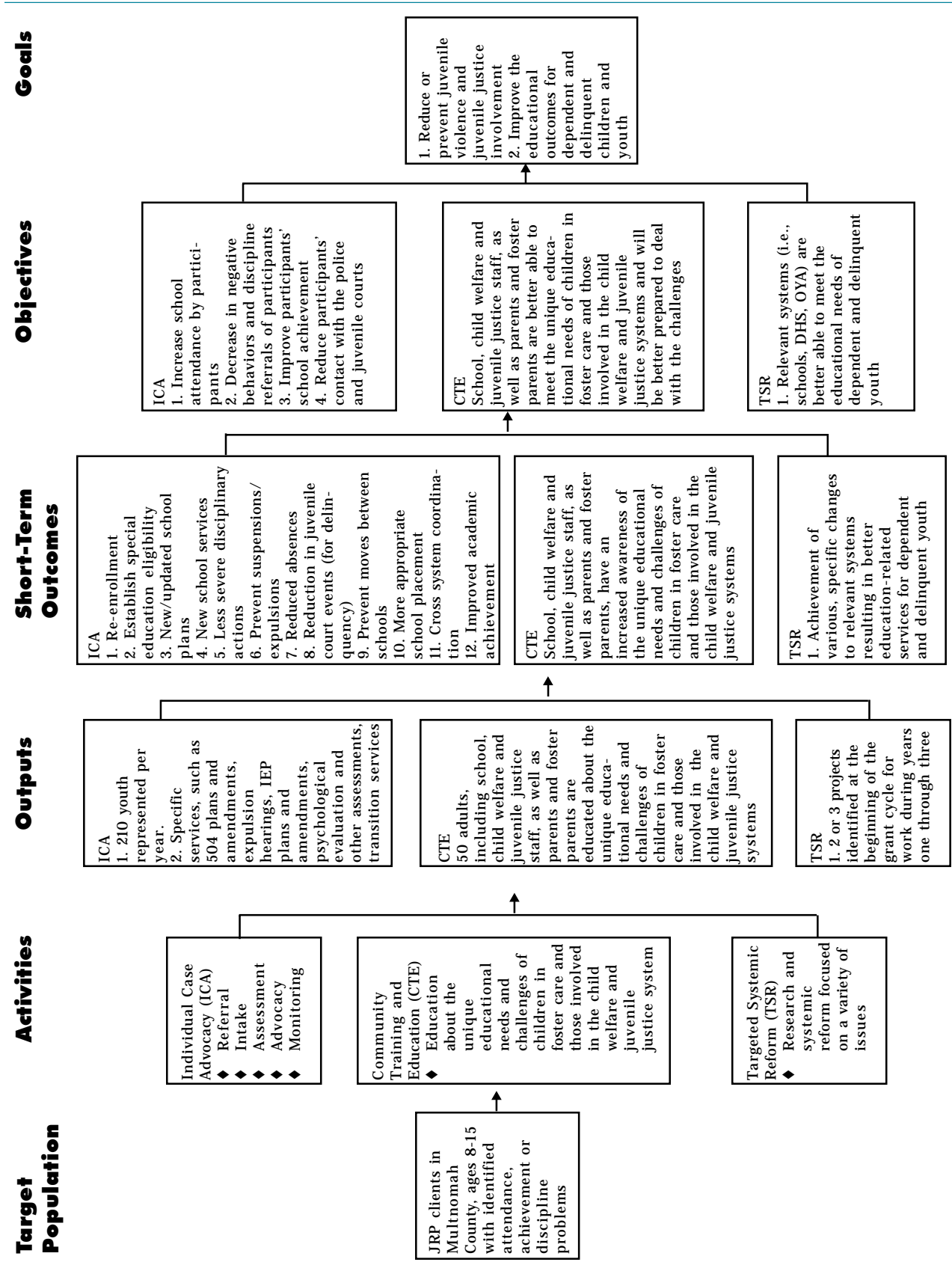
In the first two years of the grant, the SchoolWorks advocates represented children in school and related matters only. The SchoolWorks Attorney or Social Worker worked in concert with the child's court-appointed defense attorney, who represented the child in court matters. In year three, SchoolWorks began shifting to a model of integrated representation. Two attorneys began representing their court-appointed clients in both juvenile court and school matters (for clients who met the eligibility requirements of the SchoolWorks program). The remaining SchoolWorks attorneys continued to represent clients in school matters only. The program will continue to develop the model of integrated representation and will further refine the model in year four.

##### *Collaboration*

The most important factors in SchoolWorks' success are the knowledge, skill and experience of the individual staff and the staff's ability to work as a team and to form teams with their evaluators, advisory group, and community partners. SchoolWorks staff participate in a work group of other special education attorneys and advocates, in State and County advisory meetings and in cross-system meetings and work groups around specific issues (e.g., homeless students, older students with disabilities, minority students, students with significant mental health disorders, and students who were exposed to drugs and alcohol prenatally). SchoolWorks also provided technical assistance to attorneys at the Oregon Department of Education on proposed statutory updates to reflect recent changes in Federal law. SchoolWorks recommended specific language about the definitions of parent and foster parent and the appointment for educational surrogates for children in state custody.

# Program Logic Model

## SchoolWorks



## SchoolWorks

### Juvenile Rights Project, Inc.

---

#### Program Progress

During the third program year, from July 1, 2004 through June 30, 2005, the SchoolWorks program continued to make good progress on its goals and objectives. Program staff provided individual case advocacy to 295 youth during this time period and trained/educated over 100 community members. In addition, the program completed its final targeted systemic reform effort to address the educational needs of children in foster care.

SchoolWorks was very effective in advocating for dependent or delinquent youth in local school systems, and the program met most of its school-related objectives (e.g., reducing absences, reducing school moves, creating or updating school plans, reducing or eliminating suspensions and expulsions, improving achievement, etc.). The evaluators from Portland State University began collecting juvenile justice and school record data on a pilot sample of 22 SchoolWorks clients.

#### Process Evaluation

- *Clients served:* From July 1, 2004 through June 30, 2005, the SchoolWorks program provided individual case advocacy to 295 youth (209 new admissions and 86 carried over from year two). The program exceeded the objective of serving 210 youth per year.
- *Client profile:* The clients who were newly enrolled in the program in year three (N = 209) matched most of the target criteria for program services. Originally, the program only planned to target youth ages eight through 15 (youth ages 16 and older were eligible for SchoolWorks if they were previously served by the program). During year three, 13 youth under the age of eight and 31 youth over the age of 15 were also served by the program. All of the youth were referred because they had an open dependency or delinquency case and met at least one of the other SchoolWorks eligibility criteria: experiencing difficulty with school attendance (including truancy, suspension and expulsion or a school's refusal to enroll the child), behavior, or academic achievement. In year three, 22 percent of the youth were referred because they were not in school, 67 percent were experiencing behavioral problems in school, 72 percent were academically behind, and 51 percent had more than two reasons for referral. The majority of SchoolWorks clients were male (64 percent) and a disproportionately large number were minority students (52 percent). In addition to the admission criteria, SchoolWorks clients had additional risk factors including learning disabilities (24 percent), mood disorders (depression or bi-polar) (24 percent), attention deficit disorders (27 percent), emotional trauma (34 percent), and/or behavior disorders (36 percent). In addition, 78 percent of the youth were living in poverty, 63 percent were in foster care placements, and 37 percent were living in single parent family homes. Approximately one-third of the youth had either attended more than one school during the year (35 percent) and/or had a history of changing schools (26 percent). Thirteen percent of youth clients were attending a poorly performing school.

## SchoolWorks

### Juvenile Rights Project, Inc.

---

- *Program Implementation:*  
*Individual case advocacy (ICA):* During the third year, 154 clients completed SchoolWorks, and 141 clients remained active in the program. Of those who exited the program, 44 percent successfully completed the program. Of the 56 percent that did not successfully complete the program, 47 percent were due to youth who became ineligible because their juvenile court case closed, they were placed in a residential treatment facility or because they moved out of Multnomah County. In seven percent of the cases, the youth no longer wanted to receive services from SchoolWorks, and in one percent of the cases, the parent or educational surrogate no longer desired SchoolWorks services for the youth. (For this reason, short-term outcome data will be presented for both the entire sample of SchoolWorks cases closed in year three and for those that successfully completed.)

SchoolWorks originally anticipated serving 220 youth during the year. At the writing of this report, SchoolWorks has provided educational advocacy in 638 cases. This includes children who have been served more than one time. Staff discovered that some cases can take months to resolve and that some cases re-open after SchoolWorks has successfully completed its work (after clients successfully complete, they are allowed to re-enter SchoolWorks). These cases occur when children are removed from foster homes or adoptive homes, causing school changes and other disruptions in their lives; when children move into or out of the county; when children move into or out of residential treatment facilities; when youth matriculate from elementary to middle schools or from middle to high schools; when services they are receiving are reduced, cut or changed in some way; when there is a change in the child's contact with important individuals, such as their parents, siblings, case workers, teachers, therapists, and/or others; or when other events undermine a child's stability or success. Some cases are kept open from one school year to the next when it appears that the likelihood for such disruptions is probable.

Responses to SchoolWorks from school personnel and school districts have varied and have changed over time. While some school personnel who have responded to our satisfaction surveys criticized the zealous advocacy of the SchoolWorks staff, many school personnel have voiced appreciation for representing the interests of children who are likely to fall through the cracks. SchoolWorks has collaborated with teachers, school psychologists, counselors and administrators, as well as foster parents, probation officers, case workers, mental health therapists, and others to overcome funding, policy and other barriers to accessing the educational services that SchoolWorks' clients require. There is mutual respect and appreciation between SchoolWorks advocates and school district personnel.

- *Community training and education (CTE):* SchoolWorks staff engaged more than 100 people (including teachers, school administrators, lawyers, Court Appointed Special Advocates (CASAs), foster parents, and advisory board members) in formal training or partnership meetings during this grant year. Examples of trainings included: 1) the SchoolWorks "summer camp" providing training to SchoolWorks

## SchoolWorks

### Juvenile Rights Project, Inc.

---

staff, Juvenile Rights Project staff and law clerks, and SchoolWorks advisory board members from the community (topics included disproportionate minority suspension and expulsion, early intervention and early childhood special education, functional behavioral assessment and behavioral intervention plans, implications of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 on obtaining school records, and extended school year programs for special education students); 2) a presentation on the Individuals with Disabilities Education Act (IDEA) 2004 reauthorization as it pertains to children in foster care and homeless youth including participation in a panel discussion on other changes to the Federal special education law at an Oregon Bar Association event (the audience included Oregon Department of Education officials, school district attorneys, private attorneys who represent parents and students, and educators); 3) a training to Multnomah and Washington Counties CASAs who advocate for children in foster care; and 4) a training on the problem of minority overrepresentation in school discipline and potential solutions to the “Closing the Achievement Gap” conference sponsored by the Oregon Department of Education.

Examples of partnership meetings included: 1) meeting with Multnomah County CASAs to discuss them being appointed as educational surrogates and CASAs’ role in educational advocacy for the children and youth they represent; 2) meeting with the Cultural Competency Coordinator of the Oregon Commission on Children and Families regarding disproportionate minority discipline; 3) attending the Northwest Conference on the Special Education-Bilingual Interface, “Putting the Pieces Together,” at Lewis and Clark College, with educators and paraeducators from the Pacific Northwest; 4) meeting with the program analyst for the Long Term Care and Treatment programs of the Oregon Department of Education, and; 5) meeting with case managers and supervisors from the Developmental Disabilities Services department of Multnomah County regarding participation in children’s IEP meetings and the coordination between schools and developmental disability services.

- *Targeted systemic reform:* SchoolWorks staff completed two systemic reform efforts that involved multi-system collaboration during this grant year. The first was aimed at increasing transition planning for older special education students. The effort involved representatives from the Department of Education, Vocational Rehabilitation, DHS, Seniors and People with Disabilities Division, and the Office of Mental Health and Addiction Services. The group created a brochure that provides resources for transitioning youth. Published by the Department of Education, the guide identifies the system players and their roles and was available for the 2004-05 school year in hard copy and via the Internet.<sup>1</sup>

The second reform effort involved representatives of the Department of Education, several Educational Service Districts (ESDs), school board administrators, Oregon

<sup>1</sup><http://www.ode.state.or.us/gradelevel/hs/transition/transitionplanningguide.pdf>



## **SchoolWorks**

### Juvenile Rights Project, Inc.

---

Youth Authority (OYA), DHS Children, Adults, and Families, Portland State University, the Oregon Advocacy Center, the Oregon Juvenile Justice Advisory Committee, and private children's treatment programs. It was focused on the educational needs of children in foster care. The group met every six weeks to focus on the sharing of information and coordination of services among the different systems serving court-involved students. The group focused on addressing barriers that often prevent multiple systems that serve the same children from working in concert. Informational presentations were given by SchoolWorks staff, leading to discussions within the group on the following topics: records exchange and confidentiality under the Federal Education Rights Privacy Act, the education needs of foster children, IDEA reauthorization and SB 1619 (special education services for homeless and foster children), and legislative concepts regarding the education of children in foster care. Ultimately, no policy changes were recommended by the group because new legislation was passed by the Oregon Legislative Assembly in 2005 which specifically addresses the needs of public school students who are in the custody of the State.

### **Outcome Evaluation**

The primary outcomes of interest for the individual case advocacy component of SchoolWorks include: 1) establish special education eligibility, 2) re-enrollment in school, 3) less severe disciplinary action, 4) prevent suspensions/expulsions, 5) new/updated school plans, 6) new school services such as counseling, speech therapy, educational aids, 7) prevent moves between schools, 8) appropriate school placements, 9) cross-system coordination, 10) improve academic achievement, 11) reduce absences, and 12) reduce juvenile court events. The program objective for many of the individual case advocacy activities was to provide the service to at least 75 percent of those who needed it. The program exceeded this objective for every program outcome for the clients who successfully completed the program and exceeded this objective for most of the outcomes for all SchoolWorks clients (regardless of program completion status). There was a strong correlation between program completion and positive outcomes.

The numbers below are based on data collected via forms filled out by SchoolWorks staff when a case is closed for any reason. The closing form includes information on services needed and services received for each youth, risk factors, and reason for case closing. SchoolWorks staff assess achievement of these outcomes based on information available at the time the case is closed.

Following is a discussion of the specific outcomes for all SchoolWorks youth whose cases were closed (successfully or unsuccessfully) during years two and three (N = 376 cases closed between July 1, 2003, and June 30, 2005), with a specific focus on the outcome results for youth that successfully completed the program (N = 184).

- *Establish special education eligibility:* Ten percent of all SchoolWorks clients identified establishing special education eligibility as a goal. Of those, 84 percent were able to do so by case closing. Of the clients who successfully completed the

## SchoolWorks

### Juvenile Rights Project, Inc.

---

SchoolWorks program, 12 percent identified establishing special education eligibility as a goal and, of those, 87 percent were able to do so by case closing.

- *Re-enrollment in school:* Twenty-six percent of all SchoolWorks clients identified becoming re-enrolled in school as a goal. Of those, 79 percent were re-enrolled by case closing. Of the clients who successfully completed the SchoolWorks program, 20 percent identified being re-enrolled in school as a goal and, of those, 97 percent became re-enrolled by case closing.
- *Earlier/less severe disciplinary action:* Eight percent of all SchoolWorks clients reported disciplinary problems at school. Of those, 94 percent were able to create a plan for receiving earlier and less severe disciplinary action (if it was needed at all). Of the clients who successfully completed the SchoolWorks program, 10 percent reported disciplinary problems at school and, of those, 100 percent created a plan for receiving earlier and less severe disciplinary action (if it was needed at all).
- *Reduce or prevent suspension/expulsion:* Eighteen percent of all SchoolWorks clients reported problems with suspensions/expulsions. Of those 82 percent were able to reduce or prevent additional suspensions/expulsions. Of the clients who successfully completed the SchoolWorks program, 16 percent experienced problems with suspensions/expulsions at entry into SchoolWorks and, of those, 97 percent reduced or prevented additional suspensions/expulsions.
- *New/updated school plans:* Forty-three percent of all SchoolWorks clients identified creating new/updated school plans (e.g., IEPs and 504 plans) as a goal. Of those, 90 percent were able to do so by case closing. Of the clients who successfully completed the SchoolWorks program, 45 percent identified creating new/updated school plans as a goal and, of those, 96 percent had a new/updated school plan by case closing.
- *New services for student:* Seventeen percent of all SchoolWorks clients reported needing some type of new school service (e.g., counseling, speech therapy, educational aids) as a goal. Of those, 98 percent received the new service by case closing. Of the clients who successfully completed the SchoolWorks program, 20 percent identified needing some type of new school service as a goal and, of those, 100 percent received the new service by case closing.
- *Prevent moves between schools:* Twelve percent of all SchoolWorks clients were experiencing difficulty due to moves between schools at program intake. Of those, 72 percent were able to remain at the same school. Of the clients who successfully completed the SchoolWorks program, 15 percent reported difficulty due to moving between schools and, of those, 75 percent were able to remain at the same school.
- *Appropriate school placement:* Twenty-five percent of all SchoolWorks clients experienced difficulty with school placement (i.e., inappropriate classroom subject level) issues at program intake. Of those, 86 percent received an appropriate school

## **SchoolWorks** Juvenile Rights Project, Inc.

---

placement or, at least, did not receive an inappropriate school placement (that would have occurred without SchoolWorks intervention). Of the clients who successfully completed the SchoolWorks program, 29 percent experienced difficulty with school placement issues at intake and, of those, 95 percent received a more appropriate school placement or, at least, did not receive an inappropriate school placement.

- *Cross-system coordination:* Many SchoolWorks clients (41 percent) required cross-system coordination when they enrolled in the program. Of those, SchoolWorks was able to coordinate cross-system collaboration in 97 percent of the cases. Of the clients who successfully completed the SchoolWorks program, 45 percent required cross-system coordination and, of those, all received this service.
- *Improved academic achievement:* Fourteen percent of all SchoolWorks clients reported problems with academic achievement. Of those, 83 percent were able to improve their academic performance. Of the clients who successfully completed the SchoolWorks program, 16 percent reported problems with academic achievement and, of those, 100 percent improved their academic performance.
- *Reduce student absences:* Thirteen percent of all SchoolWorks clients reported problems with absence from school. Of those, 57 percent were able to reduce their number of absences from school. Of the clients who successfully completed the SchoolWorks program, nine percent reported problems with school absences and, of those, 81 percent reduced their number of absences from school.
- *Reduction in juvenile court events:* The program evaluators at Portland State University will report on this outcome in year four.

The primary outcomes of interest for the community training and education component (CTE) of the SchoolWorks program include: (1) increase in staff awareness of the unique educational needs of children in foster care and (2) increase in parents/surrogates' knowledge of their rights and responsibilities.

Portland State University evaluators mailed 203 surveys to school staff and community partners (including foster parents, case workers, probation officers, Court Appointed Special Advocates, and health and social services providers) between 2003 and 2005. Sixty-eight surveys were returned (33 percent response rate). Approximately two-thirds of respondents (71 percent; N = 48) indicated that SchoolWorks provided helpful information about the educational needs of students and engaged parents and foster parents in the process (72 percent; N = 49).

The primary outcome of interest for the targeted systemic reform component was the achievement of system change that resulted in better education-related services for dependent and delinquent youth. Responses to the relevant questions in the surveys sent to school district personnel and community partners between 2003 and 2005 (N = 68) included 81

## **SchoolWorks** Juvenile Rights Project, Inc.

---

percent who indicated that SchoolWorks has assisted in developing effective teams/improving communication between systems and 78 percent indicated that SchoolWorks has assisted in improving educational outcomes for youth.

### **Program Performance Measures and Outcomes**

The performance measure for this program includes:

- Percent of clients who complete the program.

The outcomes for SchoolWorks youth closed during year three include:

- The program established special education services eligibility for 80 percent (16 of 20) of youth deemed in need of these services.
- The program re-enrolled 90 percent (38 of 42) of youth in school not previously enrolled.
- 92 percent (12 of 13) of youth with previous disciplinary problems received less severe disciplinary action due to intervention of the program.
- 95 percent (21 of 22) of youth previously threatened with suspension or expulsion had suspensions or expulsions reduced due to the intervention of the program.
- 95 percent (59 of 62) of youth in need of new or updated school plans (e.g., IEPs and 504 plans) received them.
- 100 percent (26) of youth deemed in need of new school services such as counseling, speech therapy or educational aides, were linked with these services.
- 68 percent (13 of 19) of youth who had previous problems with frequent school moves avoided changing schools as a result of the program.
- 86 percent (31 of 36) of youth in inappropriate school placements obtained a more appropriate placement.
- 96 percent (64 of 67) of youth identified as needing cross-system coordination because of achievement concerns received this assistance.
- 83 percent (24 of 29) of youth for whom academic achievement was a concern improved academically.
- 60 percent (12 of 20) of youth for whom attendance was a concern reduced absenteeism.
- SchoolWorks staff engaged more than 100 people (including teachers, school administrators, lawyers, CASAs, foster parents, and advisory board members) in formal training or partnership meetings.

## **SchoolWorks**

### Juvenile Rights Project, Inc.

---

- Targeted system reform efforts involved multi-system collaboration around transitioning older special education students from school to work or higher education and around better understanding the educational needs of children in foster care.

### **Lessons Learned**

During the third year of Byrne funding, SchoolWorks staff continued to implement the program exactly as designed. Most of the dependent and delinquent youth who completed the program achieved their educational outcomes. Failure to achieve these outcomes has been correlated with juvenile delinquency and juvenile violence and these outcomes will be assessed in the fourth program year.

The delivery of advocacy services for individual clients remains true to the original SchoolWorks program design. The major obstacle to service delivery relates primarily to the involuntary closing of some cases before all needed services were completed. Furthermore, staff noted that many of these vulnerable students could use these advocacy services throughout their tenure in school, rather than just for a short period of time. The program was originally designed to provide legal advocacy and to assist the youth and youth's parents or foster parents to advocate for themselves. However, the program may have underestimated how difficult it is for some parents and foster parents to access educational and other services. Thus, the SchoolWorks advocate takes on additional tasks, such as arranging tutoring or after-school programs. This is not inconsistent with the program vision, but is perhaps a more comprehensive service package than anticipated at the inception of the grant.

There are also a number of cases where it has been more difficult and time consuming than anticipated to assist some students in obtaining the "free and appropriate education" to which they are entitled. Even in some of the most difficult cases, resolutions have been eventually reached through direct negotiation and advocacy with the school district. Only one percent of the cases to date have required the use of special education due process procedures. These have been initiated judiciously when other means have failed. Exercising their due process rights has helped individual clients obtain needed educational services. None thus far have gone as far as the administrative hearing stage, yet all of them have been resolved through settlement agreements in favor of the child. Some of these cases have also assisted in identifying and remedying systemic barriers that impact other SchoolWorks clients as well.

The short time that SchoolWorks represents a delinquent youth can be a barrier, however, to service provision. The program has addressed this by reaching an agreement with the Chief Judge of the Multnomah County Circuit Court and with the Chief Judge of the Family Law Division to extend the JRP appointment, usually to 90 days. Nonetheless, SchoolWorks advocates cannot always anticipate when a case will need to close. Some of the other factors which lead to cases closing prematurely or unexpectedly are: the juvenile court dismisses the child's dependency case; the child welfare agency places the child in a residential treatment facility or in a placement outside of the county; the youth runs away and cannot be contacted, or the youth does not want SchoolWorks assistance because they do not want to

## **SchoolWorks** Juvenile Rights Project, Inc.

---

attend school or to receive different or additional services. In addition, SchoolWorks cannot effectively represent a child in school matters when the parent or educational surrogate (e.g. foster parent, guardian) does not desire SchoolWorks services. This is because the parent or surrogate is the party who has the authority to consent to evaluations and services and to exercise other educational rights on behalf of a child.

SchoolWorks' success lies in the skill and expertise of its staff and the location of the program within an office that already represents children and youth. Each of the SchoolWorks staff has previously worked with children in foster care and in the juvenile justice system and has a thorough understanding of those systems. As SchoolWorks staff gain additional expertise in the education system, they are uniquely situated to bring these multiple systems together. Nesting the program within an existing law office for children means that representation and advocacy for children can be far more holistic than if the two service elements were separate.

In the spirit of providing more holistic legal representation to children, SchoolWorks began testing a staffing model in year three in which the same attorney represents SchoolWorks-eligible children in both juvenile court and school matters. This model has shown some success. The first lesson learned was that significant experience in both educational advocacy and juvenile defense work is necessary to provide holistic representation. The second lesson was that the program had to adjust the workloads of the attorneys providing both defense and SchoolWorks representation so that the number and types of cases include children who are likely to be eligible for SchoolWorks and that the workload allows the attorney to provide high-quality legal representation in both areas of the child's life.

For further information about this program, please contact Ms. Angela Sherbo at (503) 232-2540 ext. 233.

# **Program Summaries: Alcohol and Drug Treatment Aimed at Reducing Recidivism Among Adult Offenders Transitioning from Correctional to Community Living**

---

**Table #4. Number, Gender, Age Range, and Race/Ethnicity of Program Participants**

Descriptive Characteristics of 2004 Offender Alcohol and Drug Treatment Participants <sup>1</sup>	Offender Alcohol and Drug Treatment Programs	
	Washington/Clatsop County LifeWorks Northwest Recovery Mentor Program	Umatilla County New Life Program
Total Number of Clients Served	227	134
Gender (%)		
Male	66	90
Female	34	10
Age Range (%)		
18-24	17	19
25-34	40	40
35-44	30	23
45-54	12	16
55-64	1	1
65 and over	1	0
Race/Ethnicity (%)		
American Indian/Alaskan Native	4	6
Asian/Pacific Islander	1	0
Black or African-American	2	1
Hispanic	7	13
White	82	79
Multi-racial	0	1
Unknown	5	0

1. Totals may not equal 100 percent due to rounding.



**Table #5. Offender Alcohol and Drug Treatment Performance Measures**

Performance Measures	Offender Alcohol and Drug Treatment Programs	
	Washington/Clatsop County LifeWorks Northwest Recovery Mentor Program	Umatilla County New Life Program
Overall percent of program completion rates	54 <sup>1</sup>	52 <sup>1</sup>
Percent of positive drug screens	24 <sup>2</sup>	30
Recidivism rate (felony convictions)	14 (completers) 24 (completers and non-completers)	17 (completers) 23 (completers and non-completers)

1. Denotes annual data; all other data is cumulative.
2. Data only available for the Washington County program.

## Recovery Mentor Program

### LifeWorks NW

---

#### Program Purpose

LifeWorks NW, in collaboration with Washington and Clatsop County Community Corrections, is using an innovative recovery mentor model to enhance transition services for offenders who are in the process of moving from state and county institutions to the community. Recovery mentors establish pre-release contact with offenders who are referred to the program and then provide intensive case management and support in the early period after release from custody. Offenders receive intensive support and therapeutic case management, as well as specialized aftercare services focusing on relapse prevention.

The mentor keeps offenders engaged in treatment through daily contact to ensure recovery support while addressing any crisis stabilization needs presented by the offender or their family. The offender's primary counselor monitors the plan once these needs have been met and the mentor is available for additional support. This program intends to further reduce recidivism rates in both counties along with ensuring that offenders meet their community transitional goals by obtaining appropriate mental and physical health services, improving family relationships and communication skills, and increasing the rate of completion of supervision conditions. The majority of the funds are used for specialized correctional caseload and contractual services in community-based treatment, case management, psychiatric services, urinalysis testing, and program evaluation and outcome studies.

The main goals of the program are to:

- Ensure offender program participation and completion by providing a community-based support system that facilitates the opportunity for positive change.
- Ensure offender compliance with conditions of parole or post-prison supervision, resulting in reduced recidivism.
- Increase positive case closures of those on parole or post-prison supervision, indicating compliance with conditions of supervision.
- Increase employment levels among offenders released to parole or post-prison supervision.
- Reduce controlled substance use among the offenders released to parole or post-prison supervision.

In support of its goals, the program has the following annual objectives:

- The Washington County Recovery Mentor Program will provide services to a minimum of 100 offenders. The Clatsop County Recovery Mentor Program will provide services to a minimum of 50 offenders.
- 50 percent of offenders will successfully complete the program (including completion of substance abuse aftercare treatment).
- 45 percent of offenders will show abstinence from their primary drug at the time of discharge from the program.

## Recovery Mentor Program

### LifeWorks NW

---

- Recidivism rates (felony convictions) for offenders out of the program for 12 months or longer will be reduced to 10 percent, as compared to an average recidivism rate of 32 percent for Washington County offenders and 25 percent for Clatsop County offenders. Criminal justice involvement, defined as felony or misdemeanor arrests and convictions, will also be reported.
- 75 percent of offenders will be fully or partially employed at the time of discharge from the program.
- 90 percent of offenders will have housing at the time of discharge from the program.

### Target Population

The general target population for the Recovery Mentor Program is Washington and Clatsop County inmates with alcohol and other drug addictions, who are preparing for release into the community. In Washington County, LifeWorks NW operates a substance abuse treatment program within the county's Restitution Center, and offenders anticipating release are invited to participate in the Recovery Mentor Program. Participation in the program is voluntary.

In Clatsop County, inmates participating in LifeWorks NW's treatment program at the Clatsop County Jail are invited into the Recovery Mentor Program prior to release. However, due to a limited number of inmates completing treatment within the jail, Recovery Mentors also receive referrals from Clatsop County probation officers identifying inmates mandated for post-release substance abuse treatment.

In both counties, the program also receives referrals for inmates who have completed treatment while incarcerated and who are scheduled for release to the community. In these cases, Recovery Mentors conduct screenings of the referred inmates prior to their release.

### Program Components

The main focus of the program is to provide relapse prevention planning, intensive case management, and community-based treatment services with the ongoing support of Recovery Mentors who work closely with the program participants' primary treatment counselor to coordinate services and to maintain close contact with their parole/probation officer. The Recovery Mentors assist offenders in meeting their transition goals (obtaining drug-free housing, employment services, vocational training, establishing a sober support system, as well as integrating offenders into drug-free activities in the community).

Offenders move through the Recovery Mentor Program as follows:

- *Reach-In:* Recovery Mentors make monthly visits to correctional facilities in an effort to engage and enroll all eligible clients.
- *Assessment:* All offenders referred to the program meet with a Recovery Mentor to determine the offender's needs and willingness to participate in the Mentor program. Transition goals specific to the offender are developed during the assessment and are monitored/modified throughout the program.

## Recovery Mentor Program

### LifeWorks NW

---

- *Implementation:* For the first four weeks of the program, offenders meet four times a week with either Recovery Mentors or clinical staff. Offenders will participate in Relapse Prevention Planning twice a week, continuing care once a week, and Recovery Mentor groups once a week. For the next 12 weeks the offender attends only the Recovery Mentor group and continuing care group once a week. During the Recovery Mentor groups, offenders have an opportunity to discuss the progress they've made and the difficulties encountered while meeting their transition goals with their peers.
- *Relapse prevention planning:* Offenders released from corrections based treatment programs are expected to attend Relapse Prevention Treatment groups twice a week for eight weeks before they present their relapse prevention plans and are eligible to move to aftercare services. Relapses are addressed as a therapeutic learning process. Identification of relapse triggers and subsequent prevention techniques are established. All relapses are reported to the program participants' probation and parole officer or other supervising authority.
- *Intensive case management:* Recovery Mentors provide intensive case management to all offenders. Offenders with a long criminal history present a harder challenge for employment and require more management. In addition to the offender's transition goals, offenders who have difficulty remaining abstinent or who have co-occurring disorder issues are monitored closely in an effort to reduce these issues. Such case management would occur with individuals who have psychiatric issues or were referred for mental health counseling and services. Other offenders may need close monitoring of their medicine intake to ensure that they are taking it as prescribed and that the medication is relieving their symptoms.
- *Community-based treatment:* All offenders are required to be involved in community-based 12-step programs. Offenders demonstrating a resistance to a 12-step program are given the opportunity to participate in other supportive programs such as Alcoholics Victorious, Overcomers, or Rational Recovery. Some offenders become involved in religious activities and may attend weekly support meetings while in transitional housing.

### Program Resources

#### *Byrne Funding*

The program receives Byrne grant funding in the amount of \$294,875 and provides matching funds of \$98,292. During the period July 1, 2004 through July 31, 2005, the program expended \$212,425 in federal funds, and \$72,959 in match funds. The majority of the funds are used for specialized correctional caseload and contractual services in community-based treatment, case management, psychiatric services, urinalysis testing, and program evaluation.

## Recovery Mentor Program LifeWorks NW

---

### *Program Staff*

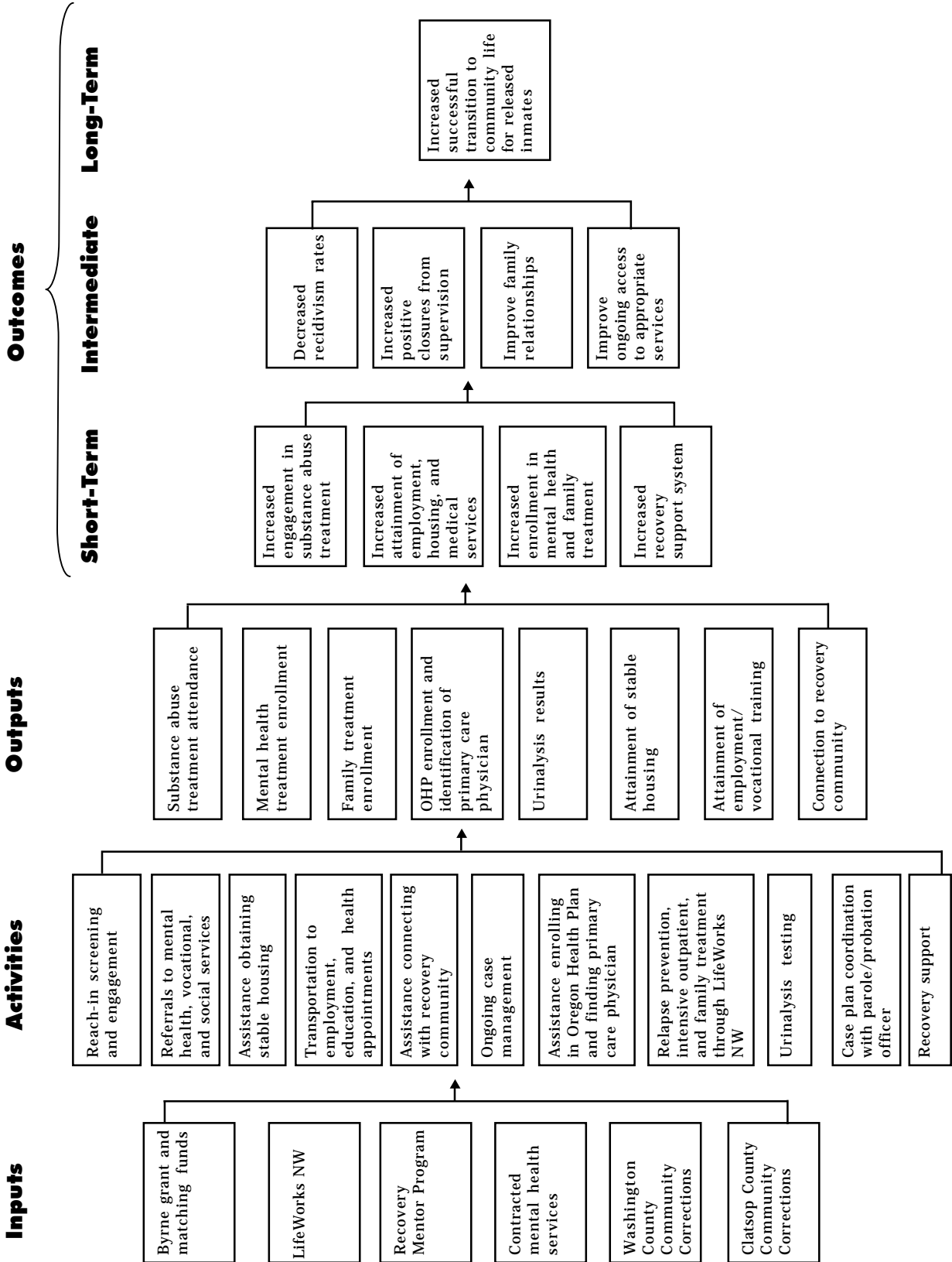
The Recovery Mentor Program is staffed by a total of two Clinicians and three Recovery Mentors. The Washington County program is staffed by two half-time master's level Clinicians (1.0 FTE), and two full-time Recovery Mentors. Gender specific services to address treatment and recovery issues are provided for all clients when appropriate. The Clatsop County program is staffed by one full-time bachelor's level Clinician and one full-time Recovery Mentor. The Service Director for Adult Addictions works with the Program Director to ensure that LifeWorks NW is in compliance with the contract as well as with Oregon Administrative Rules. RMC Research, Inc., conducts program evaluation under contract with LifeWorks NW.

### *Collaboration*

The main collaborating agencies for the Recovery Mentor Program are LifeWorks NW, Washington County Community Corrections, and Clatsop County Community Corrections.

# Program Logic Model

## Recovery Mentor Program



# Recovery Mentor Program

## LifeWorks NW

### Program Progress

During the fourth year, LifeWorks NW Recovery Mentor Programs in Washington County and Clatsop County continued to meet or exceed most of their objectives. Although the Recovery Mentor Program continued to deal with the challenges inherent in employing peers as mentors, the two programs served 227 clients during the year. Overall, the demographic profile of clients in both counties was similar: 66 percent of the clients were male, 87 percent were between the ages of 18 and 44, and 82 percent were White. The average completion rate for both programs exceeded expectations and was 54 percent. Treatment completion rates in Oregon (as reported in the Client Process Monitoring System) vary between 31 percent for Medicaid-eligible treatment clients in Oregon<sup>1</sup> and 52 percent for all clients (Office of Mental Health and Addiction Services, Department of Human Services, 2003). Average treatment completion rates for all offenders released into the community are not available, but given the increased vulnerability and risk for this population estimates would be considerably lower than 52 percent. Outcomes were assessed for the entire population over the course of the four-year program. The overall recidivism (felony conviction) rate was 14 percent, slightly higher than the objective of 10 percent. Over three-quarters of offenders were abstinent from their primary drug at discharge, again exceeding the program objective of 45 percent abstinence at discharge. Most of the offenders who completed the program received a positive closure from supervision (91 percent). Contributing to these positive outcomes was the program theory that housing and employment are key factors to living an alcohol and drug free life in the community post-release. This was illustrated in that most of the offenders were housed (90 percent) and employed/employable (75 percent) at program discharge.

### Process Evaluation

- *Clients served:* The Washington County Recovery Mentor Program provided services to 132 clients and the Clatsop County Recovery Mentor Program provided services to 95 clients.
- *Client profile:* Overall, the demographic profile of the clients in both Recovery Mentor Programs (N = 227) were similar and in aggregate are as follows: 66 percent of the clients were male, most were between the ages of 18 and 44 (87 percent), 82 percent were White, six percent were of Hispanic or Latino origin, four percent were American Indian/Alaskan Native, two percent were Black/African American, one percent were Asian/Pacific Islander, and five percent were unknown (did not provide ethnicity).
- *Program implementation:* During the fourth program year, 95 new clients enrolled in the Washington County Recovery Mentor Program. A total of 111 cases were closed during the same period. Of the cases that were closed, nine percent of the clients did not attend the program after they were released from jail (i.e., they may have relocated to another county, changed their mind about enrolling in the program, or some other reason), 59 percent successfully completed the program, and 32 percent did not successfully complete the program. At the end of the fourth year, 24 clients remained active in the program.

<sup>1</sup> Deck, D.D., D'Ambrosio, R., & Gabriel, R.M. (2000, June), "Impact of the Oregon Health Plan on Utilization of Substance Abuse Treatment Services".

## Recovery Mentor Program

### LifeWorks NW

---

Seventy new clients were enrolled in the Clatsop County Recovery Mentor Program during the fourth year. Seventy-one cases were closed during the same period. Of the cases that were closed, 30 percent of the clients did not attend the program after they were released from jail (i.e., they may have relocated to another county, changed their mind about enrolling in the program, or some other reason), 48 percent successfully completed the program, and 23 percent did not successfully complete the program. (Percentages may not total 100 percent due to rounding.) At the end of the fourth year, 30 clients remained active in the program.

The Washington County Recovery Mentor Program reported a completion rate of 59 percent and the Clatsop County Recovery Mentor Program reported a completion rate of 48 percent for all clients closed during the fourth program year (the average completion rate was 54 percent; the objective was 50 percent).

### Outcome Evaluation

The primary outcomes of interest for the Recovery Mentor Program include: 1) recidivism – felony convictions, 2) recidivism – general criminal justice involvement (including misdemeanor and felony arrests and convictions), 3) alcohol and drug use/treatment, 4) employment status, 5) housing status, and 6) positive supervision closures. The findings are reported for the cumulative four year grant period rather than just for the fourth year.

- *Recidivism – felony convictions:* Washington and Clatsop County Corrections utilized the Law Enforcement Data System (LEDS) to search for felony convictions. Searches were conducted for all clients admitted to the program through June 30, 2004 in order to examine those with a follow-up period of at least one year. Felony convictions remain low for the Recovery Mentor Program overall. Of the 368 clients closed (completers and non-completers) to the program since inception (across both sites), 24 percent (N = 88) had new felony convictions post-program completion (there were no differences based on county). The program objective was to reduce felony convictions to 10 percent.

Recidivism data show a strong association between program completion and successful outcomes. Of the 88 clients who received new felony convictions after participating in the Recovery Mentor Program, 17 clients only received jail reach-in and did not receive any program services post-release. Of the 71 clients who received reach-in and post-release program services, 49 did not complete the program. Recidivism rates for program completers fell substantially below (14 percent) average rates for supervised offenders in the two counties.

It is important to note that in earlier years, Washington County Mentors did not consistently distinguish between those receiving reach-in services only and those who started but did not complete post-release services, so differences between these two categories may not be completely accurate. On the other hand, Clatsop



## Recovery Mentor Program

### LifeWorks NW

---

County has consistently collected data on offenders who did not receive post-release services, so it is possible to note differences between those who received services in the community and those who did not.

- *Recidivism – general criminal justice involvement:* Although felony convictions three-years post program termination are the agreed upon state benchmark and a reduction in felony convictions is the primary objective of the program, the Recovery Mentor Program also wanted to impact overall criminal justice involvement (including any misdemeanor or felony arrests or convictions). Staff utilized LEDS to examine involvement for the 368 clients closed to the program since inception (across both sites). Sixty-eight percent had new arrests or convictions (misdemeanor or felony). The Washington County site had higher rates of new arrests or convictions (71 percent) than the Clatsop County site (64 percent). While re-arrest rates in general were quite high, many were misdemeanor and parole/probation violation arrests. In addition, a number of offenders were unsuccessful in the program the first time and were re-incarcerated only to enter the program again and successfully complete.

Preliminary analyses of these data also indicate a relationship between successful treatment completion and successful outcomes. Of the 250 clients with new arrests or convictions (misdemeanor or felony), 42 clients only received jail reach-in and did not receive any program services post-release. Of the 208 who received reach-in and post-release program services, 124 did not complete the program. The criminal justice involvement rate for program completers (N = 84) was 53 percent.

- *Alcohol and drug use/treatment:* Data for this objective (and for the housing and employment status objectives) were collected from Client Processing Monitoring System (CPMS) discharge forms completed by LifeWorks NW counselors and housed in the agency's Management Information System (MIS) database. This data source was the most complete and accurate way to gather this information, however, there are two limitations to keep in mind. One limitation to the data is that multiple records were not retained for each client; if a client was readmitted to the program, data for previous episodes were no longer accessible. Hence, for those offenders who re-entered the program, the data reflect only the most recent episode. Second, despite on-going training, counselors did not always fill out all of the fields on the CPMS discharge forms (including those of interest for this analysis), therefore some data is missing.

For Washington County, 314 offenders received services since the beginning of the program; 292 had been discharged (without re-entry) and 22 were still open at the close of the annual report period. Data regarding abstinence at discharge were available for 225 of the 292 discharged offenders (77 percent). Seventy-six percent of discharged offenders for whom data was available in Washington County (170 out of 225) were reported as abstinent from their primary drug at discharge.

## Recovery Mentor Program LifeWorks NW

---

Valid data were not available for Clatsop County for this objective. Clinicians did not code the CPMS discharge forms correctly for this field, therefore the data is invalid. The problem has since been corrected.

- *Employment status:* Employment data were available for 218 of the 292 discharged offenders (75 percent). For Clatsop County, 188 offenders received services since the beginning of the program; 158 had been discharged (without re-entry) and 30 were still open at the close of the annual report period . Employment data were available for 112 of the 158 discharged offenders (71 percent).

Overall, 81 percent of offenders were employed or employable (CPMS discharge data does not distinguish between these categories) at the time of discharge (the objective was 75 percent). However, the percentage of offenders who were employed or employable at discharge differed greatly between the two counties. In Washington County, 95 percent of offenders were employable or working at discharge compared with 54 percent in Clatsop County. Clatsop County had a higher percentage of offenders who were unable to work for physical or psychological reasons (11 percent) and a high percentage of offenders who were still incarcerated (therefore, not able to work in the community) at discharge. In Clatsop County, many offenders did not receive post-release program services because they were transferred to Tillamook County Jail to complete the remainder of their sentences, and thus were recorded as still incarcerated at the time of discharge from the program.

- *Housing status:* For Washington County, 314 offenders received services during the grant period; 22 were still open at the close of the grant period and 292 had been discharged (without re-entry). Housing data were available for 211 of the 292 discharged offenders (72 percent). For Clatsop County, 188 offenders received services during the grant period, however 10 offenders received services on two different occasions; 30 were still open at the close of the grant period and 158 had been discharged (without re-entry). Housing data were available for 109 of the 158 discharged offenders (69 percent).

Overall, only three percent of offenders did not have housing established (i.e., homeless) at the time of discharge. The program exceeded the objective of housing 90 percent of offenders at discharge. What cannot be determined is the relative stability of the housing situations available. Forty-two percent of offenders were residing in their own or family members' homes; 27 percent were residing in a group home/institution (primarily Oxford housing); 28 percent were staying in the homes of friends; and one percent were in a nursing care facility.

- *Positive supervision closures:* Of the 368 offenders with at least 12 months since their admittance date, 195 offenders on formal supervision were closed (one offender was not on formal supervision). Of those, 154 had positive closures, 41 had negative closures and 173 had not been closed yet.

# Recovery Mentor Program

## LifeWorks NW

---

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Number of clients served.
- Overall program completion rates.
- Number of positive and negative drug screens.
- Felony convictions.

The outcomes for LifeWorks NW include:

- During the fourth year, the Washington County Recovery Mentor Program provided services to 132 offenders and the Clatsop County Recovery Mentor Program provided services to 95 offenders.
- Across both sites, 54 percent of offenders successfully completed the program (including completion of substance abuse aftercare treatment). The Washington County Recovery Mentor Program reported a completion rate of 59 percent and the Clatsop County Recovery Mentor Program reported a completion rate of 48 percent for all clients closed during the fourth program year.
- 76 percent of offenders in Washington County were abstinent from their primary drug at discharge from the program.
- The recidivism rate (felony convictions) for program completers was 14 percent, as compared to an average recidivism rate of 32 percent for Washington County offenders or 25 percent for Clatsop County offenders. The overall recidivism rate for both program completers and non-completers was 24 percent. The post-program criminal justice involvement rate (new arrests or convictions) for program completers was 53 percent. The cumulative criminal justice involvement rate for both program completers and non-completers was 68 percent.
- 81 percent of offenders since the program began were fully employed or employable at the time of discharge from the program.
- 97 percent of offenders since the program began had housing at the time of discharge from the program.

### Lessons Learned

The Recovery Mentor Program is an innovative recovery mentor model designed to enhance transition services for offenders who are in the process of moving from state and county institutions to the community. Evaluation findings support the model as effective in identifying and recruiting eligible offenders; increasing treatment completion rates and positive supervision closures; reducing recidivism, and; reducing alcohol and drug use. The program has also been very effective at helping offenders to become employed and housed as they transition back to the community.

## Recovery Mentor Program

### LifeWorks NW

---

As in earlier periods, the primary issue that emerged during the fourth year was the need for attention to hiring, training, and supervising the mentors. The program started this period without a mentor in Clatsop County, as the mentor had been terminated due to violation of boundary policies. Instead of rushing to replace the mentor, the program took a longer time to find a mentor that all stakeholders felt would be appropriate for the position. While this created a temporary backlog of clients, program supervisors felt it was critical to hire with care and caution.

During this period, the program also instituted a further enhancement to mentor supervision. Aside from weekly supervision with their direct supervisor, the program began a monthly cross-county meeting for mentors to meet with the program supervisor. The meetings provided an opportunity for mentors to come together to discuss issues over the previous month, and for supervisors to provide ongoing dialogue regarding ethics and boundary issues and to provide check-in and support about the mentors' own recovery needs.

In other changes, the Washington County program decided to separate a weekly co-ed mentor group into two gender-specific groups. Mentors felt this would improve client focus as well as improving the client to staff ratio.

Another primary issue for Clatsop County during this period was the effect on the program of offenders being released early from jail. Insufficient bed space often resulted in offenders being transferred to Tillamook County Jail to complete the remainder of their sentence or released early, often prior to completing a month or more of treatment. Because Tillamook County Jail doesn't offer treatment services, inmates who began participating in treatment while incarcerated in Clatsop County lose access to these services after the transfer. Having the stability of a restitution center, as Washington County does and as Clatsop County will in the future, will greatly improve the functioning of the mentor program and the continuity of care for offenders with substance abuse problems.

For further information about this program, please contact Mr. Tom Brewer at (503) 880-1481.

## New Life Program Umatilla County

---

### Program Purpose

In Umatilla County, approximately two thirds of all post-prison offenders have a drug history or problems associated with alcohol and/or substance abuse. The purpose of the New Life Program is to address this need for substance abuse treatment for offenders by providing reach-in services in the prisons/jails (prior to the release of the offender), inpatient substance abuse treatment in the prisons/jails and/or immediately following release, and community-based outpatient treatment and supervision upon release. The program also provides assistance with housing, mental health problems, education, and employment (through job skill development and placement). The holistic nature of the program allows for flexibility in tailoring this range of treatment and wrap-around services to best meet the needs of the offenders and to increase the odds of successful treatment and supervision outcomes.

The main goals of the program are to:

- Ensure offender program participation and completion by providing a community-based support system that facilitates the opportunity for positive change.
- Ensure offender compliance with conditions of parole or post-prison supervision, resulting in reduced recidivism.
- Increase positive case closures of those on parole or post-prison supervision, indicating compliance with conditions of supervision.
- Increase employment levels among offenders released to parole or post-prison supervision.
- Reduce controlled substance use among the offenders released to parole or post-prison supervision.
- Provide the family information and services regarding the New Life Program.

The specific objectives of the program are as follows:

- 100 percent of offenders being released to parole or post-prison supervision in Umatilla County will be screened for program eligibility. A total of 100 to 120 offenders will be targeted for participation in New Life. A total of 85 offenders will be served during the year.
- 70 percent of the offenders targeted for participation will become enrolled and actively involved in New Life.
- Approximately 30 percent of enrolled offenders will have completed a structured treatment program while in prison or jail. Approximately 70 percent of enrolled offenders will have completed a structured treatment program immediately upon release from prison or county jail.
- 45 percent of those enrolled in the program will successfully complete the New Life Program.

## New Life Program Umatilla County

---

- 100 percent of offenders in the program who are unemployed will be referred to extensive job skills development and placement services. Seventy-five percent of the offenders who have successfully completed community-based treatment and job skills development and placement services will obtain full-time employment upon program completion.
- 100 percent of offenders participating in the program will submit to weekly urinalysis testing. Seventy percent of those offenders participating in the program will test negative for the use of a controlled substance while in the program.
- The recidivism rate among offenders convicted of felonies in Umatilla County and who have successfully completed the program will be reduced to 10 percent as compared to the average baseline rate of 17 percent.
- 80 percent of those successfully completing program services will receive a positive case closure at the end of parole and post-prison supervision.

### Target Population

The New Life Program targets adult male and female offenders who are residents of Umatilla County, have substance abuse issues, are transitioning from a prison or jail facility, and will be serving a parole or post-prison supervision sentence. These offenders are primarily high-risk offenders who served a period of incarceration as a result of a serious felony offense or due to failure in a previously structured supervision program. The risk scores for re-offense indicate that 62 percent (N = 63) of the clients served in year four were high risk, 26 percent (N = 26) were medium risk, 12 percent (N = 12) were low risk, and none were limited risk.

To be eligible for the New Life Program, clients must have either completed a structured treatment program while in prison or county jail or completed a structured treatment program immediately upon release from prison or jail. During the fourth year, slightly more than 50 percent of the clients completed treatment while in custody and slightly less than 50 percent completed a treatment program immediately upon release.

### Program Components

The New Life Program was designed as a holistic approach to addressing the offender's substance abuse and criminality issues. The following is a detailed description of the main program components:

- *Reach-in:* Alcohol, drug, and mental health assessments are conducted with offenders originally from or relocating to Umatilla County up to six months prior to their release from prison or Umatilla County jail. Based on these assessments, program staff determine whether the offender is eligible for the program. If an offender is eligible, the supervising officer makes direct contact with the releasing authority, treatment provider, and offender for the purpose of developing a comprehensive transitional release plan prior to the offender entering the New Life Program.

## New Life Program Umatilla County

---

- *In-custody alcohol and drug treatment or mandatory inpatient treatment immediately upon release:* Eligible offenders must complete a structured inpatient alcohol and drug treatment program while in custody of the supervisory authority or, if that is not possible, immediately upon release (before returning to the community). Treatment programs must either be recognized by the Oregon Office of Mental Health and Addiction Services or meet the same criteria for Level II or Level III of the American Society of Addiction Medicine, Inc. (ASAM) Patient Placement Criteria for the Treatment of Substance-Related Disorders.
- *Outpatient treatment:* Following successful completion of inpatient treatment, offenders enter a cognitive-based treatment program that addresses the offender's substance abuse and criminality related issues. Phase I of the program requires group participation by the offender three nights per week for the first 90 days. Individual counseling is provided throughout the entire treatment process. In addition, offenders are required to attend self-help programs such as Narcotics Anonymous/Alcoholics Anonymous (NA/AA) at least three times per week. Phase II of the program requires group participation by the offender two nights per week for the second 90 days for men or 120 days for women. Phase II continues to focus on enhancing the offender's cognitive development and also emphasizes the traditional aspects of alcohol and drug treatment. Male and female program participants are separated to address gender-specific issues. As in Phase I, offenders are required to participate in community-based and self-help treatment programs three times per week. As specified in the release plan, the Community Corrections Program Center provides subsidized housing for offenders who return to the community. If the supervising officer ever determines that the offender's residence is unsuitable, the offender is required to move to a suitable residence or reside at the Program Center (at no cost for the first 60 days). This has shown to be effective in establishing the offender's treatment program and ensuring a drug-free and safe environment for the offender in the early months after release. This safe environment enables offenders to establish employment while attending treatment.
- *Family therapy:* The New Life Program includes the opportunity for family members or significant others to participate in support services. These services are designed to assist the family in developing the knowledge and skills necessary to support the offender's efforts to remain crime and drug-free. In addition, it offers support to family members while they are adjusting to the offender's return from an extended prison or jail term. During Phase I of the program, family member(s) participate in a four-hour orientation that includes an overview of the New Life Program, program rules and goals, and the offender's conditions of supervision. Family members are assessed for participation in Phase II where family member(s) are offered continued support. During Phase II, family counseling services are available and the supervising officer provides ongoing support by helping to ensure the offender's continued participation in all required services while complying with conditions of supervision.

## New Life Program Umatilla County

---

The holistic nature of the program dictates that each offender be assessed for any special or specific individual needs or concerns, that they be included in the transitional treatment plan, and that they be provided by the program on an individual basis. These specialized needs may include: addressing mental health problems; disabilities; parenting skills; establishing or reestablishing linkage to a specific culture or ethnic heritage; basic needs such as food, clothing or medical services; basic life skills such as learning to develop a budget, keep a checking account, grocery shopping, nutrition, and personal hygiene; education such as obtaining a GED; and employment through a comprehensive job skills development program and job placement assistance.

### Program Resources

#### *Byrne Funding*

The program receives Byrne grant funding in the amount of \$295,000 and provides matching funds of \$98,333. During the period July 1, 2004 through July 31, 2005, the program expended \$316,757 in federal funds, and \$144,967 in match funds. The majority of funds are used for contractual services in outpatient treatment services, urinalysis testing, job skills development, inpatient treatment services, and GED services.

#### *Program Staff*

The Umatilla County New Life program employs 10 staff for a total of 4.1 FTE. Four staff members are employed by Umatilla County Mental Health and provide direct services to the program through an Intergovernmental Agreement with Umatilla County Community Corrections. These include two full-time certified Alcohol and Drug Counselors who provide the direct treatment and treatment curriculum, one Clinical Supervisor/Treatment Coordinator (.4 FTE) who provides the oversight and supervision to the Umatilla County Mental Health staff and curriculum development and program delivery, and one Office Assistant (.5 FTE) who provides clerical support to the program. Four staff members are employed by Umatilla County Community Corrections including the Grant Coordinator (.2 FTE) who is responsible for program development and the preparation of grant required documents, three Probation Officers (.5 FTE total) who provide the supervision component to the offenders, and a Data Analyst (.5 FTE) who is responsible for data collection and data entry.

In addition, one staff person provides GED educational components and the job skills and development portions of the program through a contractual agreement with Blue Mountain Community College and administrative staff provide overall program oversight (including budget). Program evaluation services are provided by a doctoral level student at the Criminal Justice Policy and Research Institute at the Hatfield School of Government at Portland State University through a contract with the New Life Program.



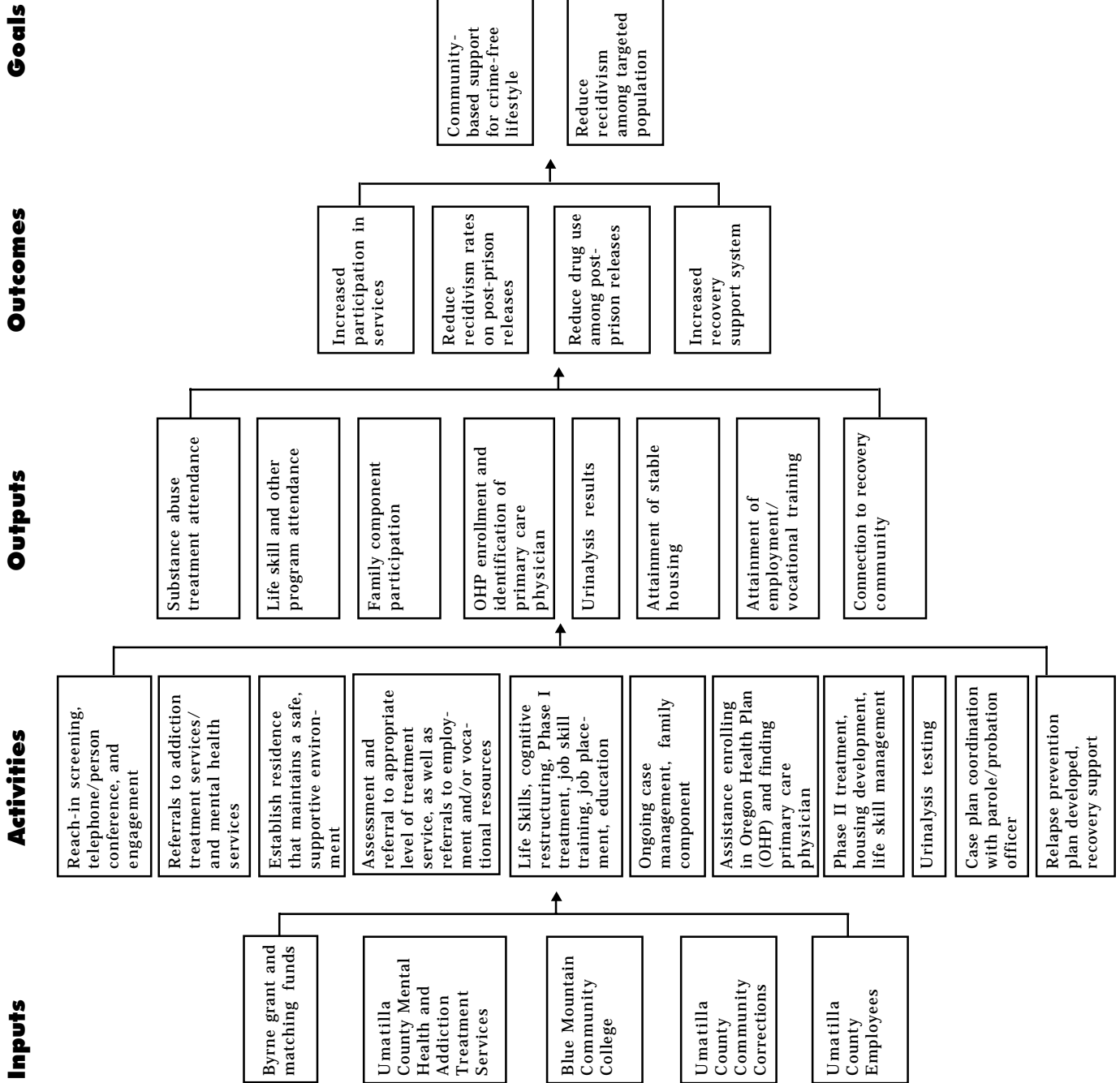
## **New Life Program** Umatilla County

---

### *Collaboration*

The key partners for the New Life Program are Umatilla County Mental Health, Umatilla County Community Corrections, Blue Mountain Community College, the Alcohol and Drug Recovery Center, Oregon Department of Corrections, Umatilla County Jail, the Umatilla County Local Alcohol and Drug Planning Committee, and the Umatilla County Local Public Safety Coordinating Council. Collaboration between the various agencies/organizations occurs on a routine basis in order to improve the offenders' transition from incarceration to community-based treatment. Service delivery staff are housed in the same facility and meet in committee weekly. Meetings may focus on one-on-one discussions, multidisciplinary case reviews, or multi-team interventions. In addition, the transition committee (consisting of treatment community partners, the community corrections administration, and the community corrections probation/parole officers) meets monthly and local committees receive program updates on a regular basis. This coordinated effort is essential if offenders are to have a smooth and successful transition to the community. The Oregon Department of Corrections (DOC) has identified this transition process as a priority through their designated Accountability Model and DOC continually improves upon the process.

## Program Logic Model New Life Program



## New Life Program Umatilla County

---

### Program Progress

During the fourth program year, July 1, 2004 through June 30, 2005, the program served 134 clients. The demographics of program participants remained similar to previous years where most of the participants were male, White, and between the ages of 18 and 44 years. The program met most of its objectives and exceeded several. Of the offenders whose cases were closed during the fourth year, 52 percent successfully completed the program. Details on the process evaluation conducted in year four are provided below.

Since the inception of the program in 2001, the New Life Program has served 258 offenders. All of the evaluation outcomes in this report are reported on this full sample. The count of 258 offenders only includes those who were admitted more than once into the program as a single client and uses their most recent status information (35 clients were admitted more than once into the New Life Program). Those who graduated successfully from the New Life Program had significantly lower recidivism rates than those who were unsuccessful. The overall recidivism rate for clients who were free in the community more than one year after completing the program was 23 percent (including both successful and unsuccessful clients). The recidivism rate for clients who successfully completed the program and had at least a year out of the program in the community was 17 percent. Of the clients who successfully completed the New Life Program and successfully completed their entire designated term of post-prison supervision, 100 percent of case closures were successful. Since the program's inception, 88 percent of the successful New Life graduates were employed full-time at the time of graduation. While involved in the New Life Program, the majority of participants (72 percent) completed weekly urinalysis testing and, of those, 70 percent consistently tested negative for the use of controlled substances. Further detail on the overall program outcomes is provided below.

### Process Evaluation

- *Clients served:* During the fourth year, the New Life Program screened 100 percent of offenders returning to Umatilla County from the custody of the Local Supervisory Authority and the Department of Corrections (N = 214). A total of 108 offenders were targeted for services, meeting the program objective of targeting 100 to 120 offenders. Over the past four years, the New Life Program continually improved their ability to identify appropriate clients. Seventy-three offenders were identified in 2001, 65 offenders were identified in 2002, 105 offenders were identified in 2003, and 108 offenders were identified this year (2004), for a total of 351. Ninety-four percent (N = 101) of those eligible for the program actually entered and became actively involved.

Twenty-six clients who were enrolled in the New Life Program the previous year continued to receive services in the fourth year and 108 new offenders were targeted for services and received some service (101 became actively involved). Therefore, 134 clients were served by the program during the fourth year (49 more than the program expected to serve).

## New Life Program Umatilla County

---

- *Client profile fourth year:* The majority of the participants (90 percent) were male (N = 121), 82 percent (N = 110) were between the ages of 18 and 44 years, and 79 percent (N = 106) were White. Seventeen of the clients (13 percent) were Hispanic, one client (one percent) was African-American, eight clients (six percent) were American Indian/Alaskan Native, and two clients (one percent) identified themselves as multi-racial.
- *Program implementation:* Of the 48 offenders whose cases were closed during the fourth year, 52 percent (N = 25) successfully completed the program (the objective was 45 percent) and all had a positive case closure. Forty-eight percent of the offenders (N = 23) did not complete the program. Those who did not complete the program include unsuccessful completions and administrative closures (e.g., transferring to another county).

### Outcome Evaluation

The primary outcomes of interest for the New Life Program and the 258 offenders who have been served by the program since its inception include: 1) recidivism (felony convictions) at 12 months and beyond, 2) positive case closures at the end of supervision, 3) employment status, and 4) reduced substance use.

- *Recidivism* – Recidivism is defined as any new felony conviction post-release (which is the same date as program termination). Seventeen percent of the successful clients who had a 12- month or longer follow-up period recidivated. The program did not meet the objective of reducing recidivism to 10 percent.
- *Positive Supervision Case Closures* – For the annual reporting period of July 1, 2004 through June 30, 2005, there have been 21 offenders who have successfully completed the New Life Program in addition to successfully completed their entire designated term of post prison supervision. Since the inception of the program through June 30, 2005, 40 clients have successfully completed the New Life Program and successfully completed their entire designated term of post-prison supervision. No graduates have been revoked from supervision and, therefore, 100 percent of case closures were considered successful (the objective was 80 percent).

For the purpose of understanding this outcome for the New Life Program, it is important to understand what Umatilla County Community Corrections (and other corrections departments within Oregon) consider to be “positive supervision case closures.” Only offenders whose parole or post prison supervision is *revoked* are deemed to be unsuccessfully terminated from supervision. A revocation of parole is generally the result of complete failure by the offender to comply with supervision conditions. This may be, but is not necessarily, the result of a new criminal conviction. In fact, offenders who commit a new crime, but whose parole sentence expires while in the process of conviction would be considered to have successfully completed that case. In effect, it is not necessary for the parole officer to revoke the offender’s parole or post prison supervision because the new

## New Life Program Umatilla County

---

conviction will include a new sentence of community supervision. This means that an offender who recidivates may still successfully complete community supervision and unsuccessful termination from community supervision does not necessarily imply a new felony conviction. It is also important to note that termination due to the death of an offender is considered to be a successful termination of community supervision.

- *Employment Status* – To date, 122 of the 132 (92 percent) unemployed offenders who were eligible for the Job Skills Training program were referred to and participated in the Job Skills program (the objective was to refer 100 percent). Since the program's inception, 113 of the 128 Job Skills Training program participants and successful New Life graduates (88 percent) were employed full-time at the time of graduation (the objective was 75 percent).
- *Reduced Substance Use* – To assess substance use, one of New Life Program's objectives is to conduct weekly urinalysis testing for all clients. Since the program's inception 72 percent of the program participants have been tested a minimum once weekly. Both community corrections and program staff agree that urinalysis testing is an important component of success in the rehabilitation of offenders with substance abuse issues. In Umatilla County, the ability to systematically test offenders and hold them immediately accountable for drug use has helped both parole officers and treatment providers to stop the cycle of relapse and assist offenders to correct their negative behaviors. To some extent, difficulties with the attainment of this goal have been a result of acceptable excuses such as incarceration or work scheduling. However, staff did not follow through on making sure each offender was routinely tested (the objective was to test 100 percent of offenders weekly). In the future, parole officers, rather than treatment providers, will be responsible for administering the urinalysis tests.

Since the program's inception, of the 72 percent of offenders tested weekly, 70 percent consistently tested negative for the use of controlled substances.

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Number of clients served.
- Overall program completion rates.
- Number of positive and negative drug screens.
- Felony convictions one and two years post-program completion.

The outcomes for New Life Program include:

- A total of 134 offenders were served during year four; 258 offenders were served since the inception of the program.

## New Life Program Umatilla County

---

- 100 percent of offenders being released to parole or post-prison supervision in Umatilla County were screened for program eligibility during year four.
- A total of 108 new offenders were targeted for participation in New Life during year four.
- 94 percent of the offenders targeted for participation in year four became enrolled and actively involved in the New Life Program (N = 101).
- Approximately 50 percent (N = 51) of enrolled offenders completed a structured treatment program while in prison or jail.
- Approximately 50 percent (N = 50) of enrolled offenders completed a structured treatment program immediately upon release from prison or county jail.
- 52 percent of those enrolled in year four successfully completed the New Life Program.
- 92 percent of offenders in the program who were unemployed and eligible for Job Skills Training were referred to extensive job skills development and placement services.
- 88 percent of the offenders who successfully completed community-based treatment and job skills development and placement services obtained full-time employment upon program completion.
- 72 percent of offenders participating in the program received weekly urinalysis testing. Of those who were routinely tested, 70 percent of offenders participating in the program consistently tested negative for the use of controlled substances while in the program.
- The felony recidivism rate among offenders who successfully completed the New Life Program was 17 percent. Those who successfully completed the program had significantly lower recidivism than those who did not successfully complete the program.
- One hundred percent of those successfully completing program services received a positive case closure at the end of parole and post-prison supervision.

### Lessons Learned

Umatilla County Community Corrections has long been interested in implementing a more effective transition process for offenders. Throughout the four years that Community Corrections was awarded Byrne Memorial Grant funding for the New Life Program, many lessons were learned about the best way to provide transitional services for offenders being released from jail or prison and into the community. Through their experience and as evidenced by evaluation findings, Community Corrections, treatment providers, community

## New Life Program Umatilla County

---

members, and program participants, believe that the New Life Program increased the success of offenders in terms of positive case closures, reduced alcohol and drug use, increased full-time employment, and lowered recidivism post-release.

A key lesson learned relates to the importance of beginning the transition process while an offender is still in custody. Although the reach-in process (in which parole officers and treatment staff contacted offenders at least six months prior to their release to the community) was difficult at first, it now provides parole officers with more flexibility in working with offenders. The reach-in process was so beneficial to parole officers and treatment staff that in the future it will be provided to all offenders, not just those going to treatment. Some parole officers who were interviewed regarding the transition process suggested that it would be even more useful for the offenders to know from the beginning of their sentences what is expected in Umatilla County, thereby helping both the offenders and their families be more prepared for offender arrival.

Another major lesson learned relates to the benefit of collaboration between Community Corrections and alcohol and drug treatment providers. Both community corrections staff and treatment providers report that the New Life Program has resulted in a culture shift for Umatilla County Community Corrections. The program has provided an increased opportunity for cross-training. Parole officers have been encouraged to focus on offender rehabilitation and treatment providers have been encouraged to participate in incorporating correctional objectives (such as sanctions for parole violations) into the treatment process. Community corrections officers, as well as treatment providers have used the New Life curriculum to provide cognitive behavioral programming to deal with a host of offender issues. Having parole officers and treatment providers work together has provided a greater range of knowledge about offenders and helped in responding to relapse, which has resulted in greater accountability for offenders.

Through the New Life Program experience, Umatilla County Community Corrections also learned how to most effectively and efficiently utilize contracted treatment providers. In the future, Community Corrections will modify the current contract arrangement so that they have greater control over contracted treatment providers and can ensure that agencies are accountable for treatment services based on effective curriculum and practices. Umatilla County will also engage a broader array of treatment agencies (rather than one) located throughout the county.

For further information about this program, please contact Mr. Mark Royal at (541) 276-7824 ext. 229.

# **Program Summaries: Criminal Justice and Community Services Aimed at Preventing and Treating Domestic and Family Violence and Its Consequences**

---



**Table #6. Number, Gender, Age Range, and Race/Ethnicity of Program Participants**

Descriptive Characteristics of 2004 Domestic and Family Violence Prevention Program Participants <sup>1</sup>	Domestic and Family Violence Prevention Programs									
	Immigrant and Refugee Community Organization (IRCO)	Looking Glass <sup>A</sup>	Options Counseling Services <sup>B</sup>	Multnomah County District Attorney's Office <sup>C</sup>	Project DOVE	Hillsboro Police Department	Catholic Charities Immigration Services <sup>D</sup>	Women's Safety and Resources Center	Multnomah County Department of Community Justice <sup>E</sup>	Multnomah County Department of County Human Services <sup>F</sup>
Total Number of Clients Served	130	30	204	46	193	204	209	67	248	13,228
Gender (%)										
Male	1	50	49	35	51	-	21	0	51	3
Female	129	50	51	65	49	100	79	100	49	97
Age Range (%)										
Under 18	0	100	-	0	46	7	33	0	100	-
18-24	18	-	5	0	11	15	16	27	-	-
25-34	39	-	45	0	23	22	33	30	-	-
35-44	27	-	34	0	14	16	14	24	-	-
45-54	10	-	16	0	6	6	4	15	-	-
55-64	2	-	0	8	0	0	0	5	-	-
65 and over	4	-	0	92	0	0	0	0	-	-
Unknown	0	-	0	0	0	34	0	0	-	-
Race/Ethnicity (%)										
American Indian/Alaskan Native	0	0	4	0	0	-	0	9	3	-
Asian/Pacific Islander	18	0	1	1	1	-	5	2	1	-
Black or African-American	11	0	4	9	2	-	1	0	9	-
Hispanic	53	0	5	1	29	100	79	4	25	-
White	16	100	76	83	62	-	14	79	47	-
Multi-racial	2	0	2	0	6	-	0	4	12	-
Unknown	0	0	8	6	0	-	1	2	3	-

1. Totals may not equal 100 percent due to rounding.

A Demographic data based on 30 child clients; the program also served 16 parent clients of whom demographic data was unavailable.

B Demographic data based on 130 parent clients, excluding 74 child clients.

C All data based on victims in abuse cases reviewed for prosecution. (Excluded 1,234 training session participants.)

D All data based on clients of legal consultation service only. (Excluded 424 education session participants.)

E Demographic data based on 158 child clients, excluding 90 parent clients.

F Clients represent incoming domestic violence or sexual assault calls only. The crisis line served an additional 13,014 callers seeking general social services information and referrals. Demographic data only documented for 62 percent of callers.

**Table #7. Domestic and Family Violence Prevention Performance Measures**

Performance Measures	Domestic and Family Violence Prevention Programs									
	Immigrant and Refugee Community Organization (IRCO) <sup>A</sup>	Looking Glass	Options Counseling Services	Multnomah County District Attorney's Office	Project DOVE	Hillsboro Police Department	Catholic Charities Immigration Services	Women's Safety and Resources Center	Multnomah County Department of Community Justice	Multnomah County Department of Community and Family Services
Number of Training/Education Sessions	21 <sup>B</sup>	-	-	39 <sup>B</sup>	-	25 <sup>B</sup>	16 <sup>B</sup>	-	-	12 <sup>B</sup>
Number of Training/Education Session Participants	408 <sup>B</sup>	-	-	1,194 <sup>B</sup>	-	225 <sup>B</sup>	424 <sup>B</sup>	-	-	-
Percent of Clients Who Complete the Program	51 <sup>B</sup>	100 <sup>B</sup>	-	-	-	-	-	-	69 <sup>B</sup>	-
Percent of Clients Who Report Satisfaction with the Program	-	-	86	-	100 <sup>B</sup>	100 <sup>B</sup>	96 <sup>B</sup>	-	-	*
Percent of Clients Who Received Safety Planning	100 <sup>B</sup>	100 <sup>B</sup>	-	-	47 <sup>B</sup>	-	-	98	100 <sup>B</sup>	-
Percent of Clients Who Report Improved Safety Planning	-	-	100	-	100 <sup>B</sup>	91 <sup>B</sup>	94 <sup>B</sup>	-	-	-
Percent of Clients Who Report Improvement in Emotional Well-Being	-	-	-	-	-	-	96 <sup>B</sup>	**	79	-
Percent of Clients Who Report Improvement in Knowledge About Domestic Violence and/or Resources	86	-	-	-	-	95 <sup>B</sup>	91 <sup>B</sup>	98	-	-
Number of Elder Abuse Cases Prosecuted	-	-	-	46	-	-	-	-	-	-

A Data includes clients for both the ESL/DV classes and Case Management services.

B Denotes annual data; all other data is cumulative.

\* improvement in satisfaction (2.7 at pre v. 3.6 at post)

\*\* improvement in well-being (3.8 at pre v. 2.7 at post)

## **Governor's Council on Domestic Violence**

### **Criminal Justice Services Division (CJSD)**

---

#### **Program Purpose**

The Criminal Justice Services Division of the Oregon Office of Homeland Security serves as staff to the Governor's Council on Domestic Violence. Created by Executive Order 96-39, the Council acts as a statewide advisory board to the Governor. There are 21 appointed members representing various victim services, health, and criminal justice agencies. Members include survivors, domestic violence service providers, judges, legislators, legal aid attorneys, district attorneys, health care professionals, law enforcement, children's services providers and citizen members.

The Council sponsors quarterly public hearings throughout the state regarding the community response to domestic violence. Based on these proceedings, it provides advice and information to the Governor, Legislature, other public entities, and to local communities. The Council seeks broad input in developing policy, improving coordination, and supporting statewide and community efforts to end domestic violence.

#### **Program Outcomes**

During the reporting period, the Governor's Council on Domestic Violence held public hearings in Baker City, Corvallis, Woodburn, and Portland. The Portland forum was crucial in highlighting the barriers faced by immigrant women and women of color and immigrants that experience domestic violence. Speakers described barriers to services including: service providers not having an understanding of their race and culture, lack of fluency in English, unfamiliarity with U.S. laws and legal system, and immigration status.

On January 26, 2005, the Governor's Council on Domestic Violence sponsored a breakfast for the Oregon Legislative Assembly to highlight potential bills introduced in the 2005 legislative session:

1. Creating an address confidentiality program for domestic violence and sexual assault victims
2. Providing an exception to the prohibition on use of hearsay evidence in criminal proceedings
3. Providing confidentiality privilege for advocates at non-governmental domestic violence and sexual assault programs
4. Creating a domestic violence fatality review for the purpose of examining what could have been done differently to prevent future fatalities
5. Providing unemployment benefits for domestic violence and sexual assault victims

## **Governor's Council on Domestic Violence**

### **Criminal Justice Services Division (CJSD)**

---

#### **Program Resources**

##### *Byrne Funding*

The Criminal Justice Services Division allocated \$10,000 for this program. During the period of July 1, 2004 through June 30, 2005, the program expended \$9,998 in federal funds.

For further information about this program, please contact Ms. Linda Atkin at (503) 378-4145 ext. 541

# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

---

### Program Purpose

The Domestic Violence Education Program for Immigrant and Refugee Women is designed to address domestic violence within the immigrant and refugee community by providing: 1) English as a Second Language (ESL)/Domestic Violence (DV) classes for women focusing on life management skills, legal issues, safety planning and community resources, 2) case management and advocacy services to domestic violence survivors, and 3) law enforcement training to enhance officers' ability to respond to domestic violence in immigrant and refugee communities. According to the 1998 Oregon Domestic Violence Needs Assessment<sup>1</sup>, non-English speaking and cultural/ethnic minority women were among the top five groups of domestic violence survivors without adequate services in Oregon. Shelters and support groups available to mainstream domestic violence survivors were frequently inaccessible to refugee/immigrant women due to linguistic and cultural barriers. English language competency ranks at the top of the life skills necessary for immigrant and refugee domestic violence survivors to attain safety, self-sufficiency, and independence.

The main goals of the program are to:

- Increase the safety and awareness of immigrant and refugee women with regard to domestic violence.
- Increase immigrant and refugee women's exposure to and familiarity with the U.S. law enforcement system.
- Enhance law enforcement officers' response to domestic violence in immigrant and refugee communities.
- Increase access to safe and supportive environments for immigrant and refugee women affected by domestic violence.

In support of its goals, the program has the following annual objectives:

- 100 immigrant and refugee women, representing 10 ethnic groups, will attend 10 ESL/DV education classes per year.
- 50 percent of the women attending ESL/DV classes will complete 75 percent or more of the classes and receive certificates of completion.
- 500 ESL/DV program brochures will be distributed among immigrant and refugee communities in the Tri-County (Multnomah, Clackamas, and Washington) area.
- Women completing ESL/DV classes will demonstrate an increased knowledge of domestic violence and domestic violence resources through pre- and post-assessments.

<sup>1</sup>Glick, B., Johnson, S., & Pham, C. (1999), *1998 Oregon Domestic Violence Needs Assessment: A Report to the Oregon Governor's Council on Domestic Violence*, 5-6 & 29.

# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

---

- Each ESL/DV class will host visits from at least one law enforcement representative and/or victim assistance advocate.
- 40 immigrant and refugee women affected by domestic violence will receive two or more hours of case management and advocacy services.
- 50 percent of women receiving case management and advocacy services will attain 50 percent of their short-term goals.
- 60 officers from area law enforcement agencies will receive training to better understand the special needs of immigrant and refugee domestic violence survivors.
- Officers attending the training will demonstrate an increased understanding of immigrant and refugee domestic violence survivor needs through a post training survey.

### Target Population

The Domestic Violence Education Program serves immigrant and refugee women who are at all levels of English language proficiency, and who may or may not be a domestic violence survivor at the time of recruitment. Other groups benefiting from the program are police officers and law enforcement officials. English language and domestic violence education classes are open to all immigrant and refugee women. Case management services are offered to immigrant and refugee domestic violence survivors only.

Potential program participants are recruited from a wide variety of sources and methods, including: referrals from IRCO's Refugee and Immigrant Family Strengthening (RIFS) program; outreach to the immigrant and refugee communities; brochures and flyers sent to service providers, clinics, law enforcement agencies, shelters, and advocacy groups; and word of mouth referrals from current and past program participants.

### Program Components

The main components of the Domestic Violence Education Program are: (1) ESL/DV classes for immigrant and refugee women, (2) case management and advocacy services for immigrant and refugee domestic violence survivors, and (3) law enforcement training to enhance officers' ability to respond to domestic violence in immigrant and refugee communities.

Following is a detailed description of the main program components:

- *ESL/DV classes:* This component of the program is designed for immigrant and refugee women at all levels of English proficiency. Through class participation, women gain English skills as well as acquire information on U.S. laws pertaining to domestic violence. Two 90-minute classes are offered per week over an eight-week period in a safe environment, either in the IRCO building or at other

# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

---

community sites. Class sizes range from five to 10 students per class. Often, women who speak the same language are grouped together in a class with a bilingual instructor who can interpret the domestic violence lessons and guest presentations.

The curriculum consists of two components: life management skills and domestic violence education. Within each component there are several topics. For example, under the life management component there are topics such as family, home, transportation, health, communication, and budget. Within the domestic violence education component there are topics such as women's rights, safety planning, services, and resources. Classes are taught by the program Trainer/Facilitator, guest speakers from law enforcement agencies, the Case Manager, and volunteers.

- *Case management and advocacy services:* Case management and advocacy services assist clients who have been affected by domestic violence to access the criminal justice and social service systems necessary for their safety, self-reliance, and well-being. The Case Manager works one-on-one with clients to develop safety and case plans, file or modify restraining orders, file police reports, obtain assistance from the District Attorney's office and victim assistance programs, and access emergency and support services such as immigration counseling, motel vouchers, client assistance funds, transportation, food, rental assistance, housing, or interpretation services. On average, a client stays with the program and receives services for 12 months, however, length of services can range from two months to two years.
- *Law enforcement training:* This component focuses on building cultural competency and knowledge within law enforcement agencies to aid in the development or refinement of domestic violence protocols for police officers working in immigrant and refugee communities. During the first year of the program, a survey was administered to local law enforcement agencies to assess law enforcement officers' knowledge of and response to domestic violence in immigrant and refugee communities. Training materials were developed based on the results of this assessment and modified based on the feedback from the officers.

### Program Resources

#### *Byrne Funding*

The Domestic Violence Education Program receives Byrne grant funding of \$127,710 and provides matching funds of \$42,570. During the period July 1, 2004 through September 30, 2005, the program expended \$116,593 in federal funds, and \$42,283 in match funds. IRCO uses the majority of the funding to support program personnel.

## **Domestic Violence Education Program for Immigrant and Refugee Women**

**Immigrant and Refugee Community Organization (IRCO)**

---

### *Program Staff*

Three employees (1.85 FTE) and five volunteers staff the Domestic Violence Education Program. The Program Coordinator manages the service delivery and evaluation activities. She is responsible for the day-to-day implementation of the program. The Facilitator/ Trainer is responsible for the curriculum development, implementation of the ESL/DV classes and the law enforcement training. The Case Manager is responsible for the case management and advocacy services to immigrant and refugee domestic violence survivors.

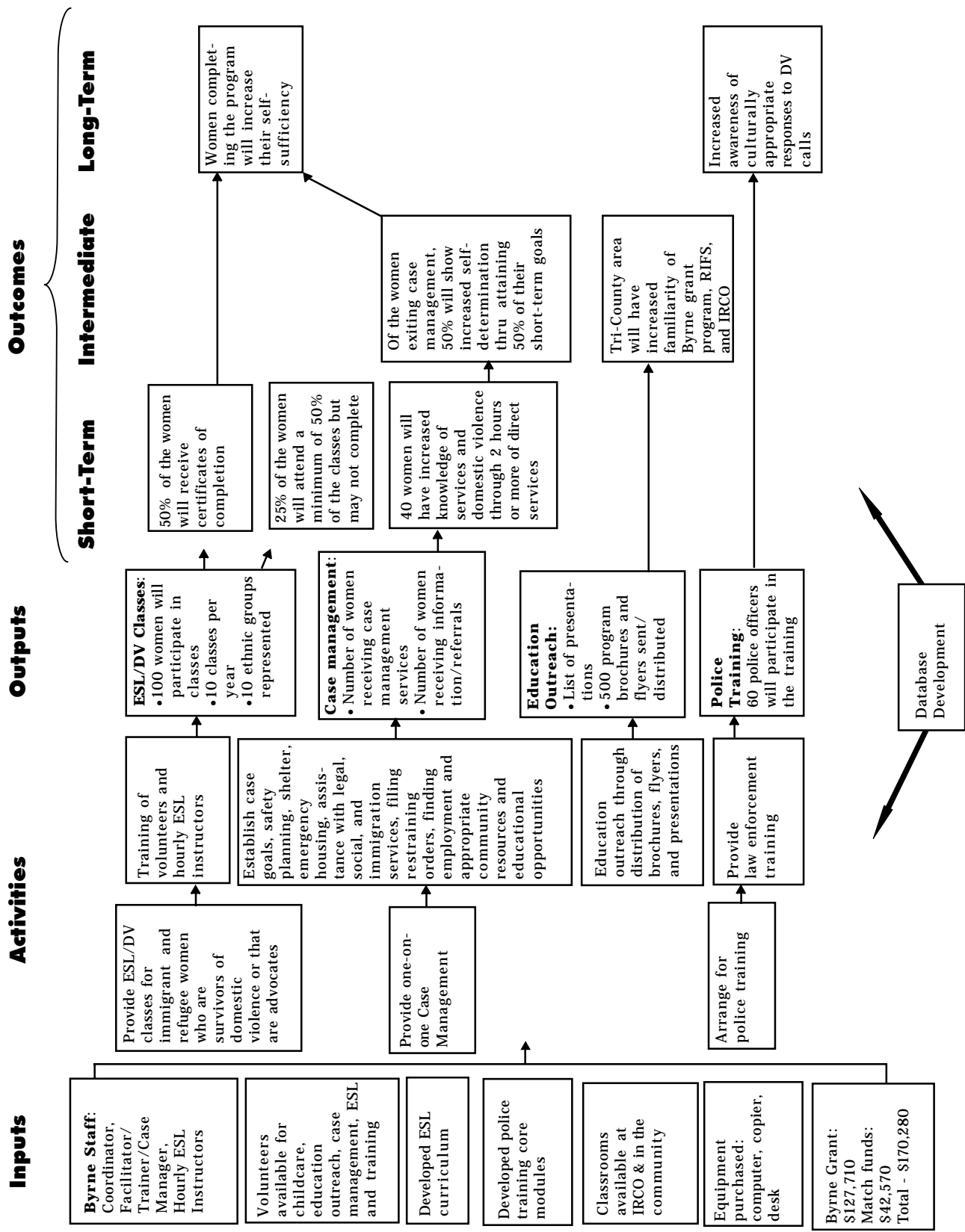
### *Collaboration*

The main collaborating agencies for IRCO's Domestic Violence Education Program are: Multnomah County Human Services, Multnomah County Victim Assistance, the Domestic Violence Unit of Multnomah County Adult and Criminal Justice, local domestic violence shelters, Catholic Charities immigration lawyers, Lewis and Clark Legal Clinic, and Immigration Counseling Services. The program also collaborates with several units or programs within IRCO.



# Program Logic Model

## Domestic Violence Education Program for Immigrant and Refugee Women



# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

---

### Program Progress

During the fourth year, the program built upon lessons learned from previous years with respect to ESL/DV class scheduling. The ESL/DV classes continued successfully in terms of enrollment, attendance, and class completion because a variety of classes were offered at convenient locations and times and were linked with other IRCO programs. Seventeen ethnic groups were represented in 13 classes and individual class curriculums were tailored for each group. Class presentations by law enforcement representatives and victim advocates were well received and provided a unique opportunity for linking ESL and DV components.

Direct case management services provided advocacy and support to immigrant and refugee women affected by domestic violence. The Case Manager succeeded in reaching women from diverse ethnic backgrounds and helped them towards individual goal attainment and in some cases, self-sufficiency. Case management was successful due to the long-term investment of program staff in understanding client needs, respecting cultural differences, and maintaining links with community resources and shelters that may operate outside of the immigrant and refugee network.

The law enforcement training component faced many challenges last year, prompting program staff to develop new strategies and innovative ways to educate the police on cultural issues related to domestic violence. As a result, a total of 408 law enforcement officers from the Portland Police Bureau and the Multnomah County Sheriff's Office participated in trainings either through brief education during roll calls, viewing training materials on CD, or attending a four-hour long training session. This was a significant improvement over year three when only two police officers received training despite strong outreach efforts by program staff.

Fourth year program evaluation efforts focused on improving collection of the case management and ESL/DV outcome data. The client feedback form was added to the case management component to assess clients' satisfaction with services. Quarterly meetings were held between the program staff, the local evaluator and the CJSJSD Evaluator to review the progress of data collection and discuss strategies for improvement (e.g., to improve the response rate for the pre- and post-assessment of ESL/DV classes).

### Process Evaluation

- Clients served (including client profile):  
*ESL/DV classes:* The ESL/DV classes were intended for immigrant and refugee women at all levels of English proficiency who may be survivors of, or advocates against, domestic violence. During the fourth year, 100 refugee and immigrant women attended 13 ESL/DV education classes. These women represented 17 ethnic groups, including: Belarusian, Cuban, Chilean, Chinese, El Salvadoran, Hmong, Korean, Mayan, Mexican, Mixtec, Mien, Moldavian, Oromo, Somalian, Sudanese, Ukrainian and Vietnamese. Sixty-three percent of the women were Hispanic, 14 percent Eastern European, 13 percent African, and 10 percent were Asian. The women attending ESL/DV classes ranged from 18 years of age to 65 years of age, with the majority (66 percent) of the women between the ages of 25 and 44 years old.

# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

---

*Case management and advocacy services:* Case management and advocacy services were intended for immigrant and refugee survivors of domestic violence. During the fourth year of the program, 29 women and one male affected by domestic violence became clients and received two or more hours of case management and advocacy services. One reason IRCO did not serve as many survivors as originally anticipated could have been due to the change in the Case Manager and the lack of an interpreter for the Vietnamese clients.

Program staff did provide an additional 11 women affected by domestic violence with an average of two or more hours of support through information and referral services. Clients receiving case management and advocacy services ranged from 18 years of age to 50 years of age, with the majority (63 percent) between the ages of 25 and 44. The most widely represented ethnic groups were Asian/Pacific Islanders (43 percent), followed by Eastern Europeans (23 percent) and Latinos (20 percent). It is interesting to note that the majority of women in the ESL/DV classes were Hispanic (53 percent), but the majority of women who received case management were Asian/Pacific Islanders (43 percent). In the future, it would be interesting to explore whether the ethnicity of the Case Manager (the new IRCO Case Manager is Asian) has an impact on which clients seek those services and if so, how to help women of other ethnicities feel comfortable and willing to accept the services.

### Program Implementation

- *ESL/DV classes:* Of the 100 women who attended ESL/DV classes in year four, 53 women had the opportunity to complete all of their classes by the end of the grant period (47 were still attending at the end of the grant period). Of the 53 women, 32 attended more than 50 percent of the classes (60 percent) and 27 of those women (51 percent) went on to complete 75 percent or more of the classes and received certificates of completion.

Enrollment was low during the first two quarters of the fourth year. Program staff attributed the reduction in participants to reduced outreach efforts (due to the focus on law enforcement training) and possible saturation of the communities for recruiting new students. At the suggestion of the CJSD Evaluator, program staff rebalanced the allocation of their outreach efforts and created new partnerships with other service providers to expand their outreach to new communities and service areas. With the help of volunteers, approximately 650 program and informational brochures were distributed to women's shelters, domestic violence service providers, social services agencies, health clinics, parenting classes, and police precincts, as well as immigrant and refugee community groups. As a result, enrollment increased and the program met its objective of enrolling 100 women in ESL/DV classes and distributing more than 500 brochures to members of the immigrant and refugee communities in the Tri-County area.

Class presentations by law enforcement representatives and victim advocates were well received and provided a unique opportunity for linking ESL and DV components. Within the supportive and safe classroom setting, women felt comfortable talking with

## Domestic Violence Education Program for Immigrant and Refugee Women

### Immigrant and Refugee Community Organization (IRCO)

---

law enforcement representatives and victim advocates. Many women had questions about how the police respond to domestic violence calls, or what to do if a woman didn't feel comfortable speaking to the police in English. For the two African immigrant classes, only victim advocates were invited to present to the class since the women (mostly from Somali and Oromo) did not feel comfortable with police officers at their apartment complex where the classes were held.

*Case management and advocacy services:* Examples of short-term goals included finding safe housing/shelter, filing restraining orders, meeting basic emergency needs, finding appropriate legal representation, meeting with district attorneys and immigration law attorneys, filing for divorce, working on child custody, completing VAWA petitions, and receiving benefits from the Department of Human Services. Short-term goals were discussed and set between clients and the Case Manager during the initial intake process and revisited and modified at subsequent appointments. According to the case records completed by the Case Manager, 83 percent of clients who received case management during year four reached 50 percent or more of their short-term goals.

Clients worked very hard to advocate for themselves and access safe housing in spite of language and cultural barriers. Two clients with very limited English capabilities worked out custody and child support issues with their attorneys and with the Department of Justice. Another client who had only been in the United States for a couple of years escaped her abuser, moved into a shelter and then into transitional housing, obtained financial resources through Department of Human Services, and participated in an extensive job training program.

The Case Manager assisted clients in communicating with immigration and family law attorneys, VAWA applications, child custody and child support issues, and in finding housing, employment, and education. During the year, with the assistance from the Case Manager and other service providers, clients filed seven restraining orders, applied for 12 VAWA petitions, and filed eight domestic violence reports to law enforcement agencies. As a result, four abusers were arrested and charged and one was incarcerated.

*Law enforcement training:* As indicated earlier, the program fell far short of this objective during the previous year, therefore program staff focused on this component in year four. The program implemented several different training formats for police officers including a brief training session during roll call when all shift officers were present (instead of a lengthy session at another time). Another strategy was to develop and provide officers with a pocket-sized, culturally-specific information card that they could refer to when responding to domestic violence situations involving immigrants and refugees. Lastly, the program created a PowerPoint training presentation on responding to domestic violence situations within immigrant and refugee communities and copied it to CD for viewing within regularly scheduled departmental trainings.

## Domestic Violence Education Program for Immigrant and Refugee Women

### Immigrant and Refugee Community Organization (IRCO)

---

As a result of these efforts, the program greatly exceeded the objective. Twenty roll call presentations were offered to 278 officers from the Multnomah County Sheriff's Office and the North, Northeast, East Central, and Southeast precincts of the Portland Police Bureau. These roll call presentations lasted 10 to 20 minutes each, during which time the Facilitator/Trainer gave a brief overview of the services provided by IRCO's program. Culturally-specific information cards were provided to every officer during roll calls. A self-administered computer presentation on domestic violence in multicultural communities was made available to another 100 officers from the Multnomah County Sheriff's Office. These brief and self-administered trainings provoked enough interest among law enforcement officers that IRCO program staff was invited to host a four-hour comprehensive training addressing issues of intercultural communication and domestic violence in multicultural communities. Thirty officers from the Multnomah County Sheriff's Office attended this training.

It was the flexibility offered by utilizing several training strategies that helped the program substantially exceed their objective. It is interesting to note that before the training, less than 10 percent of the officers were aware of IRCO and their available services. After the training, more than 10 officers volunteered to present at IRCO's ESL/DV classes.

### Outcome Evaluation

The outcome evaluation and measures designed to assess successful program outcomes correspond directly to the main program goals and objectives. Specific evaluation strategies were designed for each of the three program components and their target populations. They included a pre- and post- knowledge assessment for all students who completed the ESL/DV classes; a client satisfaction survey of domestic violence survivors who received case management services and; a self-administered post-training survey of police officers following the law enforcement training. Other measurement tools included quantitative data collected, Case Manager notes recorded in case records, and information and referral logs. Cumulative data were used to report the outcomes. Due to the differences in the evaluation strategies, data collection methods and survey implementation period for the three program components, the timeframe of the data collected and used for this report differs among the three program components. For example, year 3 and year 4 data were used for ESL/DV outcomes, while year 2 and year 4 data were used for the evaluation of the law enforcement training.

- *ESL/DV classes:* The program objective was for women completing ESL/DV classes to demonstrate an increased knowledge of the U.S. legal system as it pertains to domestic violence. To assess whether women gained knowledge through participating in ESL/DV classes, a pre- and post-assessment was implemented. The pre- and post-assessment contained 18 multiple-choice questions assessing: 1) women's awareness of what constitutes domestic violence, 2) safety planning, 3) knowledge of resources available, and 4) knowledge of the legal system as it pertains to domestic violence and women's rights. Women were asked to respond "yes", "no" or "don't know" to each of the questions. The pre-assessments were administered to women during the class

## **Domestic Violence Education Program for Immigrant and Refugee Women**

### **Immigrant and Refugee Community Organization (IRCO)**

---

when the domestic violence portion was introduced (usually the fifth class), and the post-assessments were administered during the last session of the domestic violence curriculum.

Of the 106 women who completed the ESL/DV classes during years three and four, only 51 completed both the pre- and post-assessments. This low response rate was primarily due to sporadic class attendance. Since completion of the ESL/DV classes was defined as attending 75 percent of the classes, a student could have missed either the fifth (pre-assessment) or the last (post-assessment) class and still graduated. Attending every class was a challenge for many of the women (despite friendly reminder calls from program staff), as they encountered family illnesses, family obligations, domestic violence crises, and transportation barriers.

Following are the key findings based on the 51 women who completed both a pre- and post-assessments. Although these women represent only 48 percent of all women who completed the trainings during year three and four, the findings are compelling because of the consistently large increases in knowledge across all of the items. Cumulative findings indicated that all but two participants improved their knowledge by scoring better on the post-assessments. The average pre-assessment score was 55 percent and the average post-assessments score was 86 percent. In particular, the greatest increases in knowledge were regarding participants' understanding about available resources such as shelters, hotlines, and government financial assistance for women and children in the Portland area; their understanding of what constitutes domestic violence in the U.S.; and about the specifics of obtaining a restraining order. For example, the percentage of women who were aware that there are domestic violence shelters in Portland for women and children increased from 49 percent at the pre-assessment to 96 percent at the post-assessment. The percentage of women who were aware that they could call the Portland Women's Crisis Line or IRCO if they experienced domestic violence, increased from 59 percent at the pre-assessment to 94 percent at the post-assessment. The percentage of women who understood that "domestic violence" is defined as "when your boyfriend, husband, or someone in your family hurts you or your children" increased from 70 percent at the pre-assessment to 98 percent at the post-assessment. In addition the percentage of women who were aware that domestic violence is against the law in the United States increased from 47 percent at the pre-assessment to 88 percent at the post-assessment. At the post-assessment, more women (82 percent compared to 43 percent before attending the classes) realized that they did not need a lawyer to get a restraining order and that a restraining order does not last forever (82 percent compared to 24 percent at the pre-assessment).

In addition, women learned a great deal about the importance of having a safety plan in the event of a domestic violence emergency. The percentage of women who understood that a safety plan included having important papers and documents in a safe place increased from 51 percent at the pre-assessment to 86 percent at the post-

## Domestic Violence Education Program for Immigrant and Refugee Women

### Immigrant and Refugee Community Organization (IRCO)

---

assessment. The percentage of women who indicated that they would call 911 in an emergency increased from 90 percent at the pre-assessment to 100 percent at the post-assessment.

- *Case management and advocacy services:* The Case Manager tracked case management and advocacy outcomes through case record review for all 66 clients who received case management and advocacy services during year three and four. One hundred percent of the clients receiving these services created a safety plan with the Case Manager. Safety planning remained a primary focus with both new clients and ongoing clients, and it increased clients' capacity to provide secure means for achieving self-reliance for themselves and healthy environments for their children.

In year three, 95 percent of the clients who received case management attained over 50 percent of their short-term goals, and in year four, 83 percent of the clients achieved over 50 percent of the short-term goals.

Since these measures are subjective on the part of the Case Manager, program staff also developed and implemented a client feedback survey. The survey contained 11 questions (10 questions required "yes", "no", or "somewhat" answers and one was an open-ended question) and was translated into 13 languages. In year three, the survey response rate was very low possibly due to the fact that the survey was mailed to clients once they completed and left the program. In year four program staff made modifications and decided to mail or hand deliver the survey to clients who had been with the program for over 30 days. This new strategy was not implemented until the new Case Manager was hired, therefore only 14 surveys were distributed to clients (a total of 30 clients received case management). Nine surveys were completed, representing 30 percent of the clients who received case management services.

Overall, clients reported that they were "very happy and thankful for the services" they received from IRCO. All nine clients reported that the program staff were helpful and respectful, were available and able to respond to the clients' questions, and discussed and helped clients make a plan to stay safe. All clients said that they would return to IRCO if they needed help again and that they would recommend the program to a friend or relative who experienced domestic violence. The majority of the clients (eight out of nine) said that the staff was effective in helping them get what they needed, and that they received support from the Case Manager in making decisions for themselves.

- *Law enforcement training:* Data collection for the evaluation of the law enforcement training program was conducted by individual police bureaus. As mentioned in the Program Progress section, only two police officers received training in year three, therefore the cumulative data only includes years two and four. In year two, the Hillsboro Police Department (N = 73) and the Oregon State Police (N = 8) received the four-hour intensive training and in year four, 30 officers from the Multnomah County Sheriff's Office received the training. All 73 of the officers from the Hillsboro Police Department and 23 of the 30 officers from the Multnomah County Sheriff's Office completed a post-training survey. The officers were asked to rate on a scale of 1-5 (1 being the lowest and 5 being the highest) their level of knowledge before and after the

# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

---

training regarding the domestic violence issues in refugee and immigrant communities and their understanding of intercultural communication. The survey results indicated that officers' from both departments increased their knowledge of domestic violence issues in refugee and immigrant communities (in Hillsboro from a mean score of 3.4 to 3.8 and in Multnomah County from a mean score of 3.2 to 4.2).

In addition to the evaluation of the in-depth training, each of the four Portland police precincts that participated in the roll call training were asked to provide feedback on the training. Two precincts responded. The North precinct reported that officers appreciated the presentation and found "the pamphlets with information about the RIFS program and contact numbers useful." The Northeast precinct thought the presentation was "dry and uninspiring" but appreciated the cards and the information that was provided.

### Program Performance Measures and Outcomes

The performance measures for this program include:

- The percent of clients who complete the program.
- The percent of clients who report satisfaction with the program.
- The percent of clients who received safety planning.
- The percent of clients who report improvement in knowledge about domestic violence and/or resources.
- The number of training/education sessions.
- The number of training/education session participants.

The outcomes for IRCO include:

- A total of 100 women attended 13 ESL/DV education classes and 17 ethnic groups were represented.
- 51 percent of the women completed 75 percent or more of the classes and received certificates of completion. (47 were still attending at the end of the grant period)
- Approximately 650 program brochures were distributed among immigrant and refugee communities in the Tri-County area. These brochures were distributed to women's shelters, domestic violence service providers, social service agencies, health clinics, parenting classes, police precincts, schools, and immigrant and refugee community groups.
- Women completing ESL/DV classes (N = 51 over two years) increased their knowledge of domestic violence and domestic violence resources from 55 percent at the pre-test to 86 percent at the post-assessment.



# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

---

- Each ESL/DV class hosted visits from one law enforcement representatives and/or victim assistance advocate with the exception of the two African immigrant classes, where only the victim advocates visited the classes because the women were uncomfortable with police officers coming to their apartment complex.
- 29 women and one male received two or more hours of case management and advocacy services.
- 83 percent of the women receiving case management and advocacy services obtained at least 50 percent of their short-term goals.
- A total of 408 officers from Tri-County law enforcement agencies received training to better understand the special needs of immigrant and refugee domestic violence survivors. Of these, 30 participated in a four-hour comprehensive training, 100 viewed training materials through an interactive computer presentation program, and 278 received brief training and information (10-20 minutes) during roll calls.
- Survey results indicated that officers who participated in a four-hour training demonstrated an increase in knowledge of domestic violence issues in refugee and immigrant communities.

### Lessons Learned

Over the last four years, the Edward Byrne Memorial Grant enabled IRCO to provide valuable services to a population often underserved due to legal, linguistic, and cultural barriers. The importance of this program is evident to program staff and the immigrant and refugee community members as an active link between service providers, law enforcement agencies, and the immigrant and refugee communities they serve. The key findings from the program implementation and evaluation are: 1) It is possible and valuable to provide domestic violence education to immigrant and refugee women; 2) Outreach was essential for two of the program components to function and be successful; 3) Partnership and collaboration with government agencies and other service providers was vital to the success of the program; and 4) Program evaluation has helped the program staff in program development, implementation and improvement.

The following is a summary of the key lessons learned during the four years of the program. Outreach to women in immigrant and refugee communities provided the momentum to keep ESL/DV class enrollments up and the flexibility of class schedules, weekly phone reminder calls and provision of childcare continued to be the key factors for class attendance and completion. ESL/DV classes and case management services empowered women to identify incidents of domestic violence - in their lives or in the lives of others - and to take appropriate action with confidence in the social, legal, and support systems that exist within their communities.

Partnership with government agencies and other service providers was vital to the success of the program. Of the 13 ESL/DV classes offered last year, two were exclusively for domestic violence survivors, thanks to the referral from and collaboration with Department of Human Services and other domestic violence service providers.

## **Domestic Violence Education Program for Immigrant and Refugee Women**

### **Immigrant and Refugee Community Organization (IRCO)**

---

Active involvement by program staff within overlapping immigrant and refugee community networks, social service networks, and legal/law enforcement networks, allowed for the development and maintenance of a thorough web of support for a population often overlooked. Program staff's untiring outreach efforts and responsiveness to the time and budget constraints on law enforcement agencies enabled the staff to reach and provide training to the law enforcement officers. As a result, an unprecedented 408 officers received training this year.

Program evaluation has helped the program staff in program development, implementation and improvement. Evaluation findings early in the implementation helped the program staff understand where the program was effective and enabled the staff to take action with confidence. Quarterly meetings between the program staff and evaluators allowed the CJSD Evaluator to monitor and ensure the program was on track in its implementation and evaluation activities. For example, when the evaluator noticed that the ESL/DV class enrollment was lower than usual in the first quarter of the fourth year, she reminded the program staff of the importance of attaining the program goals and objectives even when the program was in the final year of funding. As a result, the program staff expanded outreach activities to some untapped areas and improved the class enrollment. Involvement in the evaluation activities by the program staff has helped the organization develop and strengthen its evaluation capacity, which will continue to benefit the organization in its on-going program development beyond the end of the Byrne Grant funding.

For further information about this program, please contact Ms. Cathy Oliverio-Relang at (503) 234-1541.

## **Safe Families - Support for Children Witnessing Domestic Violence**

### **Looking Glass**

---

#### **Program Purpose**

The purpose of the Safe Families - Support for Children Witnessing Domestic Violence (Safe Families) program is to target child witnesses of domestic violence and their parents or caregivers and provide them with services necessary to increase their safety and improve their emotional and behavioral health. There has been increased awareness among community professionals of the profound negative impact of domestic violence on children and families. Children who witness domestic violence often experience trauma and the enduring symptoms associated with unresolved trauma. Non-offending parents or caregivers usually want to protect their children and do what is best for them but often lack the knowledge and resources to effectively provide healing and safety. The Safe Families program provides outreach to potential clients and service providers, treatment and safety planning, support and education groups, individual therapy, and family therapy.

The Safe Families program is implemented by Looking Glass, a non-profit community-based agency, and has the following primary goals:

- Improve the emotional and behavioral health of child witnesses of domestic violence and their non-offending parents or caregivers.
- Increase children's and parents' safety through development of safety planning and coping skills.
- Increase parents' parenting skills and their knowledge about domestic violence issues, the effects of violence on children, and the availability of community resources.
- Conduct outreach to domestic violence service providers and potential program clients.

The specific objectives of the program are as follows:

- 75 children who have witnessed domestic violence will be assessed for program eligibility and will receive individualized treatment plans.
- 24 parents of children who have witnessed domestic violence will be assessed for program eligibility and will receive individualized treatment plans.
- 30 children will participate in support/education groups.
- 20 children will receive individual therapy and 60 children will receive family therapy.
- 10 parents of children who have witnessed domestic violence will participate in support/education groups. Forty parents will receive family therapy.
- Program staff will provide outreach to 10 domestic violence and other social service providers in the community.

## **Safe Families - Support for Children Witnessing Domestic Violence**

### **Looking Glass**

---

- Pre- and post-program surveys of parents of children that participated in the program will indicate improvements at the conclusion of services in the following areas:
  - (1) Children's emotional and behavioral health
  - (2) Children's safety
  - (3) Parents' emotional and behavioral health
  - (4) Parents' safety
  - (5) Parents' knowledge about domestic violence

### **Target Population**

The Safe Families program serves children in Lane County who have witnessed domestic violence, their non-offending parents or caregivers, and other relevant family members. Program eligibility criteria for children include: being between the ages of 2 and 17; having been negatively impacted by witnessing domestic violence; being assessed to benefit from available program services; and having no other funding available to receive those services. Program participation is voluntary, based on the non-offending parent's agreement.

Potential program clients are referred from a wide variety of sources including: the Community Safety Net, a countywide community-based interagency project that provides comprehensive wraparound services for families at risk of child abuse; agencies working with domestic violence such as Womenspace, Sexual Assault Support Services (SASS), Child Advocacy Center, Department of Human Services (DHS)/Child Welfare Division, and DHS Self Sufficiency Division; traditional referral sources such as school counselors, juvenile corrections counselors, clergy, and physicians; and self-referrals.

### **Program Components**

The main components of the Safe Families program are outreach, assessment, treatment planning, individual therapy for children, individual therapy for non-offending parents or caregivers, family therapy, children's support and education groups, parent's support and education groups, women's domestic violence therapy groups, and safety planning. After conducting comprehensive assessments of children and their parents or caregivers, therapists at Looking Glass make recommendations on service options. Based on therapists' recommendations, parents make final decisions on program services for themselves and their children.

- *Outreach:* Information is provided to area professionals about the impact of domestic violence on children and the Safe Families program. Therapists at Looking Glass conduct outreach at other community service agencies by attending staff meetings, making presentations, distributing written materials, providing case reviews and consultations, and contacting potential clients for program referral and motivation counseling.
- *Assessment:* Therapists conduct one- to two-hour individual assessments with referred children and their non-offending parents or caregivers. The assessments are focused on the emotional and behavioral health of both child and parent, the current level of safety within the family, and possible future safety issues and concerns.

## Safe Families - Support for Children Witnessing Domestic Violence Looking Glass

---

- *Treatment planning:* After the assessment, therapists and parents develop treatment plans for children and their families. Each plan contains the following three standard treatment goals along with two to four additional individualized treatment goals:
  - (1) *Information about domestic violence:* Parents receive information about domestic violence issues including dynamics in relationships, impact on children, and how to help children overcome the impact.
  - (2) *Safety:* Children and parents develop safety plans that include telephone numbers, safe places, and safe people available as resources. Parents are also educated about how and when to obtain restraining orders.
  - (3) *Resource and referral:* Children and parents receive information about and referral to resources in the community that pertain to domestic violence and help address the impact of domestic violence.
- *Individual therapy for children:* The focus of the therapy is on resolving children's emotional, mental, and/or behavioral problems caused by domestic violence that interfere with successful child development. Each therapy session lasts approximately one hour and is generally provided once a week or once every other week. Children may receive only a few (one to six) or many (seven or more) individual sessions, depending on their needs.
- *Individual therapy for non-offending parents or caregivers:* The focus is on resolving parents' emotional, mental, and behavioral problems caused by domestic violence that interfere with effective parenting. Parents may receive only a few (one to six) or many (seven or more) individual sessions, depending on their needs.
- *Family therapy:* The focus is on improving family communication and functioning by providing therapy for children, parents, and relevant family members together. Families may receive only a few (one to six) or many (seven or more) sessions, depending on their needs.
- *Children's support and education groups:* These groups consist of eight-week, topic-focused sessions that use a combination of art, games, role plays, and discussion to help children deal with issues related to domestic violence. The eight topics are: "Abuse is not okay," "I have the right to be safe," "I'm not the only one whose parents fight," "It's okay to tell people about fighting in my family," "Abuse is not my fault," "It's not my fault when people are abusive to me or others," "Seeing abuse is frightening and scary. I can help myself feel better," "My body belongs to me: I have the right to protect it," and "There are safe grownups that can help protect kids."
- *Parent's support and education groups:* These groups consist of eight-week, topic-focused sessions that provide information about how domestic violence affects children, effective parenting, and community resources. The eight-week topics are: "Facts and myths about family violence," "Safety and safety planning," "Accessing support systems," "Understanding and dealing with anger," "Common behavioral responses to family violence," "Common emotional responses to family violence," "Common developmental responses to family violence," and "Talking with, listening to, and supporting your children."

## Safe Families - Support for Children Witnessing Domestic Violence Looking Glass

---

The children's and parent's support groups both meet for one and one half hours simultaneously. They start with guided discussion and check-in from a lead therapist. The groups then separate for their individual topic areas. Some activities may bring the groups back together. For example, children who make up a play around safety issues can present the play to parents at the end of the session.

- *Domestic violence therapy groups:* These groups consist of in-depth, closed, 16-week, two-hour sessions for victims of domestic violence. Topics range from being aware of and responding to potential violent situations, developing safety plans, seeking restraining/protective orders, dealing with anger, increasing self-esteem, and improving decision-making skills to building healthy relationships with self and others. Topics are delivered through a variety of methods including handouts, videotapes, role-plays, art projects, informal lectures, and group discussions. Each session starts with a check-in and ends with a check-out and the question, "Is it safe for you to go home?"
- *Safety planning:* In the process of receiving program services, both children and parents work to identify safety concerns and develop a safety plan that adequately addresses these concerns.

Some general guidelines help therapists plan treatment for clients. Clients with clear mental health issues are referred to individual therapy. If the clients are children under the age of five, the recommendation is likely to be family therapy with the emphasis on how the parents can help their young children. Both group sessions and family therapy are recommended for clients who have a problem with family relationships such as sibling fighting and conflicts between parents and children. Clinical decisions regarding the placement of clients into individual therapy or group sessions are based on the severity of the presenting symptoms. For example, children who act out and do not have impulse control are placed into individual therapy first, followed by group therapy. Adults with many mental health issues also start with individual therapy and progress to group sessions after reducing the severity of symptoms.

### Program Resources

#### *Byrne Funding*

The Safe Families program receives Byrne grant funding in the amount of \$68,750 and provides matching funds of \$22,917. During the period July 1, 2004 through September 30, 2005, the program expended \$41,489 in federal funds, and \$23,020 in match funds. Byrne grant funding is used by Looking Glass for about .80 FTE program staff (eight therapists) to enhance and provide support and education groups for children and parents. Looking Glass receives additional funding from the Oregon Health Plan, the Department of Human Services/Child Welfare Program, local Rotary Clubs, local grants and funding, and private insurance agencies.

## **Safe Families - Support for Children Witnessing Domestic Violence**

### **Looking Glass**

---

#### *Program Staff*

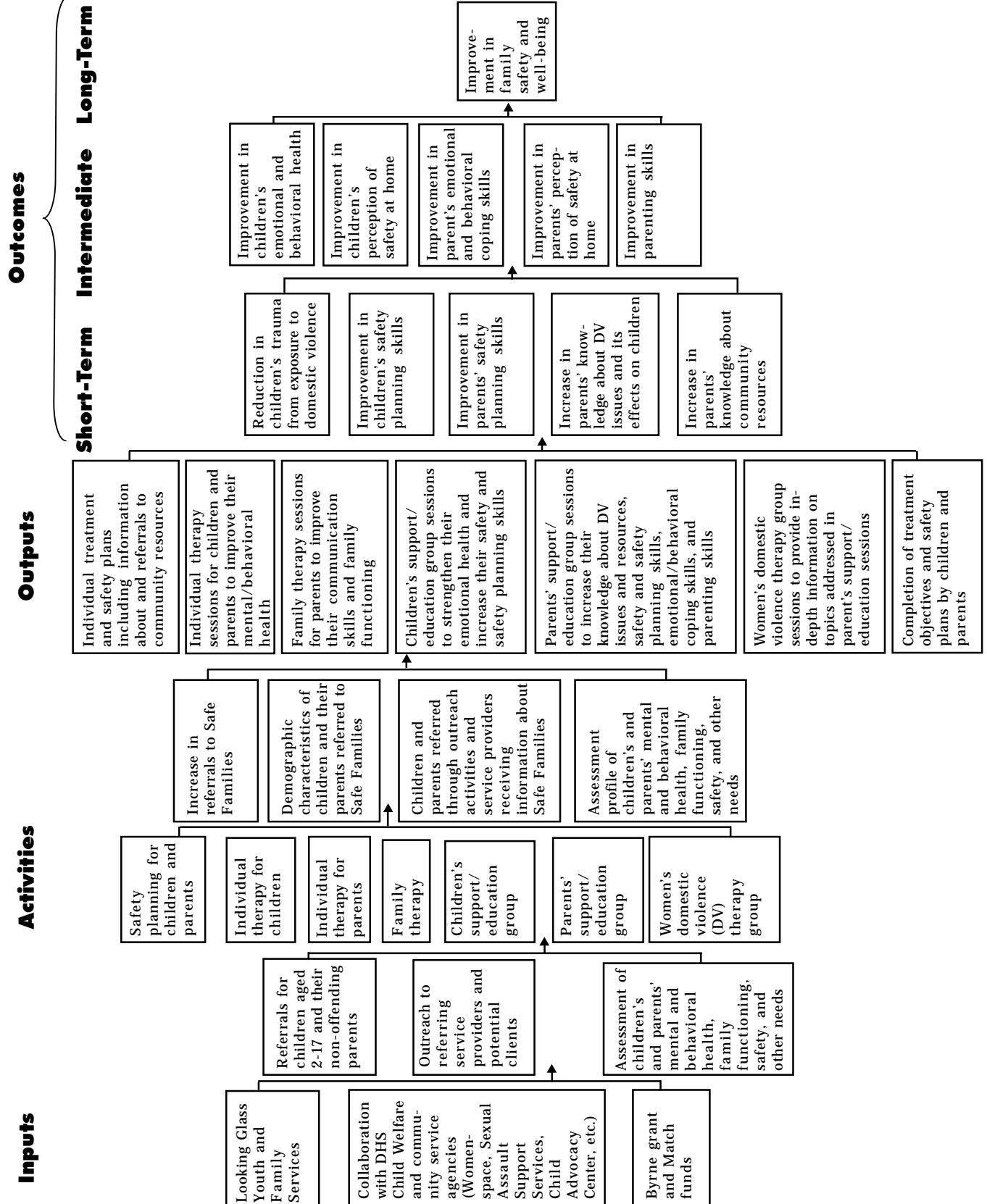
The Safe Families program is operated within Looking Glass' existing infrastructure. Looking Glass is staffed with more than 25 master's degree-level therapists. Eight therapists were identified, for a total of 0.80 FTE, to enhance and provide Safe Families program services for clients. These therapists are supervised by a Clinical Supervisor. The Program Director establishes program policies and procedures and oversees the general operation of the program. RMC Research, Inc. of Portland conducts program evaluation under contract with Looking Glass.

#### *Collaboration*

The main collaborating agencies for the Safe Families program are the Community Safety Net, the Department of Human Services/Child Welfare Program, the Lane County Domestic Violence Council (a coordinating agency for local domestic violence services), Womenspace (a support and advocacy agency for domestic violence victims), Sexual Assault Support Services, Relief Nursery, Head Start, Child Advocacy Center, and area public schools.

# Program Logic Model

## Safe Families - Support for Children Witnessing Domestic Violence





# Safe Families - Support for Children Witnessing Domestic Violence

## Looking Glass

---

### Program Progress

During the fourth program year, the Safe Families program struggled with client recruitment due to low referrals. In the past three years of the program, staff often had to conduct intensive client outreach activities to address the issue of lack of client referrals, however, due to limited program resources, the program could not afford to conduct intensive client outreach this year. At the beginning of the year, Looking Glass lost funding for its Intensive Family Services program. This program provided the basic infrastructure for the Safe Families program in terms of staff resources and internal client referrals. Due to the loss of the program infrastructure and past difficulty recruiting clients and meeting proposed objectives, the Governor's Drug and Violent Crime Advisory Board decided in February 2005 to reduce Byrne grant funding to the Safe Families program and instructed the program to only serve existing clients without conducting any additional client outreach activities or accepting any new clients.

The Program Evaluator conducted the final analysis of pre- and post- program survey data collected from parents to assess program outcomes. The results indicated that overall, there were improvements from the time of their program admission to completion in the areas of children's and parents' emotional and behavioral health, children's and parents' safety, and parents' knowledge about domestic violence.

### Process Evaluation

- *Clients served:* Therapists at Looking Glass conducted assessments with 22 children and developed an individualized treatment plan for each of the children. Including eight who entered the program last year, a total of 30 children received program services this year. Staff conducted formal assessments with six parents this year and developed individualized treatment plans for them to engage in a variety of program services. (A formal assessment was not needed for 10 parents who only participated in family therapy together with their children.) The annual program goal was to provide assessments and develop treatment plans for 75 children and 24 parents. The number of clients served this year was much lower than projected, due to lack of client referrals to the program and termination of client recruitment in March 2005.

After receiving an assessment and treatment plan, clients participated in a variety of program services that included support and education groups, individual therapy, family therapy, and safety planning. Of the 30 children and their parents served this year, 23 children and 10 parents participated in the eight-week support and education groups. The annual program goal was to engage 30 children and 10 parents of the children in support and education groups. All of the children and their parents developed safety plans with their therapist, either in the support and education groups or in the context of family therapy. Staff provided individual therapy for 23 children this year. A total of 23 children and their parents participated in family therapy.

- *Client profile:* Overall, the Safe Families program delivered services to the target populations. All of the 22 children who entered the program this year were between four and 17 years of age, experienced exposure to domestic violence, and met the other

## Safe Families - Support for Children Witnessing Domestic Violence Looking Glass

---

criteria described in the Target Population section. (There was little demographic data available on clients. Due to a small budget, the Safe Families program did not maintain a separate client tracking system and instead, used Looking Glass' billing information system that was not designed to store and provide demographic client data.)

Additionally, an analysis of data collected from the parents of 43 children served from January 2003 through June 2005 indicated that at the time of program admission, children had various emotional and behavioral problems such as anger and aggression (70 percent), fear and anxiety (63 percent), depression (60 percent), not feeling good about themselves (60 percent), and negative peer relationships (19 percent). In addition, 61 percent of the children did not have a safety plan and 29 percent did not feel safe at home.

At Safe Families program admission, many of the parents reported that they were also experiencing emotional and behavioral problems. These problems included anger and aggression (26 percent), fear and anxiety (20 percent), depression (42 percent), and feelings of isolation or being alone (19 percent). Twenty-three percent of the parents reported blaming themselves for domestic violence and 14 percent reported not having a safety plan.

- *Client outreach efforts:* The program conducted a total of 86 hours of outreach to 10 local social service providers this year. Staff conducted outreach mostly by attending a variety of meetings, including the local Community Safety Net Steering Committee, Domestic Violence Council, and Domestic Violence Council Batterer's meetings. Outreach was focused on distribution of information about the Safe Families program and requests for client referrals. Due to limited program resources and discontinuation of Looking Glass' Intensive Family Services program, staff were not able to conduct any intensive client outreach activities this year. (Over the past three years, staff conducted three rounds of intensive outreach activities that included sending e-mails and letters to a large number of community partners, educating the Looking Glass staff about domestic violence and the effects on children, and sending internal memos asking staff to make referrals to the program.)
- *Support and education groups:* In the fourth year, the program provided two eight-week support and education groups for 23 children. A higher proportion (77 percent) of the children served by the program participated in support and education groups this year, compared to last year (61 percent). There was a continued reluctance by many parents to participate in the groups, possibly because they did not want to discuss emotional and sensitive issues in a group setting. Instead they chose individual and/or family therapy over the support and education groups.

### Outcome Evaluation

To understand the effect of the Safe Families program on children and parents, therapists collected data from parents by administering the Safe Families Parent Questionnaire at program admission and completion. This questionnaire was designed to measure parents'

## Safe Families - Support for Children Witnessing Domestic Violence Looking Glass

---

perception about: (1) children's emotional and behavioral health, (2) children's safety, (3) parents' emotional and behavioral health, (4) parents' safety, and (5) parents' knowledge about domestic violence. The questionnaire included 12 questions about parents and nine questions about children. All of the questions used a four-point Likert scale (1= "strongly agree" to 4= "strongly disagree").

Thirty-one out of 37 parents or caregivers (84 percent) who received services through the Safe Families program from January 2003 through June 2005 completed both pre- and post- Safe Families Parent Questionnaires. These parents also completed pre- and post-questionnaires on behalf of their children (a total of 43). These children represented 45 percent of the 95 children who participated in the program. Below is a detailed description of the results of pre- and post-survey data analysis.

- *Children's emotional and behavioral health:* At completion of the program, parents reported statistically significant improvements in the average scores of four of the seven items related to children's emotional and behavioral health. The items of improvement were: (a) fear and anxiety (26 percent improvement in the average scores from pre to post), (b) not feeling good about themselves (27 percent improvement), (c) depression (17 percent improvement), and (d) not getting along well with other children (10 percent improvement). From the time of program intake to completion, there were slight improvements in two other items (anger and aggression; positive parent-child relationship) but the improvements were not statistically significant. There was no improvement in children's awareness of when the parent was stressed and if it affected them negatively.
- *Children's safety:* At program completion, an increased number of parents endorsed that their children had a safety plan and knew how to keep safe (24 percent improvement in the average scores from pre to post surveys).
- *Parents' emotional and behavioral health:* At program completion, parents reported statistically significant improvements in two of the six items related to their own emotional and behavioral health: (a) depression (15 percent improvement in the average scores from pre to post) and (b) knowing a healthy relationship and how to set boundaries to take care of self (32 percent improvement).
- *Parents' safety:* At program completion, parents were significantly more likely to know how to get support and assistance from friends and family (16 percent improvement in the average scores from pre to post surveys; and know about community resources (20 percent improvement).
- *Knowledge about domestic violence:* At program completion, parents were significantly more likely to understand the dynamics of domestic violence (29 percent improvement in the average scores from pre to post surveys; and understand the effects of domestic violence on themselves (16 percent improvement).

## **Safe Families - Support for Children Witnessing Domestic Violence**

### **Looking Glass**

---

In summary, the results of the parent survey indicated that at program completion there were improvements in children's and parents' emotional and behavioral health, children's and parents' safety, and parents' knowledge about domestic violence. These positive results need to be interpreted with caution, however, because of the small sample size and lack of comparison group.

#### **Program Performance Measures and Outcomes**

The performance measures for this program include:

- Percent of clients who complete the program.
- Percent of clients who received safety planning.

The outcomes for Looking Glass include:

- 22 children who witnessed domestic violence were assessed for program eligibility and received individualized treatment plans.
- six parents of children who witnessed domestic violence were assessed for program eligibility and receive individualized treatment plans.
- 23 children participated in support/education groups.
- 23 children received family therapy and 23 children received individual therapy.
- 10 parents of children who witnessed domestic violence participated in support/education groups. A total of 23 parents received family therapy.
- Program staff provided a total of 86 hours of outreach to 10 domestic violence and other social service providers in the community.
- Pre- and post-program surveys of parents of the children who participated in the program indicated statistically significant improvements in the average survey scores at the conclusion of services in areas of: (1) children's emotional and behavioral health (fear and anxiety, not feeling good about themselves, depression, and not getting along well with other children; (2) children's safety (having a safety plan and knowing how to keep safe); (3) parents' emotional and behavioral health (depression and knowing healthy relationship and how to set boundaries to take care of self); (4) parents' safety (knowing how to get support and assistance from friends and family, and knowledge about community resources); and (5) knowledge about domestic violence (understanding dynamics of domestic violence and understanding the effects of domestic violence on themselves).

## **Safe Families - Support for Children Witnessing Domestic Violence**

### **Looking Glass**

---

#### **Lessons Learned**

The Safe Families program provided a valuable service to children and their parents in the local community who had been exposed to domestic violence. According to the results of the parent survey, there were improvements from the time of their program admission to completion in the areas of children's and parents' emotional and behavioral health, children's and parents' safety, and parents' knowledge about domestic violence.

Four primary lessons were learned from the implementation of the Safe Families program over the past four years. First, parents' decisions for their children to participate in the program were primarily driven by the children's identified emotional or behavioral problems, not by the exposure to domestic violence itself. Staff had to correct the initial assumption that once families with domestic violence issues were identified and sent to the program by client referral sources, most of the families would follow-through on their referrals and would be willing to engage in the program. In addition, staff needed to educate and provide services to parents in order to help them connect their child's difficulties to the trauma of witnessing domestic violence.

Secondly, children and families in the Safe Families program presented a unique set of symptoms, strengths, resources, goals, and motivation for treatment. To meet clients' unique needs, staff tailored therapy and services to each individual while offering an array of options that families could choose from.

Thirdly, knowledgeable staff and teamwork were essential in providing highly individualized treatment plans and services. All of the therapists and the Clinical Supervisor working on the Safe Families program had extensive work experience and training in their specialty areas as well as in domestic violence. They met regularly as a team to conduct comprehensive assessments of clients and discuss a range of treatment options. Future attention should be given to the relative benefits and costs of spreading program dollars across many staff (whose primary responsibilities were not Byrne-related and who were reluctant to collect data for the Byrne evaluation), rather than hiring one or two key staff members who could be more focused on the specific intervention.

Fourthly, active community outreach is essential in developing and establishing domestic violence prevention programs, especially those targeting child victims. Programs need to actively communicate with the community, especially program partners, about the concept of the program, specific services, and program benefits. This process requires staff to provide education about the program, identify the community's needs, incorporate them into the program, and constantly engage in relationship-building activities.

For further information about this program, please contact Mr. Chris Rubin at (541) 484-4428.

## **Kids First Safe Alternatives Center**

### **Options Counseling Services of Oregon** **(formerly Lane County Legal Aid Service)**

---

#### **Program Purpose**

Kids First Safe Alternatives Center (Kids First) is a supervised visitation and exchange program that provides an opportunity for non-custodial or non-residential parents, primarily in Lane County, to maintain contact with their children in a safe and neutral setting. Kids First has two primary components: (1) supervised visitation of parenting time for families in which the children generally live with one parent and see the other non-custodial parent only under supervision, and (2) supervised exchanges in which children are transferred from one parent to the other under supervision without the parents contacting each other. The main purpose of Kids First is to ensure the safety and well-being of child and adult victims of domestic violence.

According to the 1998 Oregon Domestic Violence Needs Assessment<sup>1</sup>, at least one out of six Oregon children witnessed domestic violence during the past year. In addition, four of seven Oregon regions, including Lane County, identified supervised parenting time as one of the top three services not available but needed for children who have witnessed domestic violence. Kids First is currently the only supervised visitation and exchange program in Lane County.

Kids First has the following four main goals:

- Increase the safety and well-being of child victims of domestic violence.
- Increase the safety and well-being of adult victims of domestic violence.
- Establish an effective assessment, referral, and communication protocol between Kids First and key systems including court personnel, civil legal system, parole and probation, batterer intervention, victim advocates, and child welfare services.
- Establish accessible, appropriate, and culturally specific supervised visitation and exchange services for underserved populations in Lane County.

The specific objectives of the program are as follows:

- Provide 1,000 supervised visits and 172 supervised exchanges for 85 children and 40 parent victims of domestic violence.
- Provide an orientation to all children served and a two-hour intake and orientation session, including the Kids First orientation packet, to all custodial and visiting parents.
- Recruit, train, and support 30 new volunteers as Visit/Exchange Supervisors. Provide three volunteer trainings, totaling 120 training hours.
- 100 percent of supervised visits and exchanges will have zero incidents of exposure to physical assault. Ninety percent of visits and exchanges will be in compliance with program agreements and protocols.

<sup>1</sup>Glick, B., Johnson, S., & Pham, C. (1999), *1998 Oregon Domestic Violence Needs Assessment: A Report to the Oregon Governor's Council on Domestic Violence*, 5-6 & 29.

## **Kids First Safe Alternatives Center**

### **Options Counseling Services of Oregon** **(formerly Lane County Legal Aid Service)**

---

- A program satisfaction survey of parents who received Kids First services will indicate that at least 85 percent of them are satisfied with program services.
- Conduct a survey to explore key community partners' (e.g., judges and court personnel, victim advocates, child welfare services) perception and understanding of Kids First services and shape program development. At least 70 percent of the respondents will report that Kids First services are needed in the community and increase safety for children.
- A program outcome survey of custodial parents will indicate that after engaging in Kids First, custodial parents will experience a statistically significant improvement in their own safety and well-being as well as the safety and well-being of their children (including their children's emotional/behavioral health).

### **Target Population**

The primary target area for Kids First Safe Alternatives Center is Lane County. Supervised visitation or exchange services are provided to: (1) adult victims of domestic violence, (2) child victims of domestic violence, and (3) domestic violence offenders who have either been ordered to supervised visitation or exchange by the court or who have custody of children whose contact with the adult victim of domestic violence is required to be supervised. All cases involve a history or allegations of domestic violence. Adult clients may be mothers or fathers. Children of any age may participate in the program. Parents are eligible regardless of income and minimal service fees (sliding scale ranging from \$0 to \$25 per visit) are charged based on ability to pay.

Potential Kids First clients are referred through a variety of sources. Most frequently, adult victims of domestic violence seek a protective order in which they request supervised parenting time or exchange for the protection of themselves and/or their children. Specific referral sources include judges, court personnel, victim or witness service providers, local domestic violence or sexual assault agencies, child protective services, the local Family Mediation Services agency, family law attorneys, batterer intervention services, and self-referrals.

In general, potential clients receive basic information about Kids First from referral sources and initiate contact with the program themselves or through their attorneys. Kids First staff provide detailed information on Kids First services, conduct initial screening for program eligibility, and schedule intake appointments.

### **Program Components**

The core program components of Kids First are: (1) supervised visitation that provides supervision of parenting time for families in which the children generally live with one parent and see the other non-custodial or visiting parent only under supervision, and (2) supervised exchanges in which children are transferred from one parent to the other under supervision without the parents contacting each other. Other supporting program components include:

## Kids First Safe Alternatives Center Options Counseling Services of Oregon (formerly Lane County Legal Aid Service)

---

(a) intake and orientation for parents, (b) orientation for children, (c) case coordination, (d) documentation and legal testimony, and (e) volunteer program. The following is a detailed description of each of the program components:

- *Intake and orientation for parents:* The intake and orientation are conducted by program staff for parents whose initial program eligibility has been established as described in the Target Population section. A trained interviewer conducts face-to-face intake interviews with each of the parents separately. Interviews are frequently observed by volunteer Visit Supervisors to provide feedback and ensure safety.

The interview process involves gathering, reviewing, and assessing information about parents and their children that includes court orders or proceedings, reasons for the request for program services, and risk factors including a history of family violence, mental illness, and alcohol and drug abuse. The interview process also involves providing each parent with information about program policies and procedures including confidentiality, staff neutrality between the custodial and non-custodial or visiting parents, parents' accountability, and potential steps to promote the safety and welfare of the child. Intake interviews are a balance between creating an environment in which the parents are both respected and accountable.

After their intake interviews, parents receive a tour of the program facilities with careful emphasis on the portions of the building they are permitted to use, what the routine will be for visits, and what they can expect when they arrive. Custodial parents are shown the entire building. Non-custodial or visiting parents are only shown the parts of the building to which they have access and they are not told where custodial parents are during visits, where they park, or where they enter the building. The intake and orientation session for each of the custodial and non-custodial parents takes approximately two hours.

- *Orientation for children:* After the intake and orientation process is completed with both parents, an orientation session for their children is scheduled with a Visit Supervisor. The custodial parent is given a choice between scheduling an appointment early on the day of the first visit, or scheduling an appointment on a separate day before visits begin.

The orientation process varies greatly, depending on the age and developmental level of the child. At a minimum, children meet a Visit Supervisor and spend time in the space where visits will take place. When appropriate, the Visit Supervisor explains to children what will happen when they come for visits. A full "run-through" is often completed so that the children can have a "practice" time and know exactly what should happen. Children may also be invited to set up a "signal" to indicate when they want to take a break from the visit process or if they are in distress during the visit.



## Kids First Safe Alternatives Center

### Options Counseling Services of Oregon (formerly Lane County Legal Aid Service)

---

During the orientation session, program staff make efforts to empower children with the following reinforcing messages: “This isn’t your fault;” “You’re not the only child who comes here;” “You don’t have to worry about the rules - that’s the grown-up’s job;” “Everybody deserves to be safe;” and “We will do everything we can to keep you safe here.”

Custodial parents may choose to participate in explaining the situation to their children. Program staff respect parents’ approaches and avoid interfering whenever possible. However, at a minimum, staff ensure that parents have explained where the children will go, how long they will visit, where the custodial parent will be, and how frequently they can expect to come to Kids First.

- *Supervised visitation:* Parents and children who complete program intake and orientation sessions are eligible to receive supervised visitation services. Currently, supervised visitation services are provided in the afternoons and evenings on Wednesday and Thursday and all day on Saturday. Supervision is conducted by volunteer Visit Supervisors. The duration of each visit ranges from one hour to one and a half hours. Each visit takes place in one of three visit rooms, with one family and one Supervisor per room. Efforts are made to ensure that the same Visit Supervisor works with the same family over time.

The process of supervised visitation begins with the custodial parent arriving at a designated time, parking in a designated area, and entering the custodial parent waiting area. Visiting parents are usually scheduled to arrive 15 minutes after the custodial parent. During that waiting period, the custodial parent and child interact with the Visit Supervisor. This is usually a time for play and settling, in anticipation for the visit. While the Visit Supervisor stays in the custodial parent area, a Site Supervisor waits in the visiting parent arrival area and watches for their arrival. After arrival, visiting parents wait at a locked door, ring a doorbell, and are greeted by the Site Supervisor. Visiting parents sign in, provide vehicle information, leave car keys and any other items brought on site in a designated area, are checked by the Site Supervisor for signs of alcohol or drug use, and are escorted to the visit room.

After the visiting parent is escorted to the visit room, the Site Supervisor calls the Visit Supervisor on an internal intercom system. The Visit Supervisor escorts the child to the visit room and sits in the room with the parent and child during the entire visit. The custodial parent may choose whether to remain on site during the visit or leave and return 10 minutes before the visit is scheduled to end.

Visiting parents generally spend time with children talking, playing, drawing, painting, reading, playing games, and listening to music. The Visit Supervisor and/or Site Supervisor are always ready to respond to any problems that occur during the visit. The Visit Supervisor wears a “panic alarm” that connects directly to 911 emergency services. The Site Supervisor is always available as “backup” for the Visit Supervisor. Potential problems include a child in distress, a child safety

## Kids First Safe Alternatives Center

### Options Counseling Services of Oregon (formerly Lane County Legal Aid Service)

---

concern, a parent's noncompliance with program agreements and rules, and interruptions in the visit process. Possible staff responses include immediate feedback in the presence of the child, immediate feedback outside the presence of the child, feedback after the visit outside the presence of the child, and modifying or ending a visit. Visit Supervisors complete mandatory documentation of each visit, including whether or not each parent complied with program agreements, and indicate whether or not staff follow-up is needed.

At the end of the visit, the Visit Supervisor escorts the child back to the custodial parent while the visiting parent remains in the visit room. The Visit Supervisor provides feedback to the custodial parent, if needed. The program's policy is to respect the privacy of the visiting parent's time with the child as long as there is nothing that the custodial parent "needs to know," such as a threat to the safety of the custodial parent or child, a critical incident to the child, or disclosure by the child of safety-related information.

After the custodial parent and child leave, the visiting parent is required to remain on site an additional 15 minutes. During this time, the visiting parent is provided with feedback, if needed, and receives confirmation about the next scheduled visit. When the visiting parent is ready to leave, his or her personal belongings are returned and he/she is escorted out of the building by a volunteer.

- *Supervised exchange:* Supervised exchange services allow parents to use Kids First as a neutral, safe place to drop off and pick up children going from the care of one parent to the care of the other. Generally, the visiting or non-custodial parent's time with the children is not required to be supervised. The exchange program operates very similarly to the visitation program. Similar safety protocols, program agreements, and documentation requirements apply. One difference between the two program components is the communication between parents that can occur as part of the exchange program. In supervised visitation, parents cannot use Kids First as a place to send messages or property from one parent to another. In supervised exchange, parents have the opportunity (and are encouraged) to send child-related information back and forth at exchange times. The information that is permitted is limited, and the process is not used to communicate about matters unrelated to the child.
- *Case coordination:* Case coordination is provided on an as-needed basis. Case coordination involves communicating with other service providers and communicating with parents between their supervised visits. The program collects client information from other service providers when the client signs a release of information form. Signing a release of information form is generally optional, but is required when children receiving Kids First services are in a counseling or therapy program or when parents receiving the program services are required by court order to attend batterer intervention, parent education, drug and alcohol treatment, or mental health treatment programs. Case coordination also involves

## Kids First Safe Alternatives Center Options Counseling Services of Oregon (formerly Lane County Legal Aid Service)

---

communicating with parents between their supervised visits mostly by responding to parents' calls. Parents' calls usually pertain to changes in visit schedules, concerns raised by children's behavior after a visit, and requests for change in a routine visit such as bringing a gift or food for the visit.

- *Documentation and legal testimony:* Program documentation is an element of each service provided. Each contact with clients is documented in writing. Intake interviews are documented extensively by using parents' own words as often as possible. Additional primary documentation includes court orders for supervised visitation and any protective orders currently in effect regarding either parent. Parents may choose to provide other documentation such as medical records, police reports, and records from previous Visit Supervisors. Client records are kept in individual case files and are not released without a subpoena or client's signed release of information. On occasion, legal testimony is provided by program staff in court hearings, trials, or depositions. Although the program prefers a subpoena of client records to testimony in court, staff provide testimony if required by the subpoena.
- *Volunteer program:* The volunteer program component allows Kids First to serve many families with very few paid staff members. Volunteers are recruited and trained by the Volunteer Coordinator and the Program Director. Many volunteers are recruited from local colleges and work for the program as student interns or for academic credits. The program goal is to maintain a pool of approximately 25 volunteers who make a minimum six-month work commitment. Currently, all volunteers have attended 32-hours of classroom training and also receive additional on-the-job training. The classroom training is organized into four eight-hour training sessions focusing on the philosophy of the agency, information about domestic violence and working with batterers, and the role of volunteers as Visit/Site Supervisors. After training completion, most volunteers become Visit Supervisors or Site Supervisors. Volunteer meetings are held twice a month to provide an opportunity for training, case discussions, and check-in around administrative matters.

There is no formal limit on the maximum duration of program services that clients can receive from Kids First. The general policy is that each family may receive up to three hours of supervised visitation per week. Exceptions are made to allow more time if clients need longer and less frequent visits. In general, clients' completion of the program is determined by external factors such as changes in the court order allowing unsupervised visits. Without those external factors, clients are allowed to stay in the program as long as they follow the program policies and regulations.

## **Kids First Safe Alternatives Center**

### **Options Counseling Services of Oregon** **(formerly Lane County Legal Aid Service)**

---

#### **Program Resources**

##### *Byrne Funding*

Options Counseling Services receives Byrne grant funding in the amount of \$176,145 and provides matching funds of \$58,715. During the period July 1, 2004 through September 30, 2005, the program expended \$183,074 in federal funds, and \$66,955 in match funds. The majority of the funding is used to support the Program Director and Volunteer Coordinator, rent and maintenance of the visitation center, and contracts for program consultation and evaluation.

##### *Program Staff*

Kids First currently operates with five paid staff members: the Program Director, the Volunteer and Case Coordinator, the Intake Coordinator, the Latina Services Coordinator, and a Program Assistant.

Responsibilities of the Program Director include developing program resources and materials, identifying and applying for funding, training and supervising program staff and volunteers, assisting in coordination of client services, budgeting, developing collaborative partnerships, attending meetings of key stakeholders, and helping facilitate work group meetings.

The Volunteer and Case Coordinator is responsible for administering the volunteer program by recruiting, screening, training, supervising, and supporting volunteers. The Volunteer and Case Coordinator additionally provides case management including scheduling supervised visits with parents, communicating with active clients, and coordinating schedules for Visit and Site Supervisors.

The Intake Coordinator responds to incoming requests for information or services, conducts intake and client screening as well as orientation appointments for children and parents, and manages the schedule of new visits and program capacity.

The Latina Services Coordinator responsibilities include developing connections with other providers of services to Latino and Latina families, translating materials, conducting intake interviews and supervising visits when needed, and participating in volunteer recruitment, training, and support for bilingual Spanish speaking volunteers.

The Program Assistant performs administrative tasks such as answering the phones, maintaining the filing system for program resources and materials, maintaining client statistics, scheduling exchanges, and communicating with all exchange families regarding logistics and schedules.

Other staff members include volunteers and student interns, most of whom serve as Visit Supervisors and Site Supervisors, and community professionals who provide in-kind consultation and volunteer training services. A professor from the University of Oregon conducts program evaluation.

## **Kids First Safe Alternatives Center** Options Counseling Services of Oregon (formerly Lane County Legal Aid Service)

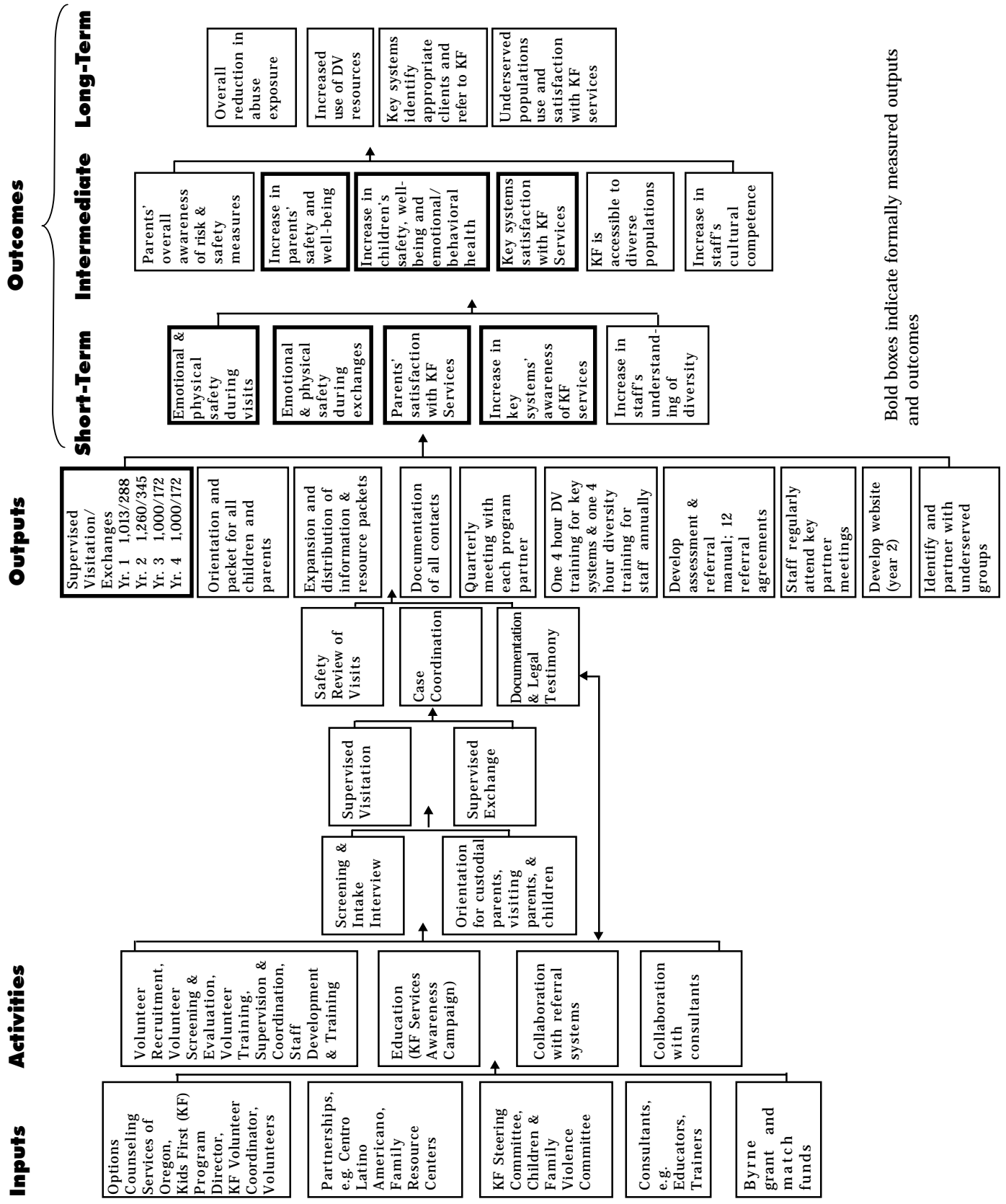
---

### *Collaboration*

Key stakeholders for Kids First Safe Alternatives Center include local domestic violence service providers, judges and court staff, family law attorneys and mediators, and partner agencies including Centro Latino Americano, University of Oregon Marriage and Family Therapy Program, Family Resource Centers, teen parent programs, and the Children and Family Violence Committee of the local Domestic Violence Council. Other stakeholders include the Family Violence Response Initiative, parent service groups, Child Welfare, batterer intervention programs, parole and probation agents, mental health professionals, and alcohol and drug treatment professionals. These stakeholders collaborate with Options Counseling Services through formal or informal partnership agreements to provide client referrals and specific services (e.g., program evaluation, student support, translation of materials, recruitment of Spanish speaking volunteers), to conduct training or provide cross-training opportunities for staff and volunteers, and to serve as steering or advisory committee members.

# Program Logic Model

## Kids First Safe Alternatives Center



Bold boxes indicate formally measured outputs and outcomes

## Kids First Safe Alternatives Center Options Counseling Services of Oregon (formerly Lane County Legal Aid Service)

---

### Program Progress

In October 2004, Options Counseling Services of Oregon replaced Lane County Legal Aid Service as the grantee agency. The basic program infrastructure including program staff, visitation/exchange facilities, and the Program Evaluator was transferred without change to the new grantee agency. The program continued to operate at full capacity this year with many clients on the waiting list for services. To address this demand, the program utilized volunteer resources. After reporting clients' intake and satisfaction survey data last year, the Program Evaluator focused on implementing community partner and program outcome surveys. The community partner survey indicated that the majority of community partners felt that Kids First services were needed in the community and the program increased safety for children. A survey of custodial parents indicated that after receiving Kids First services, parents saw improvement in most of the measures related to their safety and well-being, their children's safety and well-being, and their children's emotional/behavioral health.

### Process Evaluation

- *Clients served:* During the fourth program year, Kids First provided 852 supervised visits to 69 children and 309 supervised exchanges to five children. The program fell slightly short of meeting the annual goal of providing 1,000 supervised visits but exceeded the goal of providing 172 exchanges. The possible reason why the program fell short of providing 1,000 supervised visits this year could have been due to a large number of cancelled visits or no-shows (N = 315). To remedy this situation, the program began enforcing a stricter policy on cancellations and no-shows. A total of 130 parents (65 custodial parents and 65 non-custodial or visiting parents) received supervised visit and exchange services this year.

Staff conducted Kids First intake and orientations as described in the Program Components section, for the new children (N = 61) and new parents (N = 74; 37 custodial parents and 37 non-custodial parents) who started receiving services this year.

During the fourth year, the demand for Kids First services continued to increase. Since the beginning of the second program year, the program has operated at full capacity with many clients on the waiting list for program services. As of June 30, 2005 there were 17 cases on the waiting list.

- *Client profile:* Kids First provided supervised visitation or exchange services to 74 children this year. Of the 74 children, 53 percent were male (N = 39) and 47 percent were female (N = 35). The children ranged in age from three months to 16 years old (the average age was seven years old). Their parents (N= 130) ranged in age from 19 to 56 years old (on average, mothers were 35 years old and fathers were 37 years old). Seventy-six percent of parents were White, five percent were Hispanic, four percent were Black/African American, four percent were American Indian/Alaskan Native, one percent was Asian/Pacific Islander, two percent were multi-racial, and eight percent were unknown (did not provide ethnicity).

## Kids First Safe Alternatives Center Options Counseling Services of Oregon (formerly Lane County Legal Aid Service)

---

Kids First delivered services to the intended target population. All of the visitation and exchange cases served by the program involved one adult victim of domestic violence and one or more children impacted by domestic violence. All of the cases also involved offenders of domestic violence who have either been ordered to supervised visitation or exchange by the court or who have custody of children whose contact with the adult victim is required to be supervised. The majority (62 percent) of the cases involved Family Abuse Prevention Act (FAPA) restraining orders at the time of intake. The remainder of the cases involved Custody Modification orders, Divorce Modification orders, or a Guardianship order.

Given that Kids First was designed to increase the safety and well-being of child and adult victims of domestic violence, the program examined the risk profile of non-custodial visiting parents (by using data collected from 62 of the 65 custodial parents at intake between July 1, 2003 and June 30, 2005). All of the custodial parents reported that prior to involvement in Kids First, they experienced threatening and dangerous behaviors from the visiting parent at least once in their lifetime. Custodial parents reported that 77 percent of the non-custodial visiting parents “physically hurt” them, 77 percent “threatened to take children” or had “taken children” (against will), 71 percent “threatened to kill self, partner, or children,” and 51 percent “forced sex” or “pressured sex” with the other parent. Seventy-three percent of custodial parents reported experiencing injuries as a result of the visiting parent’s behavior and 74 percent reported feeling “afraid for my safety” during a harmful behavior incident(s). Eighty-two percent of custodial parents reported that their children were exposed to at least one harmful behavior incident. Other risk behaviors reported by custodial parents included “insulting my personality,” “damaging property,” and “stalking.”

According to the custodial parents’ intake data regarding the non-custodial visiting parent, 37 percent of non-custodial visiting parents had been convicted of at least one crime, and 73 percent of non-custodial parents were issued a restraining order at least once. Sixty-eight percent of the custodial parents believed alcohol or other drugs were a problem for the non-custodial visiting parent.

- ***Program Implementation:***

*Volunteer program:* Kids First continued to utilize volunteer resources to staff the program. Twenty-one new volunteers were recruited, trained, and supported as Visit and Exchange Supervisors this year. A total of 96 hours of group training was provided to them through three trainings and over 100 hours of observational training with feedback from staff and experienced volunteers were provided. Group training was reorganized this year into four eight-hour training sessions focusing on the philosophy of the agency, information about domestic violence and working with batterers, and the role of volunteers as Visit/Site Supervisors. This training included role-playing and practicing interruptions and providing feedback to clients when rule violations occur. The majority of volunteers were students receiving academic credit for volunteer hours.



## Kids First Safe Alternatives Center Options Counseling Services of Oregon (formerly Lane County Legal Aid Service)

---

*Efforts to reach underserved populations:* Kids First hired a new Latina Services Coordinator in April 2005 to reach underserved populations, especially Hispanics, in Lane County and provide culturally competent services for them. The program served seven monolingual Spanish speaking clients (three children, two non-custodial visiting parents, and two custodial parents) this year. This number was relatively low given the number of Latino families experiencing domestic violence in the local community. A primary barrier to Latino families' use of Kids First services was the lack of Spanish speaking services at the Lane County Circuit Court, a key referral source of clients for the program. To resolve this issue, the new Latina Services Coordinator started working with Crime Victim and Survivor Services (CVSS) so that their advocates could provide support at the court to Latina families, especially monolingual Spanish speakers, and provide referrals to Kids First. She also started collaborating with the Lane County Domestic Violence Council Latina Services committee to identify appropriate referral sources of Latino clients and enhance bicultural practices and protocols to provide culturally competent services for Latino clients.

- *Grantee agency change:* The main reason for the agency change this year was that Lane County Legal Aid Service, the former grantee agency, raised concerns about a conflict of interest providing services for clients. This situation may occur where the agency provides legal services for an offender of domestic violence while providing protective services through the Kids First program for a victim(s) of the same offender. In consultation with CJSD, the former agency chose Options Counseling Services of Oregon as the new grantee agency. Options Counseling Services of Oregon is a private, not-for-profit corporation that specializes in providing mental health, family preservation, life skills, and domestic violence services to children, adolescents, individuals, and families throughout Lane County and Oregon. The basic program infrastructure including program staff, visitation/exchange rooms, and the Program Evaluator was transferred without change to the new grantee agency. A new, permanent Program Manager was hired in December 2004, replacing a consultant hired temporarily to provide management support.

### Outcome Evaluation

Program evaluation activities since the inception of Kids First have been focused on assessing: (1) safety of supervised visits and exchanges, (2) client satisfaction with program services, (3) community partners' perception of Kids First, and (4) children's and custodial parents' safety and well-being. Due to limited program resources, the focus of evaluation has been shifted in assessment of these four areas each year. Below is a summary of the outcomes of program evaluation conducted during the fourth program year.

- *Safety of supervised visits and exchanges:* During the fourth year, there were no physical assaults in any of the 852 supervised visits and 309 exchanges. According to clients' visit/exchange records, 90 percent of the visits and exchanges were in compliance with program agreements and protocols. (Since the inception of the program, 86 percent of 4,081 supervised visits and 707 exchanges were in

## Kids First Safe Alternatives Center Options Counseling Services of Oregon (formerly Lane County Legal Aid Service)

---

compliance with program agreements and protocols). After each visit and exchange, staff document whether the visit or exchange was in compliance with program agreements and protocols and what noncompliance issues, if any, occurred. Noncompliance issues included failure to arrive on time for program services, frequent cancellations or no-shows for service appointments, engagement in unallowable conversation such as discussing inappropriate topics with children and asking questions about the other parent, and harassment or verbal assault towards program staff. None of the noncompliance cases posed an imminent risk for children, custodial parents, or staff. The program goal was to have no incidents of exposure to physical assault and a compliance rate of 90 percent. The high safety ratings during this program year are a confirmation of similar findings in Spring 2002. At that time, the program evaluation team collected data on 65 visits over a five-week period and concluded that none of the visits had a substantive safety violation.

- *Client satisfaction with program services:* In order to assess client satisfaction with program services, the Program Evaluator distributed surveys in November, 2003 to all of the 28 parents participating in the program. The survey included 17 questions using a five-point Likert scale (“strongly agree” to “strongly disagree”; for the analysis, the scale was condensed to “agree” and “disagree”). Seventy-five percent of the parents (12 custodial and nine non-custodial visiting parents) completed and returned the survey. Eighty-six percent of the 21 parents reported that they were satisfied with Kids First services. All of the custodial parents (N = 12) agreed that their children were safer as a result of Kids First services and that their children were benefiting from program services. One hundred percent of the custodial parents also agreed that they themselves were safer as a result of program services and were benefiting from the services. All of the custodial parents felt that they were treated with respect by program staff, whereas 78 percent of the nine non-custodial visiting parents felt respected by program staff.
- *Community partners’ perception of Kids First:* In order to assess key community partners’ perception of and experiences with Kids First and to shape program development, the Program Evaluator implemented a survey this year after conducting interviews with local court judges in 2003. Community partner surveys were distributed in February and March 2005 via two on-line list services (FANet Listserve and Legal Aid Service) by using a web-based survey tool (Dragon Web Survey) to 240 unduplicated local community partners in the Eugene-Springfield area. The survey questionnaire consisted of 27 items most of which were asked on a six-point Likert response scale (1= “strongly disagree” to 5= “strongly agree”; 6= “don’t know”). For analysis, “strongly disagree” and “disagree” were combined into “disagree” and “strongly agree” and “agree” were combined into “agree.” Twenty-seven percent (64) of the 240 community partners completed and returned the survey. The respondents included nine attorneys, one judge, three parole and probation officers, 12 law enforcement agents, 11 victim service providers, nine therapists or counselors, and 19 others including educators, social service administrators, volunteers, and students.

## Kids First Safe Alternatives Center Options Counseling Services of Oregon (formerly Lane County Legal Aid Service)

---

Overall, the results of the community partner survey indicated that key community partners felt that Kids First services were needed in the community, that the services increased safety for child and adult victims of domestic violence, and that increasing the community's awareness of Kids First was needed. Specifically, 80 percent of the respondents (N = 64) agreed that Kids First services were needed in the community, five percent disagreed, 14 percent didn't know, and one percent were neutral. Seventy percent agreed that Kids First increased safety for children, five percent disagreed, three percent were neutral, and 22 percent didn't know enough about Kids First to be able to evaluate. Only 30 percent felt that they were well informed about Kids First, 36 percent did not feel well informed about Kids First, 15 percent were neutral, and 19 percent didn't know. Fifty-two percent agreed that they were confident in the quality of service provided by Kids First, 12 percent disagreed, six percent were neutral, and 30 percent didn't know.

- *Parent and child safety, health, and well-being:* To measure the impact of Kids First services on clients' safety, emotional/behavioral health, and well-being, the program administered surveys to custodial parents beginning in January 2004. Structured questionnaires were administered to custodial parents at their first visit/exchange and at their fifth visit/exchange. The survey questionnaire included 27 items designed to measure parent and child safety and well-being, and their children's emotional/behavioral health (e.g., "Due to the other parent, I have been afraid for my safety," "I have been afraid for my child's safety while he/she was with the other parent," "I have been concerned that my child was emotionally harmed while with the other parent," "My child's sleep patterns are a concern of mine"). Most of the questions used a six-point Likert response scale (from 1= "strongly disagree" to 6= "strongly agree") and several questions used a dichotomous ("yes" or "no") scale. The first visit questionnaires asked respondents to reflect on their experiences in the past 12 months prior to receiving Kid First services and the fifth visit questionnaires asked respondents to reflect on their experiences since receiving program services.

For an 18-month period from January 2004 through June 2005, 60 families completed a first visit and of those, 53 custodial parents completed questionnaires (88 percent completion rate). Forty of the 60 families went on to receive a fifth visit (the fifth visit was chosen as the post-test time period in order to include parents who had received an adequate amount of service without losing too many that decided to discontinue service), and of the 40, 32 parents completed questionnaires (80 percent completion rate).

The comparison between the first and fifth visit survey data indicated that overall, after engagement in the program, custodial parents reported a statistically significant improvement in both their own and their children's safety, well-being, and health. Specific findings are presented below for the 32 participants who completed both surveys. The results need to be interpreted with caution due to the small sample size.

## Kids First Safe Alternatives Center

### Options Counseling Services of Oregon (formerly Lane County Legal Aid Service)

---

- (1) *Improvement in child's safety and well-being:* Overall, custodial parents reported an increase in their child's safety while receiving Kids First services. On a six-point Likert scale parents reported being less afraid for their child's overall safety at the time of their fifth visit (average score was 2.4 at the fifth visit, compared to 4.8 at the first visit) and also reported being less afraid for their child's well-being (average score was 2.3 at the fifth visit, compared to 5.0 at the first visit). In addition, at the fifth visit, custodial parents were less concerned about emotional harm (average score was 2.5 at the fifth visit, compared to 4.7 at the first visit) and physical harm (average score was 1.5 at the fifth visit, compared to 3.3 at the first visit) to their child while he or she was with the visiting parent. Similarly, at the fifth visit, custodial parents reported less fear about a child's exposure to unhealthy things such as alcohol and drug abuse and adult videos (average score was 2.3 at the fifth visit, compared to 4.4 at the first visit) and the child being in a dangerous situation (average score was 1.8 at the fifth visit, compared to 4.3 at the first visit) while with the visiting parent.
- (2) *Improvement in custodial parent's safety:* On the same six-point Likert scale custodial parents reported being significantly less afraid for their own safety at the time of the fifth visit (average score was 2.0 at the fifth visit, compared to 4.9 at the first visit). At the fifth visit, they also reported that contact with the visiting parent would be less harmful for themselves (average score was 1.6 at the fifth visit, compared to 4.8 at the first visit).
- (3) *Improvement in child's emotional/behavioral health:* On the same six-point Likert scale custodial parents reported a statistically significant improvement at the time of the fifth visit in three of the six items related to their child's emotional and behavioral health. Parents reported being less worried about their child's sleeping patterns (average score was 2.5 at the fifth visit, compared to 3.5 at the first visit), appetite and general eating patterns (average score was 1.8 at the fifth visit, compared to 2.5 at the first visit), and mood (average score was 3.0 at the fifth visit, compared to 4.4 at the first visit). Parents did not report an improvement in their concern about the child's behavior with other children, difficulty to manage the child's behavior, and the child's performance in school or daycare.
- (4) *Improvement in supplementary measures of safety and well-being:* In fifth visit surveys only, there were a few additional questions that asked parents more directly about the impact of Kids First services. On a scale of 1 to 6 custodial parents reported that Kids First increased their child's safety (average score was 5.62) and well-being (average score was 5.16), as well as their own safety (average score was 5.12) and well-being (average score was 5.03). Additionally, custodial parents reported improvements in their child's quality of life (average score was 4.66), as well as their own quality of life (average score was 4.62).

## **Kids First Safe Alternatives Center**

### **Options Counseling Services of Oregon** **(formerly Lane County Legal Aid Service)**

---

#### **Program Performance Measures and Outcomes**

The performance measure for this program includes:

- Percent of clients who report satisfaction with the program.
- Percent of clients who report improved safety planning.

The outcomes for Kids First include:

- The program provided 852 safe supervised visits to 69 children, and 309 safe supervised exchanges to five children. A total of 65 custodial (or victim) parents and 65 non-custodial (or visiting) parents received supervised visit and exchange services.
- The program provided Kids First orientations to all new children (61) who started the program this year and a two-hour intake and orientation (including the Kids First orientation packet) for all new parents (37 custodial and 37 non-custodial visiting parents).
- The program recruited, trained, and supported 21 new volunteers and provided three group trainings, totaling 96 hours. These volunteers also received over 100 hours of observational training with feedback from staff and experienced volunteers.
- 100 percent of supervised visits and exchanges had zero incidents of exposure to physical assault. Ninety percent of visits and exchanges were in compliance with program agreements and protocols.
- A client satisfaction survey indicated that 86 percent of the 21 parents surveyed were satisfied with Kids First services.
- Community partner surveys were distributed to approximately 240 local community partners including attorneys, court judges, law enforcement agents, victim service providers, and counselors. Eighty percent of respondents felt that Kids First services were needed in the community; 70 percent believed that Kids First increased safety for children; 52 percent were confident in the service provided by Kids First; and 30 percent felt that they were well informed about Kids First.
- A program outcome survey of 53 custodial parents indicated that overall most reported a statistically significant improvement in both their own and their children's safety, well-being, and emotional/behavioral health.

## **Kids First Safe Alternatives Center**

### **Options Counseling Services of Oregon** **(formerly Lane County Legal Aid Service)**

---

#### **Lessons Learned**

The Kids First Safe Alternatives Center provided a valuable service to families who experienced domestic violence by offering an opportunity for non-custodial parents to share time with their children in a safe and neutral setting. Since the inception of the program in October 2001, all supervised visits and exchanges have had zero incidents of exposure to physical assault. As a result of receiving program services, custodial parents reported improvement in their own safety and well-being as well as the safety, well-being, and emotional/behavioral health of their children. In addition, the program continued to collaborate with community partners in delivering and enhancing services. As a result, partners showed a strong support for the program, indicating that Kids First services were needed in the community and increased safety for children.

The main lesson learned from the operation of the Kids First Safe Alternatives Center is that program structure, consistency, clear expectations, and effective communication are all essential factors in working with parents, especially those who are involved in domestic violence. The successful implementation of these key elements was facilitated through ongoing case coordination, staff training and support, a pool of committed volunteers, and strong collaboration with community partners. Over the four years of operation, staff learned that it is resource intensive to provide this type of service to parents and children for long periods of time. The program was able to address this issue by utilizing volunteer resources, encouraging staff to work as a team to support each other, and streamlining program policies and protocols (i.e., client's program agreements, cancellation of service appointments, the maximum number of visitation hours, steps for staff to take when program violations occur).

Additionally, for a supervised visitation and exchange program to be successful, it is essential that staff should:

- Make an effort to meet the needs of the adult and child victims of violence while maintaining a neutral or unbiased position in terms of supporting custodial and non-custodial parents.
- Avoid collusion and interruption tactics of minimizing, denying, blaming, or excusing violence.
- Model program values of respect, empowerment, anti-oppression, and nonviolence.
- Avoid “re-victimizing” victims by offering an environment in which they are respected and empowered, and in which the dynamics of domestic violence are well understood.

For further information about this program, please contact Ms. Jean Blanchard at (541) 683-6353.

## **Elder Abuse Prevention Program**

### **Multnomah County District Attorney's Office**

---

#### **Program Purpose**

The purpose of the Elder Abuse Prevention Program is to prevent domestic elder abuse in Multnomah County by aggressively pursuing legal prosecution of offenders and conducting community outreach and education. Through Byrne grant funding, a full-time Deputy District Attorney (DDA) in the Domestic Violence Unit of the Multnomah County District Attorney's Office is assigned to develop and implement community outreach and education programs to train service providers in reporting abuse, response protocols, and to educate potential victims about elder abuse. In addition, the DDA actively reviews, issues, and prosecutes elder abuse cases.

As is the case nationwide, domestic abuse of persons over the age of 60 is among the least reported, investigated, and prosecuted area of criminal activity in Multnomah County. This problem results from the social dynamics driving the perpetrator and inhibiting the victim, and the lack of allocated investigative and criminal justice resources. As of July 1, 2004, Multnomah County had 96,600 persons over the age of 60, far more than any other county in Oregon. Through intensive community outreach and education, along with aggressive prosecution of elder abuse cases, the Elder Abuse Prevention Program is expected to prevent further victimization of the vulnerable, elderly population in Multnomah County.

The Elder Abuse Prevention Program has the following five main goals:

- Increase reporting of suspected elder abuse by primary mandatory reporters (e.g., law enforcement, health and human service workers).
- Enhance law enforcement response to domestic elder abuse.
- Increase the number of successful prosecutions of domestic elder abuse cases.
- Increase awareness and reporting of domestic elder abuse by non-traditional reporters.
- Ensure that non-English speaking victims have access to information and services.

The specific objectives of the program are as follows:

- Review and prosecute three to six elder abuse cases per month (36 to 72 cases per year).
- Increase the number of elder abuse cases referred from police agencies for review and prosecution by the program. The number of cases will increase by 50 percent from year one to year three.
- Provide trainings to primary mandatory reporters (e.g., law enforcement, health and human service workers) to improve their knowledge of mandatory elder abuse reporting laws. A total of 150 to 200 police officers will participate in trainings to improve their knowledge of elder abuse and protocols for responding to and reporting abuse.

## Elder Abuse Prevention Program

### Multnomah County District Attorney's Office

---

- Provide four informational trainings to 25 non-traditional reporters (e.g., neighborhood associations, faith-based organizations, bank employees, retailers, civic organizations) to increase their awareness and reporting of elder abuse.
- Develop and implement surveys and/or interviews with key stakeholders of the project (e.g., staff members from the District Attorney's Office, adult protective services, law enforcement) to assess the impact of the program on their perception and understanding of elder abuse, knowledge of handling elder abuse cases, and collaboration among the stakeholders.
- Conduct outreach to underserved populations, especially non-English speaking groups. Provide at least 20 non-English speaking people with education on elder abuse and resources available for victims of elder abuse.

#### Target Population

The Elder Abuse Prevention Program is designed to benefit persons residing in Multnomah County who are 60 years of age or older. Legal prosecution services are provided for victims, aged 60 and over, when the criminal activity involved is physical abuse, psychological abuse, abandonment, and/or sexual abuse by someone who has a relationship with the older person. The alleged defendant could be a spouse, sibling, child, intimate partner, friend, or caregiver in the older person's home, or when the victim is in the home of the caregiver. Excluded from the program's prosecution services are cases involving elderly victims in institutions or group residential care facilities and elderly victims of financial fraud. All potential elder abuse cases are referred to the program from eight local law enforcement agencies.

The target populations of the program's outreach activities are potential victims of elder abuse, Multnomah County Aging and Disability Services personnel, law enforcement officers, groups and organizations working with elders, and others who have knowledge of or contact with elderly victims.

#### Program Components

The Elder Abuse Prevention Program has two main program components: (1) review and prosecution of domestic elder abuse cases and (2) community outreach and education.

- *Review and prosecution of domestic elder abuse cases:* After domestic elder abuse cases are referred to the District Attorney's Office from the local law enforcement agencies, the program's DDA reviews the referred cases and materials to assess possible charges. The DDA analyzes the facts and the applicability of any relevant statutes.

In the case of misdemeanor offenses with sufficient evidence, the DDA may file charges on his own. In the case of felony offenses with sufficient evidence, the DDA schedules a grand jury proceeding. At the grand jury proceeding, a panel of seven members of the community vote on appropriate charges after hearing from the witnesses. If misdemeanor cases are issued by the DDA or felony cases are



## Elder Abuse Prevention Program

### Multnomah County District Attorney's Office

---

indicted by the grand jury, they are set for trial. The first trial setting is approximately 50 to 70 days after arrest. Cases are generally resolved, whether by trial or plea, within 120 days of the defendant's arrest.

If the referred case reports contain insufficient evidence that a crime was committed, there are two possible scenarios. In the first scenario, where additional witnesses need to be contacted and interviewed or additional information needs to be gathered, the DDA sends the report back to law enforcement to conduct additional investigation. The follow-up investigation is generally completed within two weeks and the file is returned to the DDA for reconsideration. In the second scenario, where no crime has been committed or a criminal offense cannot be proven, the DDA makes contact with the victim to explain his decision and offers additional services that the victim may benefit from. The case file, including a written analysis of why the case cannot be charged, is then returned to the investigating officer within three to five days of the case rejection.

While the DDA works on the legal process, the program's Victim Advocate (VA), who is funded through other grant funds, provides a variety of advocacy services for victims of elder abuse. The VA ensures that victims understand the criminal prosecution process and are aware of their rights as victims of crime. The VA also provides victims with information about, and referral for, social services and assistance as well as a variety of direct services that include in-home care, restitution, assistance with paperwork such as applications for restraining orders and victim compensation, home visits to ensure victims' safety and discuss plea negotiations or sentencing, and court attendance on behalf of victims. The VA and the DDA meet informally several times a week to discuss cases, the status of the victims, and their service needs.

- *Community outreach and education:* The DDA also works closely with the VA to develop and implement a variety of community outreach and education programs designed to educate the community about elder abuse and provide information about the Elder Abuse Prevention Program. The DDA makes presentations to local law enforcement officers, Multnomah County Aging and Disability Services personnel, the elder abuse Multi-Disciplinary Teams (MDT), Elders in Action, neighborhood association groups, and other service providers for the elderly.

Outreach and education sessions are individually tailored to the audience, depending on the type of audience. In the outreach and education sessions for law enforcement agencies, for example, the DDA provides officers with insight into new hearsay exceptions and advice on report writing to facilitate the process of prosecuting elder abuse cases. Additionally, the DDA provides information on the mandatory reporting of elder abuse, the specific requirements of the statute, and the agencies and telephone numbers that they can contact for assistance in dealing with issues of elder abuse. This type of training may take up to two hours if it is held in the police academy. The DDA also conducts ride-along training sessions for police officers while on shift if they feel that the DDA's presence at the scene will

## Elder Abuse Prevention Program

### Multnomah County District Attorney's Office

---

help the situation. The ride-along sessions take approximately two to four hours, depending on the kinds of calls received by the officer. Additionally, the DDA makes a five to 10 minute presentation at roll-call briefings. At the briefings, police officers are encouraged to contact the DDA with questions and are given his contact information.

In the outreach and education sessions for Multnomah County Aging and Disability Services personnel, the DDA and the VA lecture on the role of law enforcement in investigating crime, emphasizing the aspects of evidentiary rules and report writing to facilitate the prosecution process. For instance, the Aging and Disability Services personnel are told that their reports are as critical as police reports to a successful prosecution. They are advised to use quotation marks when quoting actual statements from victims and witnesses and to document complaining witnesses' demeanor. They are also instructed about the appropriate methods to contact law enforcement depending on the individual circumstances of each case. The average length of these training sessions is approximately one hour.

In the outreach and education sessions for public groups, the DDA and VA emphasize the existence of the Elder Abuse Prevention Program. They also provide additional information on identification of elder abuse, available resources and agencies, and mandatory abuse reporting laws. The average length of these sessions is one hour.

### Program Resources

#### *Byrne Funding*

The Elder Abuse Prevention Program receives Byrne grant funding in the amount of \$90,000 and provides matching funds of \$30,000. During the period July 1, 2004 through June 30, 2005, the program expended \$90,000 in federal funds, and \$30,000 in match funds. The majority of the funding is used to support one Deputy District Attorney. The remaining funding is used to contract for program evaluation and other program support activities and supplies.

#### *Program Staff*

The DDA is the only full-time position assigned to the Elder Abuse Prevention Program. The DDA is responsible for initiating and conducting most of the program activities including community outreach and education and prosecution of elder abuse cases. Additional staff who provide time and services for the program but are not supported through Byrne grant funding include: the Victim Advocate (VA) who provides advocacy services for victims of elder abuse cases in legal proceedings and works with the DDA on community outreach; the DDA's Staff Assistant who provides support in organizing program activities, writes program reports, and acts as a liaison with external agencies; the Senior DDA in charge of the Domestic Violence Unit who provides supervision for the program's DDA; and the Supervisor for the Victim Advocate Program who provides oversight and support for the program's Victim Advocate. A professor from Portland State University conducts program evaluation under contract with the Multnomah County District Attorney's Office.

## **Elder Abuse Prevention Program**

### **Multnomah County District Attorney's Office**

---

#### *Collaboration*

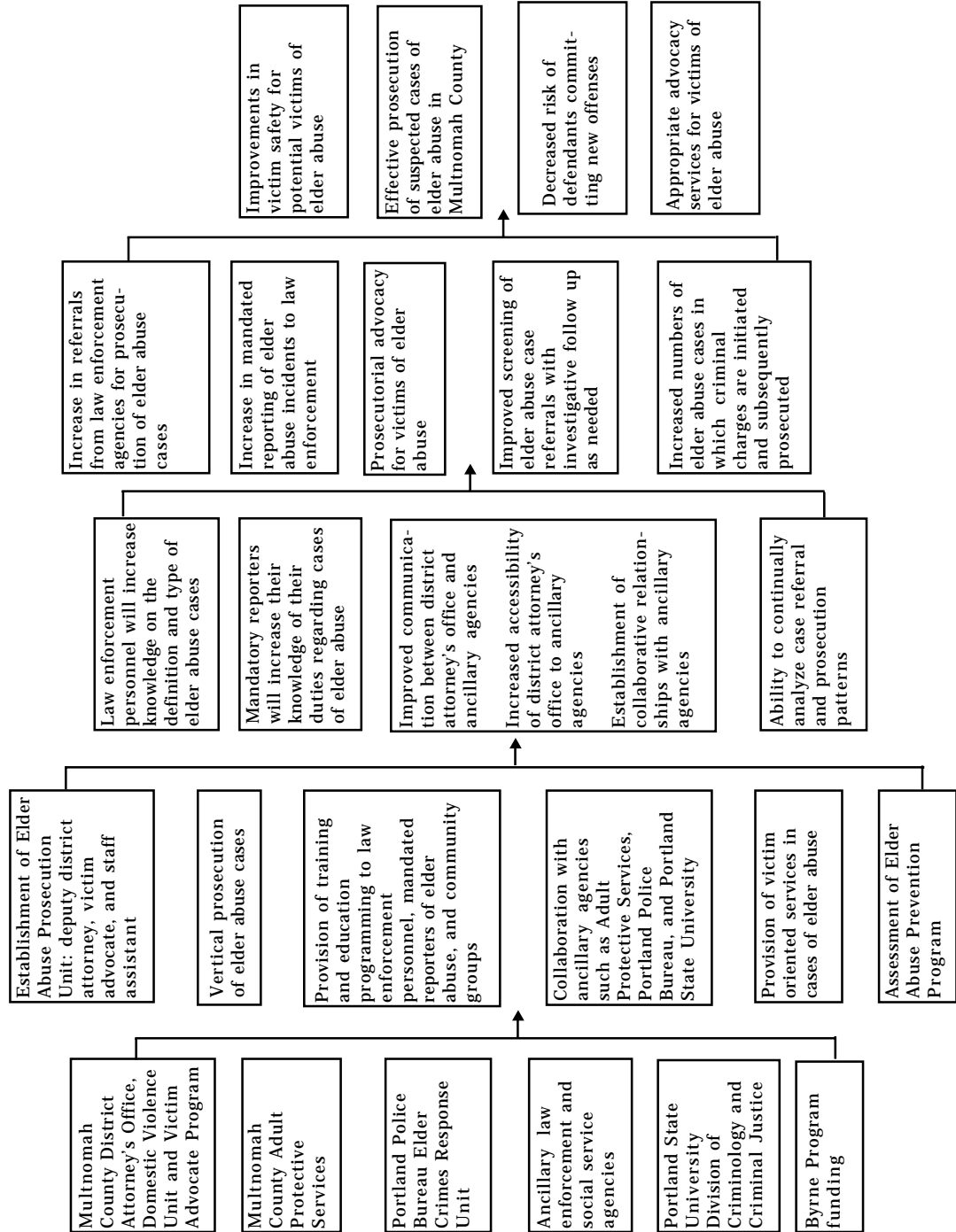
The main collaborating agencies for the Elder Abuse Prevention Program are: eight local law enforcement agencies (Portland Police Bureau, Multnomah County Sheriff's Office, Oregon State Police, Gresham Police Department, Fairview Police Department, Troutdale Police Department, Port of Portland Police Department, and TriMet Transit Police) that provide elder abuse case referral and investigative services; the Adult Protective Services (APS) unit of the Multnomah County Aging and Disability Services that investigate allegations of elder abuse, at times prior to law enforcement's involvement, and provides support for victims of abuse; Elders In Action, a non-profit agency that provides one-on-one assistance and support to senior citizens; Oregon Police Corps that trains recruits about elder abuse; and other social service agencies including Multnomah County Aging and Disability Services, Multnomah County Public Guardian's Office, and Multnomah County Adult and Community Justice.

# Program Logic Model

## Elder Abuse Prevention Program

### Outcomes

Short-Term    Intermediate    Long-Term



## Elder Abuse Prevention Program

### Multnomah County District Attorney's Office

---

#### Program Progress

During the third program year, the full-time Multnomah County DDA continued to work on prosecution of elder abuse cases, while conducting a variety of community outreach and education activities. The program met or exceeded most of the annual program goals and objectives. As a result of continued outreach efforts, the program saw a 50 percent increase in referrals of elder abuse cases from police agencies from the previous program year. The Program Evaluator conducted a preliminary analysis of the cumulative elder abuse cases handled by the program since the inception of the program and generated the profile of victims and offenders in these cases. In the fourth program year, the evaluator will implement surveys with Adult Protective Service (APS) workers and interviews with law enforcement officers to assess the impact of the Elder Abuse Prevention Program on their knowledge of elder abuse, handling of elder abuse cases within the county, and collaborative working relationships to respond to elder abuse.

#### Process Evaluation

- *Clients served:* From July 1, 2004 through June 30, 2005, the DDA received 81 referrals of potential elder abuse cases from police agencies. After receiving these referrals, the DDA prosecuted 46 cases with sufficient legal evidence, rejected 24 with insufficient evidence, and was in the process of screening 11 cases for prosecution. The annual program objective was to review and prosecute 36 to 72 cases. Of the 46 cases prosecuted this year, 24 were still active on the DDA's caseload and 22 were closed with the following dispositions: one guilty finding at trial, 12 guilty pleas, one found not guilty at trial, six dismissals, and two deferred sentencing.
- *Client profile:* The profile of victims in the 46 cases prosecuted by the DDA this year was consistent with the intended target population. All of the victims were 60 years of age or older who had been abused either physically or mentally by family members or caregivers. Of the 46 victims, 65 percent were female and 35 percent were male; eight percent were 60 to 64 years old and 92 percent were 65 years old and over; 83 percent were White, nine percent were Black/African American, one percent were Hispanic, one percent were Asian/Pacific Islander, and six percent were unknown.
- *Program implementation:*  
*Prosecution:* The DDA reported that by handling elder abuse cases only, he developed expertise in the area and was able to process cases more effectively this year (46 cases this year compared to 36 the previous year). In order to help the DDA improve program services and establish the basic case outcome data for program evaluation, the Program Evaluator analyzed data on the cumulative cases handled by the DDA since the inception of the program. The results showed that from July 2002 through June 2005, the DDA received 194 referrals of potential elder abuse cases from police agencies. Of the 194 case referrals, 122 were prosecuted with sufficient legal evidence, 58 were rejected for prosecution for various reasons (32 cases lacked legal evidence, six cases were declined by victims to prosecute and charges could not be proven without their cooperation, four cases

## Elder Abuse Prevention Program

### Multnomah County District Attorney's Office

---

were rejected for other reasons, and 16 cases were rejected for unknown reasons); 14 were pending review. Of the 122 cases prosecuted, 22 were open for a court decision and 100 were closed with the following dispositions: three found guilty at trial, 65 guilty pleas, three found not guilty at trial, and 29 dismissals.

The Program Evaluator also generated the profile of victims and offenders by using 100 cumulative cases (all of the cases available at the start of this analysis) in the first two years of the program. Of the 100 cases, females comprised 64 percent of the victims, 87 percent of the cases involved White victims, and the average age of all victims was 70 years. The vast majority (92 percent) of the incidents occurred in the victim's home. Offenders were primarily male (75 percent of the cases) and White (75 percent), and had an average age of 43 years. The most common victim-offender relationship was that of parent-child, constituting 49 percent of the cases, followed by a spouse or partner relationship (29 percent), and other more distant familial relationships or acquaintance (22 percent).

Fifty-two percent of the 100 cases handled by the program involved some injury to the victim of which 36 percent required medical treatment. Many offenders face some type of life functioning issues. In 25 percent of all cases there was evidence of mental illness, 56 percent were under the influence of intoxicants (drugs or alcohol) at the time of the offense, 28 percent were on some form of conditional legal supervision, and 82 percent were employed less than half time. In total, 84 percent of offenders possessed at least one of these characteristics and 33 percent had two or more at the time of the offense.

*Community outreach and education:* The program continued to conduct community outreach and education activities this year by reviewing the current elder abuse reporting process, attending community meetings, and making presentations. As a result of these efforts, the Multnomah County District Attorney's Office saw a 50 percent increase this year in referrals of potential elder abuse cases from year two (54 referrals) and a 84 percent increase from year one (44 referrals). The program exceeded the annual objective of a 50 percent increase in referrals from year one to year three.

The DDA provided trainings to 1,092 mandatory reporters of elder abuse (e.g., law enforcement agents, medical professionals, and health and human service agency personnel). Attendees included 520 law enforcement officers, 240 people at Multi-Disciplinary Team meetings, 87 Aging and Disability Services workers, 160 Oregon State Bar members, 80 attendees at Multnomah County Elder Abuse Task Force meetings, and five nurses. According to the DDA, a main barrier to the program's effective prosecution of elder abuse cases continues to be the lack of consistent reporting by mandatory reporters to law enforcement. In order to eliminate this barrier, the DDA continued to provide training sessions that educated mandatory reporters about the elder abuse reporting law and instructed them on how to identify, investigate and report abuse.

## Elder Abuse Prevention Program

### Multnomah County District Attorney's Office

---

A total of 26 law enforcement specific trainings were conducted this year for 520 law enforcement officers during roll-call. The annual program objective was to train 150 to 200 officers. The focus of the trainings included the profile of offenders and victims in elder abuse cases, the role of the Adult Protective Services unit of the Multnomah County Aging and Disability Services in preventing elder abuse, and how to document information from witnesses, especially secondary witnesses, to assistance in successful prosecution.

The DDA continued to attend the Multi-Disciplinary Team meetings hosted by Adult Protective Services (APS) and addressed the issue of inconsistent reporting of elder abuse. While the requirements of the law with regard to mandatory reporters' referrals to law enforcement was clear, the actual mechanism for reporting (e.g., which government agency to contact) was often unclear. As a result of the DDA's efforts, APS developed an interagency agreement for a protocol to report elder abuse to law enforcement. APS has implemented this protocol and law enforcement agencies have recently started reviewing the protocol for incorporation into their policies and procedures.

The DDA provided seven educational sessions this year for 142 community members (non-mandatory reporters) to increase their awareness and reporting of elder abuse. The program exceeded the objective of providing four training sessions for 25 non-mandatory reporters. Attendees included 60 clergy members, private investigators, legal assistants, and citizens; 22 members of the Elders in Action; and 60 attendees at the Governor's Task Force on Elder Abuse meetings. The majority of these participants were not mandatory reporters of elder abuse under the Oregon law.

- *Efforts to reach a non-English speaking population:* The program continued the efforts to reach an underserved, non-English speaking population. The DDA assisted another staff member in the District Attorney's Office to prepare and conduct a presentation about elder abuse and the resources available to victims at the Immigrant and Refugee Community Organization (IRCO). Thirty people who were not native English-speakers attended the meeting (the objective was to train at least 20 non-English speakers). The DDA prosecuted two elder abuse cases involving non-English speaking victims (one Vietnamese-speaking victim and one Russian-speaking victim) this year. With translators' help, the District Attorney's Office completed development of two domestic violence brochures, one in Russian and one in Spanish, that contained information about victims' rights, the prosecution system related to domestic violence, and the restitution process. The Elder Abuse Prevention Program is currently utilizing bilingual English- and Spanish-speaking employees (a Victim Advocate and another staff member in the Domestic Violence Unit), the AT&T Language Line, and other paid translators to serve non-English speaking clients.

# Elder Abuse Prevention Program

## Multnomah County District Attorney's Office

---

### Outcome Evaluation

The primary outcomes targeted by the Elder Abuse Prevention Program are: (1) to increase the number of elder abuse cases handled by the Domestic Violence Unit of the county District Attorney's Office Family Justice Division, (2) improvements in key stakeholders' (e.g., Adult Protective Services workers, law enforcement officers) knowledge of elder abuse in general, handling of elder abuse cases, and collaborative working relationships to report and prosecute elder abuse cases, and (3) identification and removal of the factors that traditionally interfere with effective prosecutorial responses to elder abuse. During year three, the Program Evaluator conducted a preliminary analysis to measure the first program outcome and will implement activities to measure the second and third outcomes in year four.

- *Number of pre- and post-program elder abuse cases convicted:* During year three, the evaluator established the baseline data to assess the impact of the Elder Abuse Prevention Program on changes in the number of the elder abuse cases handled by the county District Attorney's Office. The baseline data showed that over the four years (July 1998 through June 2002) prior to implementation of the Elder Abuse Prevention Program, the Domestic Violence Unit of the county District Attorney's Office Family Justice Division "convicted" approximately 30 cases of elder abuse. ("Convicted" cases are the cases in which the defendant is guilty either by plea or trial after prosecution. Data was not available on either cases "referred" from law enforcement or "prosecuted" cases without resulting in a conviction. By law, only convicted cases were stored in the database.) In comparison, for a period of slightly less than three years (from July 2002 through June 2005) after implementation of the Elder Abuse Prevention Program, the DDA in the Elder Abuse Unit prosecuted 68 cases that resulted in a conviction.

During year four, the Program Evaluator will conduct the following evaluation activities: (1) conduct surveys with approximately 25 Adult Protective Service (APS) workers to assess the impact of the Elder Abuse Prevention Program on their knowledge of elder abuse, the handling of elder abuse cases within the county, and the collaborative working relationship that has been established between the District Attorney's Office, law enforcement, and APS workers, (2) interview eight to 12 law enforcement officers who referred elder abuse cases to the program to assess the extent of their exposure to the program and the impact of the program on their handling of elder abuse cases, and (3) analyses of data on elder abuse cases and processing of the cases to assess the impact of the program on changes in the number of case referrals from law enforcement, identify the factors that traditionally interfered with effective prosecutorial responses to elder abuse, and describe changes in the response system.

### Program Performance Measures and Outcomes

The specific and quantifiable performance measures for this program include:

- Number of elder abuse cases prosecuted.
- Number of training/education sessions. Number of training/education session participants.



## Elder Abuse Prevention Program

### Multnomah County District Attorney's Office

---

The outcomes for Elder Abuse Prevention include:

- On average, the DDA reviewed six to seven elder abuse cases per month and prosecuted three to four elder abuse cases per month.
- The number of referrals of elder abuse cases that the program received this year (N = 81) increased 50 percent from year two (N = 54) and 84 percent from year one (N = 44).
- Training was provided to 1,092 mandatory reporters of elder abuse, law enforcement agents, and health and human service agency personnel.
- Seven trainings were provided to 142 community members in order to increase their awareness and reporting of elder abuse.
- The program assisted another staff member in the District Attorney's Office to prepare and conduct a presentation about elder abuse and the resources available to victims at the Immigrant and Refugee Community Organization (IRCO). Thirty people who were not native English-speakers attended the meeting. The DDA prosecuted two elder abuse cases involving non-English speaking victims.

### Lessons Learned

The main lessons learned from the Elder Abuse Prevention Program include realizing the benefit of practicing vertical prosecution of elder abuse cases, connecting with other community agencies, and maintaining a close working relationship between the DDA and the VA. Vertical prosecution refers to the practice of having the same prosecutor or prosecution unit make the initial filing or appearance in a case and perform all subsequent court appearances through to its conclusion, including sentencing. By engaging in vertical prosecution, the full-time DDA assigned to the Elder Abuse Prevention Program was able to accelerate his learning in handling elder abuse cases, develop expertise, and process cases more effectively. This also made the DDA more readily available and accessible to law enforcement officers working on elder abuse cases. By connecting actively with other community agencies, the DDA was able to learn about the current status of reporting and managing elder abuse cases, identify areas in need of improvement, and develop and conduct relevant community outreach and education activities. The close working relationships between the DDA and the VA ensured identification and satisfaction of victims' needs and the streamlining of community outreach and education activities.

The DDA feels that during the third year, the program reached near the maximum capacity of handling elder abuse cases and conducting community outreach due to the increased case referrals from police officers and the increased outreach activities. Therefore, he plans to adjust the level of community outreach in year four, depending on the caseload to maintain a proper balance between the two activities.

For further information about this program, please contact Ms. Helen Smith at (503) 988-3154.

# KidSafe

## Project DOVE

---

### Program Purpose

The KidSafe program is a supervised visitation and exchange program that provides an opportunity for non-custodial or non-residential parents, primarily in Malheur County, to maintain contact with their children in a safe and neutral setting. KidSafe has two primary components: (1) supervised visitation of parenting time for families in which the children generally live with one parent and see the other non-custodial parent only under supervision, and (2) supervised exchanges in which children are transferred from one parent to the other under supervision, without the parents contacting each other. The main purpose of KidSafe is to ensure the safety and well-being of child and adult victims of domestic violence.

According to the 1998 Oregon Domestic Violence Needs Assessment<sup>1</sup>, at least one of six Oregon children witnessed domestic violence during the past year. In addition, four of seven Oregon regions, including Malheur County, identified supervised parenting time as one of the top three services not available but needed for children who have witnessed domestic violence.

The KidSafe program was initially proposed by the Malheur County Family Violence Team as part of their coordinated community response to prevent domestic violence. Project DOVE, a community-based agency that has provided shelter and support services to victims of domestic violence for more than 20 years, operates KidSafe. The program is currently the only supervised visitation and exchange program in Malheur County.

The four primary goals of the program are to:

- Implement and maintain a comprehensive supervised visitation and exchange center in Malheur County for families reporting domestic violence, as well as other areas of child abuse.
- Increase the safety and well-being of child and adult victims of domestic violence.
- Establish accessible and culturally specific supervised visitation and exchange services for underserved populations.
- Increase collaboration between KidSafe and community partners to facilitate delivery of program services.

KidSafe's specific program objectives are as follows:

- Provide 40 hours per week of supervised visitation and exchange services.
- Provide 150 supervised visits to 22 families and 260 supervised exchanges to 18 families.
- Provide program intake and orientation for 75 parents. Provide all parents with education on the effects of domestic violence on children.
- Provide safety-planning education for 20 non-abusive parents.

<sup>1</sup>Glick, B., Johnson, S., & Pham, C. (1999), *1998 Oregon Domestic Violence Needs Assessment: A Report to the Oregon Governor's Council on Domestic Violence*, 5-6 & 29.

## KidSafe Project DOVE

---

- 100 percent of visits and exchanges will be free of incidents of physical assault, as observed by program staff. Ninety-five percent will be free of violation of program safety procedures and protocols.
- Train program staff and volunteers on effective delivery of supervised visitation and exchange services.
- Extend program services to rural, Hispanic, and low-income populations.
- Build relationships with seven community partners through a signed Memorandum of Understanding (MOU) to send client referrals to KidSafe and provide collaborative services.
- Conduct a program satisfaction survey with some of the parents who received KidSafe services. At least 85 percent of the parents surveyed will report satisfaction with program services.
- Conduct a survey with community partners to assess their perception of and satisfaction with KidSafe services and gain feedback to improve program services. At least 80 percent of the community partners surveyed will be satisfied with the services provided by the program.
- A program outcome survey of custodial parents will indicate that after engaging in KidSafe, custodial parents will experience a significant improvement in their own safety and well-being as well as the safety and well-being of their children (including children's emotional/behavioral health).

### Target Population

The target population of the KidSafe program is families, primarily in Malheur County, who have a history of domestic violence. Program services are provided to: (1) adult victims of domestic violence, (2) child victims of domestic violence, and (3) domestic violence offenders. Adult clients may be mothers or fathers. Children of any age may participate in the program. Parents are eligible regardless of income. Minimal service fees are charged based on ability to pay, on a sliding scale ranging from \$0 to \$20 per visit and \$0 or \$1 per exchange.

Families are eligible for supervised visitation or exchange services if: (1) there is a history or allegation of domestic violence, (2) a parent has been convicted of a domestic violence crime and is ordered into services by the court, or (3) the safety plans or parenting plans of families receiving services from Project DOVE and other agencies include supervised visitation or exchange services.

Potential KidSafe clients are primarily referred from members of the Malheur County Family Violence Team (FVT) that was organized in 1994 as a coordinated community response to family violence. The FVT members include the District Attorney's Office, the five law enforcement agencies in the county, the Batterers' Intervention Program, the Child Welfare Unit and Self-Sufficiency program of Oregon Department of Human Services, and Project DOVE. Potential clients can also self refer to KidSafe by initiating contact with the program themselves or through their attorneys.

# KidSafe

## Project DOVE

---

### Program Components

The core components of the KidSafe program are: (1) supervised visitation that provides supervision of parenting time for families in which the children generally live with one parent and see the other non-custodial parent only under supervision and (2) supervised exchanges in which children are transferred from one parent to the other under supervision without the parents contacting each other. Only parents and children who complete an intake and attend an orientation conducted by program staff are eligible to receive supervised visitation and exchange services. As clients receive these services, they are also engaged in safety planning with staff and have opportunities to increase their knowledge about the effects of domestic violence on children.

Below is a detailed description of the main KidSafe program components.

- *Client intake and orientation:* Potential clients referred from a variety of sources make an appointment with KidSafe staff for formal face-to-face intake and orientation sessions. These sessions are scheduled separately for custodial parents and non-custodial parents. At the intake and orientation sessions, staff determine eligibility and provide detailed information about the program. They discuss the policies and procedures for supervised visitation and exchange services including staff and parent accountability, and provide information about increasing children's safety and well-being. In addition, staff discuss and conduct safety planning with custodial parents and conduct one-on-one education with non-custodial parents about the effects of domestic violence on children. Eligible clients sign a confidentiality agreement to accept program services and acknowledge their understanding of the program. The average length of intake and orientation sessions are approximately one hour.
- *Supervised visitation:* Parents and children who complete program intake and orientation sessions are eligible to receive supervised visitation services. Supervised visitation is scheduled contact between a non-custodial parent and one or more children in the presence of a KidSafe staff member responsible for observing and ensuring the safety of those involved.

The non-custodial or visiting parent arrives 15 minutes prior to the scheduled visitation time. A program staff member inspects any items that the visiting parent has brought for the child(ren). The non-custodial parent is then escorted by staff into one of the two visitation rooms to wait for the child(ren) to arrive. The custodial parent arrives at the scheduled visitation time. The parent has the option to wait in the program office or leave and return to the office to pick up the child(ren) at the end of the visit.

A program staff member monitors each visit in the observation room next to the visitation room. In some cases, a staff member may be in the visitation room during the visit. The observation room is equipped with a two-way mirror and microphones, so the observer can see and hear everything that happens. The observation room also has a telephone so that the staff person monitoring the visit

## KidSafe Project DOVE

---

can call the other staff person standing by in the program office or 911 in case of an emergency. The observer fills out a written visit observation form while monitoring the interaction between parents and children. Program staff are trained to recognize and intervene in any inappropriate behavior during the visit. At the end of the visit, the children are escorted back to the custodial parent. To ensure safety, the non-custodial or visiting parent is required to wait 15 minutes after the custodial parent leaves with the child(ren) before they are permitted to leave the site. The duration of each visit ranges from one to three hours.

- *Supervised exchange:* Supervised exchange is the process of transferring child(ren) from one parent to the other in the presence of KidSafe staff without contact between the parents. The exchange begins with the non-custodial parent arriving 15 minutes prior to the arranged “exchange” time. The parent is escorted to a visitation room by the staff. The custodial parent arrives at the designated “exchange” time and brings the child(ren) into the program site. The custodial parent leaves the site. The non-custodial parent is required to remain in the visitation room for an additional 15 minutes and leave when cleared by program staff.
- *Safety planning:* Program staff meet individually with child(ren) and their non-offending parents to create a written safety plan. A safety plan for a child describes what to do to stay safe during a violent episode, including staying away from the fighting, asking an adult for help, finding a safe place inside the house, and accessing emergency assistance. A safety plan for an adult includes how to stay safe during a violent episode at home, at work, in public, and when the offender is under the influence of drugs or alcohol; things to take when leaving a violent situation; how to obtain and use a protection order; and how to build emotional wellness. Whenever necessary, safety planning specific to the visit are conducted with child(ren). This planning may include having a staff member remain in the room during part or all of a visit. Signs or code words are sometimes used to allow child(ren) to let a staff member know they feel safe enough for the staff member to leave the room and/or notify a staff member they want them to intervene in the visit. A safety plan for child(ren) in the supervised exchange program may include calling 911 in emergency situations.
- *Education about the effects of domestic violence on children:* While parents participate in KidSafe’s supervised visitation or exchange program, they are exposed to many opportunities to increase their knowledge about the effects of domestic violence on children. For example, program staff discuss this topic briefly with parents during their intake and orientation sessions. Parent education materials, written in English and Spanish, are posted at the program site and are included in the program orientation packets. Parents can also check out books and videos from Project DOVE’s public lending library.

## KidSafe Project DOVE

---

There is no formal limit on the maximum duration of program services that clients can receive from KidSafe. In general, program completion is determined by non-program factors such as changes in the court order allowing unsupervised visits or exchanges. Without those non-program factors, clients are allowed to stay in the program as long as they follow the program policies and regulations.

### Program Resources

#### *Byrne Funding*

The KidSafe program receives Byrne grant funding in the amount of \$66,504 and provides matching funds of \$22,168. During the funding year of July 1, 2004 through June 30, 2005, the program expended \$58,525 in federal funds, and \$19,508 in match funds. The majority of the funding is used to support the Program Manager and a part-time Family Advocate. The remainder of the funding is used for staff training, contracts for program consultation and evaluation, and other program support activities.

#### *Program Staff*

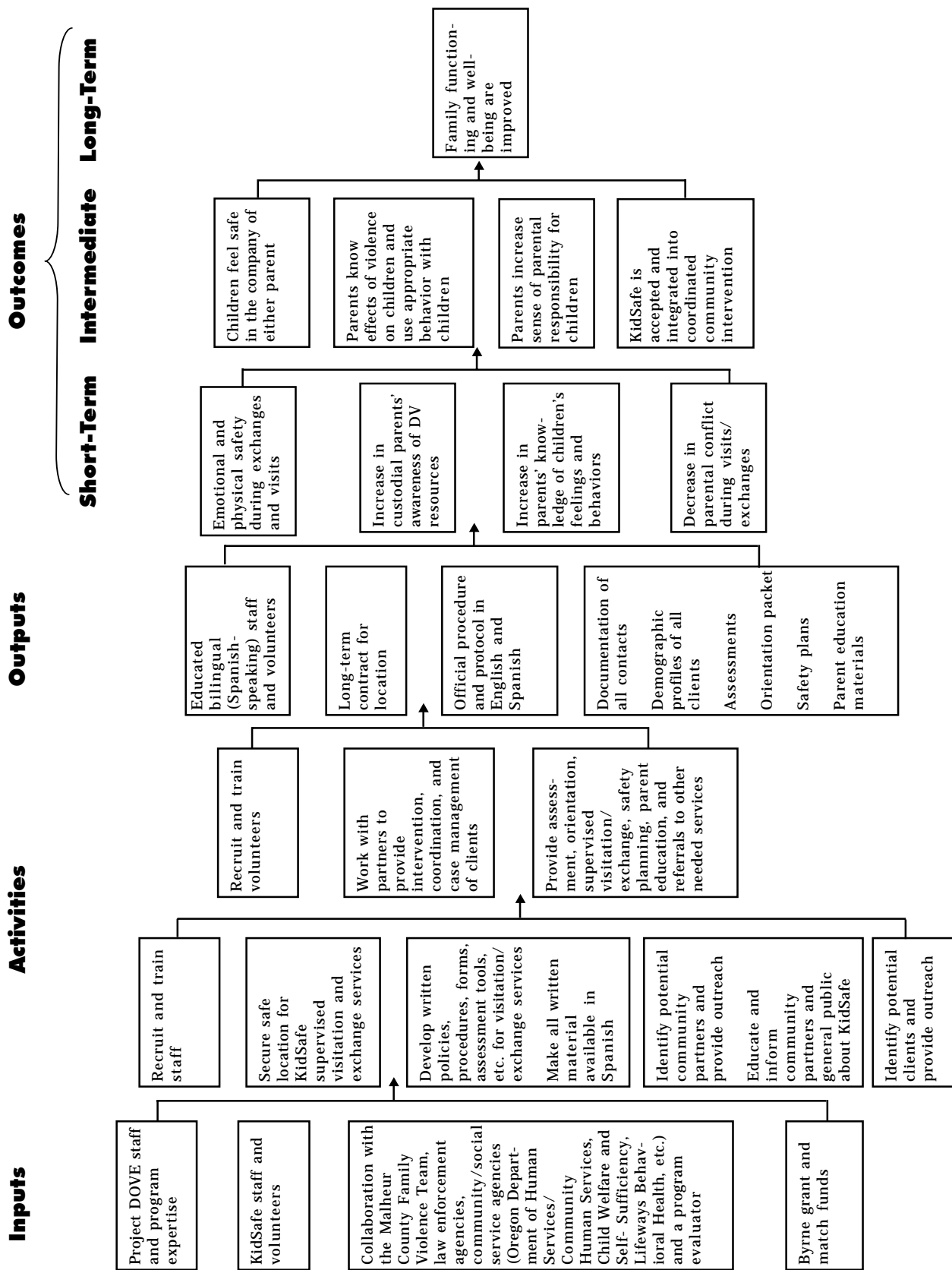
KidSafe currently operates with a Program Manager, a Family Advocate, and volunteers. The Program Manager, an intermediate-level Family Advocate, oversees the overall aspects of the program under the supervision of the Project DOVE Executive Director. All of the staff and volunteers are responsible for delivering program services to clients, ensuring their confidentiality, providing accurate and appropriate educational information on the effects of domestic violence on children and adults, and maintaining relevant case records and communication. A professor from the University of Oregon conducts program evaluation under contract with Project DOVE.

#### *Collaboration*

The majority of key agency stakeholders in the KidSafe program come from the Malheur County Family Violence Team (FVT). The FVT members who signed the MOU to create the operational agreement for KidSafe include: Malheur County District Attorney's Office for offender prosecution and court liaison; Malheur County Community Corrections for probation enforcement and offender supervision; Children, Adults and Families Office of Oregon Department of Human Services (DHS)/Community Human Services (CHS) for child protection services investigating abuse and neglect; Self-Sufficiency program of the DHS/CHS for case management, safety planning, and resource support to parents; Ontario Police Department and Malheur County Sheriff's Office for domestic violence investigation and offender accountability; Lifeways Behavioral Health for batterer education and management; and Project DOVE for family intervention and safety services for victims of domestic violence. The key stakeholders meet bi-weekly to review each of the domestic violence cases (mostly from law enforcement agencies and the District Attorney's Office) in Malheur County. Formal and informal referrals of potential clients are made to KidSafe through this multidisciplinary case management system.

# Program Logic Model

## KidSafe



## KidSafe Project DOVE

### Program Progress

During the third program year from July 1, 2004 through June 30, 2005, KidSafe staff focused efforts on increasing and meeting the demand for program services while stabilizing the program structure and services. The KidSafe Program Manager and the Project DOVE Executive Director resigned as part of an agency restructuring. In the midst of continued staff turnover, the program was able to meet or exceed all of the annual goals and objectives. The Program Evaluator conducted a parent survey to assess satisfaction with KidSafe services, a community partner survey to assess perceptions of KidSafe, and a program outcome survey to assess the impact of program services on custodial parent and child safety and well-being. Preliminary data analyses indicate that overall, both custodial and non-custodial visiting parents were satisfied with program services; that the community needed KidSafe services; that they perceived that KidSafe increased the safety and well-being for victims of domestic violence; and that KidSafe staff need to continue outreach to the community regarding KidSafe services.

### Process Evaluation

- *Clients served:* During the third program year, the KidSafe program provided 171 supervised visits for 26 families and 311 supervised exchanges for 19 families. A total of 88 children and 105 parents received program services. The program exceeded the annual goal of providing 150 supervised visits for 22 families and 260 exchanges for 18 families. The program served 15 more families this year compared to the previous year but provided 60 fewer visits and 22 fewer exchanges. The lower number of visits and exchanges were due to appointment cancellations and no shows. To remedy this problem, staff began enforcing a stricter policy for appointment cancellations and no shows and provided transportation to those clients would otherwise cancel their appointments due to lack of transportation.

Staff conducted intakes and orientations for a total of 77 parents this year. Of those, 76 were eligible for supervised visitation or exchange services and 61 proceeded to use visitation or exchange services. During their intake and orientation sessions, all 77 parents received written and verbal education on the effects of domestic violence on children; 36 of the 37 parent victims of domestic violence received education on safety planning (one parent indicated that she already completed safety planning through Project DOVE). The annual program goal was to provide intakes and orientations for 75 parents and safety planning education for 20 victim parents.

- *Client profile:* Most of the demographic data was only available in aggregate form for the entire sample (N = 193; 88 children and 105 parents). Fifty-one percent of the participants in year three were male and 49 percent were female. Forty-six percent were under the age of 18 years and 54 percent were 18 or older (11 percent were 18 to 24 years old, 23 percent were 25 to 34 years old, 14 percent were 35 to 44 years, and six percent were 45 to 54 years old). Sixty-two percent of the sample were White, 29 percent were Hispanic, six percent were multi-racial, two percent were Black/African American, and one percent was Asian/Pacific Islander.



## KidSafe Project DOVE

---

- *Program implementation:*

*Efforts to stabilize the program:* During year three, Project DOVE and KidSafe staff continued to make an effort to stabilize the program, while increasing and meeting the demand for program services. Throughout most of the program year, the program operated 40 hours per week. (Currently, the office is open Wednesday through Friday, 3:00 p.m. until 8:00 p.m., Saturday and Sunday 10:00 a.m. until 8:00 p.m., and an additional 5 hours per week to accommodate special circumstances.)

As part of an effort to restructure Project DOVE and the KidSafe program, a new Program Manager was hired. This was the third Program Manager since the inception of the program. Near the end of the program year, the second Project DOVE Executive Director resigned and an interim director was hired. A permanent director will be hired early in the next program year.

- (1) *Community outreach* – The vast majority of client referrals to the KidSafe program come from the eight key stakeholders on the Malheur County FVT who signed a MOU to make referrals to the program and provide collaborative services. The program continued to strengthen the relationship with these partners by regularly attending the FVT meetings and Child Abuse Prevention Multi-Disciplinary Team meetings. As an effort to expand the client referral base for the program, staff made presentations about KidSafe services to court judges, churches, and parenting classes and conferences.
- (2) *Use of volunteers* - The program utilized volunteers to meet the increasing demand for services. Four volunteers who worked in the program last year continued this year and five new volunteers were recruited. The new volunteers received 30 hours of core competency training required by Project DOVE to provide direct advocacy services. Training included modules on domestic violence, sexual assault, the effects of domestic violence on children, batterer tactics, and culturally competent victim services. The new volunteers received an additional 12 hours of training in providing supervised visitation and exchanges. The existing staff and volunteers received 20 hours of on-going annual training required by Project DOVE.
- (3) *Enhancing program services and procedures* – The program began having bi-weekly meetings with Lifeways Behavioral Health, a local community service agency that administers a batterer intervention program. The main purpose of the meetings was to ensure the safety of KidSafe’s custodial parents and children whose non-custodial visiting parents participate in the batterer intervention program. The program also met with Malheur County circuit judges to explore how to increase communication regarding clients who are court-ordered to use KidSafe services. After the meeting, staff developed a form and procedures to report clients’ progress to the courts. Client confidentiality agreement forms were revised accordingly.

## KidSafe Project DOVE

---

- *Efforts to reach underserved populations:* Rural, Hispanic, and low-income families constitute the vast majority of KidSafe clients. According to program intake data on 105 parent clients served this year, 35 percent were Hispanic, 97 percent were living in rural areas of Malheur County, and 40 percent had annual incomes of less than \$8,000 (only 20 percent had annual incomes over \$24,000). Although this client profile partly reflects the local community population, it is also the result of KidSafe's efforts to reach and accommodate underserved populations. The program has a Family Advocate who is bilingual in English and Spanish and uses additional translators who are available through the local Department of Human Services office and a language phone line service. Staff and clients have access to Spanish versions of program manuals that include program policies and procedures, intake and assessment forms, and outreach materials. Program brochures are distributed to the local Hispanic communities and service agencies including the Migrant Farm Worker's Council, Consulades de Mexico, and Oregon Legal Aid Services. Volunteers use Project DOVE's shelter van or their own vehicle to provide transportation to the visitation center for some of the rural, low-income clients who do not have access to their own transportation.

### Outcome Evaluation

- *Safety of supervised visits and exchanges:* All of the 171 supervised visits and 311 exchanges provided this year were free of incidents of physical assault. According to client visit/exchange records, 95 percent of the visits and exchanges were free of program safety procedure/protocol violations. None of the violation cases posed an imminent risk for children or custodial parents. The violation cases involved minor issues such as engagement in unallowable conversation during the visit (e.g., discussing inappropriate topics with children, asking questions about the other parent). For every procedural/protocol violation, staff took necessary measures (i.e., interrupting the visit, reminding the non-custodial visiting parent not to discuss certain issues, and informing the custodial parent of the incident) and the non-custodial visiting parent complied.
- *Client satisfaction with program services:* The Program Evaluator implemented an annual client satisfaction survey in November and December 2004. Surveys were distributed to all of the 18 parents who were receiving program services during this period; of those, 14 (six custodial and eight non-custodial visiting parents) completed and returned the survey. The survey included 25 questions, most with Likert scale responses (1= "strongly agree" to 4= "strongly disagree" collapsed for analyses into two categories - "agree" and "disagree"). Overall, the respondents expressed satisfaction with program services. All respondents agreed that they were satisfied with KidSafe services, were treated with respect by staff, and were treated fairly by staff. Excluding two non-custodial visiting parents who answered "not applicable," all respondents agreed that they were benefiting as a parent by receiving KidSafe services and were safer as a result of program services. Excluding one "not applicable" response and two non-custodial visiting parents who marked "disagree", 85 percent of the parents agreed that their child was benefiting from KidSafe services. Excluding three "not applicable" responses and one non-custodial

## KidSafe Project DOVE

---

visiting parents who marked “disagree”), 91 percent agreed that their child was safer as a result of program services. When asked if they had safety concerns while using the KidSafe center, the majority (86 percent) of the respondents responded “no”; however, two (one non-custodial visiting and one custodial) parents responded “yes.”

- *Community partners' perception of KidSafe:* The Program Evaluator conducted a community partner survey in October 2004 to assess key community partners' perception of KidSafe. The survey questionnaire consisted of 27 items, most of which were asked on a Likert scale (1= “strongly disagree” to 5= “strongly agree”; 6= “don't know”). A total of 46 surveys were completed at several meetings of community partners. The respondents consisted of 27 females and 19 males; nine attorneys, eight victim service providers, eight law enforcement agents, seven parole and probation officers, five employees of the local Department of Human Services, and nine others. The overall results of the community partner survey indicated that KidSafe services were needed in the community, the services increased the safety and well-being of victims of domestic violence, and that continued efforts are needed to advertise the program to the community. Specifically, 66 percent of respondents reported that they knew someone who had used KidSafe services. One hundred percent of respondents agreed that supervised visitation and exchange services were needed in the community and that KidSafe increased the safety and well-being for both child and adult victims of domestic violence. Finally, all of the respondents agreed that they were confident in the services provided by KidSafe (N = 39; seven respondents answered “don't know” because they were not familiar enough with the program to rate the quality of service). In addition to this quantitative data, responses to open-ended questions suggested that continued outreach to the community regarding KidSafe services was important.
- *Parent and child safety and well-being:* In June 2004, the Program Evaluator implemented a program outcome survey (at the first and the fifth visit) to assess the impact of program services on child and parent safety and well-being (including children's emotional/behavioral health). The fifth visit was chosen as the post-program measurement period in order to capture participants who had received an adequate amount of services but who had not ended their program participation. At the writing of this report, 14 parents have completed the questionnaire at the first visit and nine parents have completed the questionnaire at the fifth visit. Survey data will be analyzed and reported in the next program year, as more surveys are completed.

In summary, preliminary program evaluation findings indicate that overall, both custodial and non-custodial visiting parents were satisfied with program services, the community needs KidSafe services and perceived that KidSafe increases the safety and well-being for victims of domestic violence, and the program would benefit from continued community outreach and education about KidSafe services.

## KidSafe Project DOVE

---

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who report satisfaction with the program.
- Percent of clients who received safety planning.
- Percent of clients who report improved safety planning.

The outcomes for Project DOVE include:

- The program provided 40 hours per week of supervised visitation and exchange services.
- The program provided 171 supervised visits for 26 families and 311 supervised exchanges for 19 families.
- The program provided program intake and orientation for 77 parents. All of these parents received written and verbal education on the effects of domestic violence on children.
- 37 non-offending parents received safety planning education.
- 100 percent of supervised visits and exchanges were free of physical violence and 95 percent were free of incidents of a violation of program safety procedures and protocols.
- Five new volunteers received 30 hours of the core competency training required by Project DOVE and an additional 12 hours of training on effective delivery of supervised visitation and exchange services. The existing staff and volunteers received 20 hours of on-going annual training required by Project DOVE.
- The program has eight stakeholders who signed a MOU to make client referrals to KidSafe and provide collaborative services.
- An annual client satisfaction survey returned by 14 parents indicated that all of them were satisfied with KidSafe services. All the respondents reported that they were safer as a result of using KidSafe services and 82 percent reported that their child was safer as a result of using KidSafe services.
- A community partner survey was conducted with 46 community members to assess their perception of KidSafe and 100 percent of the respondents expressed their confidence in the services provided by KidSafe.
- A program outcome survey of custodial parents indicates that after engaging in KidSafe, custodial parents will experience an improvement in their own safety and well-being as well as the safety and well-being of their children (including children's emotional/behavioral health). Survey implementation began this year and, at the writing of this report, 14 parents completed surveys at their first visit

## KidSafe Project DOVE

---

and nine completed surveys at their fifth visit. Survey data will be analyzed and reported in the next program year, as more surveys are completed.

### Lessons Learned

The main lessons learned from implementation of the KidSafe program is that it takes time, effort, and resources to establish and operate a supervised visitation and exchange program in a community. Internally, program staff should continue to improve program policies and procedures, safety protocols, client referral and intake processes, and physical visitation and exchange space, while learning from similar programs, as well as clients. Externally, program staff should continue to communicate with the community, especially program partners, about the concept of the program and specific program services. This process requires staff to provide both group and individual level education about the program, identify the community's needs and incorporate them into the program, and engage in relationship-building activities.

The specific efforts to establish and operate the KidSafe program in the community over the past three years included: discontinuing the initial efforts to provide group visitation and therapeutic visitation services in order to focus program resources on providing individual supervised visitation and exchange services only; adjusting the office days/hours of the program to accommodate clients' schedules; revamping client referral/intake/orientation procedures; visiting other supervised visitation and exchange programs including Kids First Safe Alternatives Center in Lane County; using local newspaper and radio media to increase the public awareness of the program; and, making presentations on KidSafe services to law enforcement officers, judges, district attorney's office staff, family law attorneys, churches, and attendees at various community meetings.

The demanding nature of the work and building collaborative working relationships with the community appears to entail a high staff turnover. KidSafe experienced changes in the Program Manager and the Project DOVE Executive Director positions again this year (this was the third turnover in both positions after the inception of KidSafe in July 2002). A new Program Manager was able to manage the transition well and stabilize the program. As the only full-time staff member for the program, the new Program Manager has been heavily engaged in the day-to-day operations of the program while recruiting, training, and supervising volunteers and conducting outreach to the community.

For further information about this program, please contact Project DOVE's Executive Director, Melody Smit at (541) 889-6316 or the KidSafe Program Manager, Jeannette Buck at (541) 889-9141 ext. 246.

## Domestic Violence Intervention Services Hillsboro Police Department

---

### Program Purpose

The purpose of the Domestic Violence Intervention Services program is to address the special needs of Latina domestic violence victims by providing victim services and educational programs. The program has a significant Latino population in its service area, comprising approximately 16 percent of the community population in the city of Hillsboro. Although some excellent resources exist for victims of domestic violence in Hillsboro, Latina victims are reluctant to seek out services due to cultural and language barriers, fears of deportation, and lack of awareness of available services. Furthermore, victims who are advised by police officers at the scene of the incident are often in a state of shock and confusion and may not understand how these services could increase their safety. Follow-up contact with the victim to provide information about options and services is necessary to facilitate access to needed services.

The Domestic Violence Intervention Services program includes follow-up of domestic violence police reports, case management, and outreach and education presentations on legal rights and available services. The Hillsboro Police Department (HPD) contracts with the Domestic Violence Resource Center (DVRC) for a full-time bilingual Intervention Services Liaison who provides follow-up, case management, and outreach and education. In addition, HPD officers receive training on cultural diversity, victim's rights and advocacy, and working with the Latino community.

The main goals of the program are to:

- Enhance the delivery of victim services.
- Provide victims rights education within the Latino community.
- Enhance police officers' response to Latina victims through domestic violence and cultural diversity training sessions.

In support of its goals, the program has the following objectives:

- The Liaison will initiate phone contact with 125 Latina domestic violence victims identified through police reports a year (a minimum of 10 referrals per month from police reports) to determine service needs.
- The Liaison will provide short-term advocacy services (i.e. information about and referrals to community resources and information about legal rights) to 150 Latina domestic violence victims identified through police reports, on-scene contact, agency referrals, and self-referrals.
- At least 50 percent of Latina domestic violence victims who receive short-term follow-up/case management services will report (1) gaining information about legal options and safety planning, and (2) receiving support and help in making decisions.

## Domestic Violence Intervention Services

### Hillsboro Police Department

---

- The Liaison will provide case management services (three or more advocacy contacts) to 24 Latina domestic violence victims a year.
- At least 50 percent of Latina domestic violence victims who receive case management services will report receiving assistance with identified needs.
- The Liaison will facilitate a five-week group education session three times a year to increase Latina womens' knowledge of domestic violence issues, community resources, and their legal rights.
- A minimum of 20 officers per quarter will attend shift briefing training for case review and any changes to domestic violence related laws. A minimum of six HPD police officers will attend the annual Interagency Domestic Violence training.

### Target Population

The target populations for the Domestic Violence Intervention Services program are: (1) victims of domestic and sexual violence, primarily Latina victims; (2) Hillsboro Police Department officers; and (3) the general Latino community. The target populations are reached through various components of the program including victim services, outreach and education, and officer training.

Any Latina victim of domestic violence is eligible for victim services. Potential clients for victim services are identified through police reports, on-the-scene response, referrals from other agencies, and from self-referrals. All domestic violence police reports from the Hillsboro Police Department are forwarded to the Intervention Services Liaison for follow-up victim services. Additionally, Latina clients may be referred from outreach and education activities in the community.

During the first two years of the grant, the Liaison also followed-up on all police reports and provided information and referrals to those victims. However, with the implementation of HPD's Domestic Violence Response Team, the Liaison has been able to fully concentrate her efforts on assisting Latina victims of domestic violence.

### Program Components

The main components of the Domestic Violence Intervention Services program are as follows:

- *Victim services:* Victim services include the provision of information and referrals, case management services, and advocacy services by the Liaison. The amount and duration of services provided varies for each client depending on her needs and can range from limited, one-time assistance to longer-term case management services. For women in need of more intensive services, the Liaison provides case management services that include assistance in obtaining restraining orders, housing, counseling, and U-Visa applications.

## Domestic Violence Intervention Services

### Hillsboro Police Department

---

- *Outreach and education sessions:* Outreach and education services are conducted in the community with the aim of informing current and potential domestic violence victims about their legal rights and available resources. Originally, the educational classes were offered in three, five-week sessions. However, in an effort to maintain consistency in the program, the classes are now held continuously and incorporate input from the attendees as to what information/skills they need to have to assist them with becoming successful in breaking the cycle of violence in their and their children's lives.

In addition to these classes, the Liaison also rides along with police officers twice a week to provide outreach and education to domestic violence victims in the field.

- *Police officer training:* Training is provided to police officers in the areas of victims' rights, advocacy and how to work with the Latino community. Training updates are provided by the Liaison on a quarterly basis during shift briefings and officers attend the annual domestic violence update training facilitated by the Domestic Violence Intervention Council. This curriculum provides officers with the necessary tools to effectively respond to victims of domestic violence. Topics include an overview of domestic violence laws, options available to non-resident victims such as U-Visas, and available resources in the community.

### Program Resources

#### *Byrne Funding*

The Domestic Violence Intervention Services Program receives Byrne grant funding of \$35,529 and provides matching funds of \$11,843. During the period July 1, 2004 through June 30, 2005, the program expended \$34,072 in federal funds and \$11,357 in match funds. The Hillsboro Police Department uses the majority of the funding to contract with the Domestic Violence Resource Center for a full-time Intervention Services Liaison who provides program services.

#### *Program Staff*

The Domestic Violence Intervention Services program is primarily staffed by the Intervention Services Liaison and the Project Coordinator. The Liaison is stationed at the police department and provides victim services and facilitates outreach/education activities. The Project Coordinator oversees the general operation of the program, maintains client statistics, and facilitates evaluation activities. HPD contracts with a Program Evaluator from the Sociology Department at Portland State University for evaluation services.

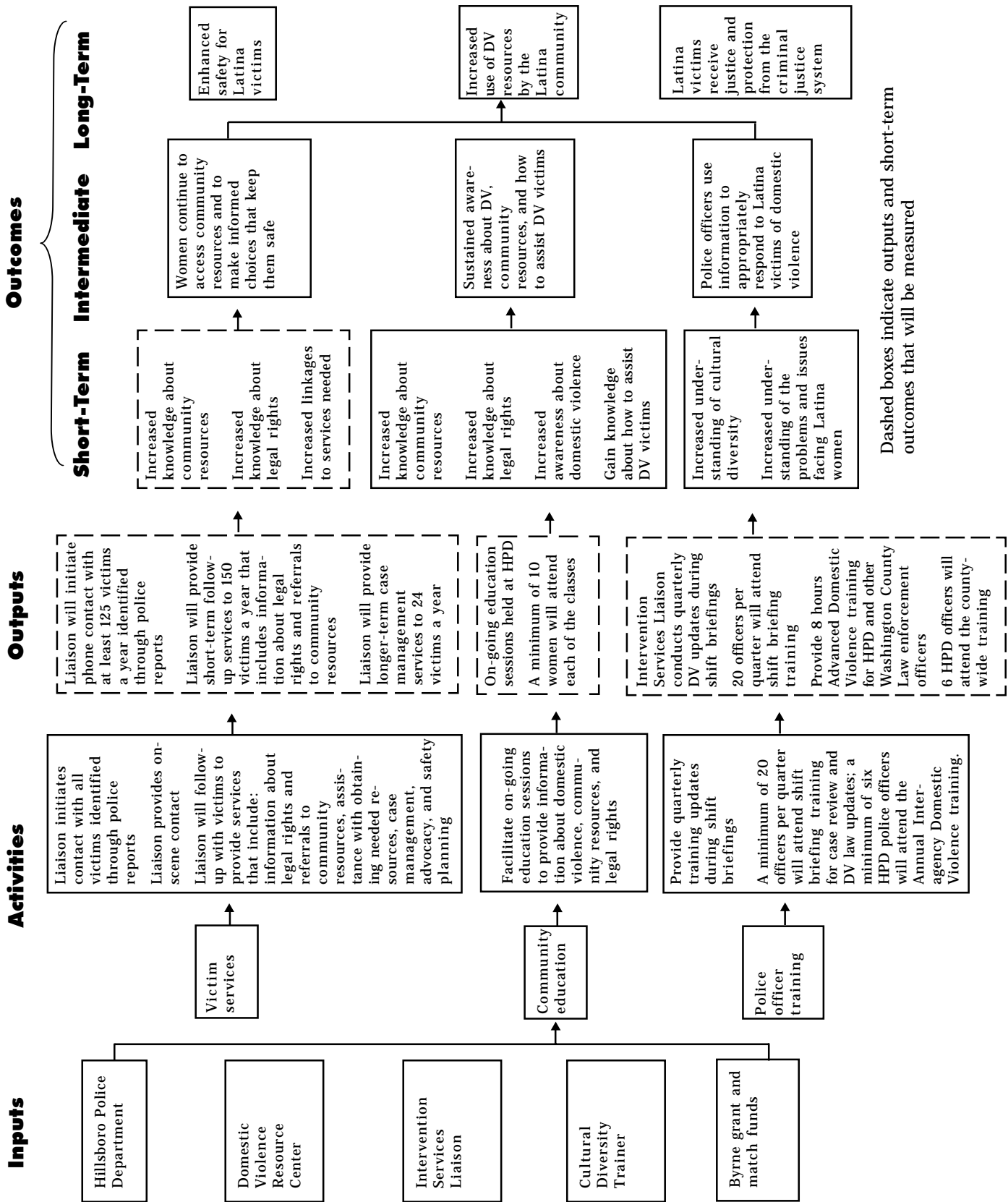
#### *Collaboration*

The Domestic Violence Intervention Services program collaborates with the Domestic Violence Resource Center (domestic violence agency), the Hillsboro Police Department Investigations Unit, the Restraining Order Advocacy Program, the Domestic Violence Intervention Council (a coordinating agency for local domestic violence services), and several culturally-specific domestic violence programs that serve Latinas.



# Program Logic Model

## Domestic Violence Intervention Services



## Domestic Violence Intervention Services Hillsboro Police Department

---

### Program Progress

In its third year of funding, the program made good progress in meeting its goals and objectives. The program met or exceeded the majority of its third year program objectives. The program served 204 Latina domestic violence victims this year, which is a 10 percent increase from last year. The education classes continue to be extremely successful and due to their popularity are now conducted on a continual basis rather than the original plan of three five-week sessions per year. The Liaison has also expanded partnerships within the community through presentations at a variety of venues. During this year, the program conducted survey interviews with program clients and the results continue to be positive. Latina victims expressed satisfaction with the program and indicated that they had gained information about safety planning and legal options.

### Process Evaluation

- *Clients served:* From July 1, 2004 through June 30, 2005, the program served a total of 204 Latina victims of domestic violence; of those, 162 received brief, one-time advocacy services (e.g. provision of information and referrals), and 61 received case management services. Restraining order assistance was also requested by 24 percent of Latina victims (N = 49) during their brief contact with the Liaison or as part of case management.

Most of the women were referred to the program through police reports. The Liaison followed up on 137 police reports which involved Latina victims and was able to initiate contact with 122 of these victims to provide program services (annual objective was 125 Latina victims). An additional 82 Latinas received program services and were referred from other agencies, on-the-scene response, or through self-referrals.

- *Case management services:* During this grant period, 40 clients continued seeking services and guidance from the Intervention Services Liaison with an additional 21 new clients joining the program between July 1, 2004 and June 30, 2005. Seven clients dropped from the program during the year; some moved out of state, while others returned to their abusers. Of the 21 new clients, 16 were undocumented and five were documented. All received counseling services, referrals to cover basic emergency needs, assistance with educational needs, as well as immigration assistance for the undocumented clients.
- *Education sessions:* Attendance for the education sessions dropped significantly during the first two quarters of the grant period. This was due in part to confusion created by the Domestic Violence Resource Center moving to a new location and having their Hispanic Outreach program temporarily housed at the Hillsboro Police Department. The various support groups and education class schedules changed and were very confusing for many. In addition, the break between sessions seemed to cause confusion among the clients which also led to the lower attendance earlier this year. During the months of January and February 2005 the Liaison had the opportunity to facilitate the Hispanic Support Groups while the Hispanic Outreach Coordinator was on temporary leave. The majority of those attending are clients who made their initial contact with the support system

## Domestic Violence Intervention Services Hillsboro Police Department

---

through the Liaison and the Intervention Services Program and included clients she worked with on a regular basis. As a result of feedback from clients, the education classes were moved to Thursday nights from its original Tuesday evening time slot and attendance improved greatly.

A survey of the class attendees was taken to see what type of information would be of value to them. Among the requests were: updates on immigration laws; childcare certification classes; basic computer and ESL/GED classes; driving/awareness of new laws, schooling, and licensing; and bridging the gap between law enforcement and Latinos in the community. The class participants also asked to have HPD's Youth Services officers speak to both the participants and their older children regarding domestic violence in the home. (Two of HPD's Youth Services officers are bicultural/bilingual and are well known in the schools and through the Boys & Girls Club).

These changes have resulted in regular attendance by an average of 6-12 women per class. The class curriculum is offered on a continuous basis now instead of in five-week sessions.

- *Police Officer Training:* The Liaison attends an average of nine shift briefings per month and rides with officers three to four days per week, rotating shifts and precincts to maintain optimum presence and accessibility for officers. Training provided during shift briefings includes review of restraining order issues and revisions, domestic violence law updates, and review of domestic violence calls and how they were handled by HPD officers. A total of 74 of the 146 HPD officers received training during shift briefings in order to enhance their response to Latina domestic violence victims. The development and implementation of a Domestic Violence Intervention Team comprised of 12 HPD officers occurred during this grant period. These 12 domestic violence officers received advanced training and act as a resource and mentor for other officers responding to domestic violence calls.

The Hillsboro Police Department is participating in VAWA's statewide pilot project to implement a Cultural Competency Plan. A significant portion of this plan will be dedicated to departmentwide training to assist employees with understanding a variety of cultures. While no formal cultural diversity training specific to the Latino culture occurred this year, community and department sponsored events have provided officers with the opportunity to interact with members of the Latino community on a non-enforcement basis. These opportunities have included the Latino Citizens Academy, the Hispanic outreach project conducted by the Chamber of Commerce, Hispanic outreach meetings conducted monthly at the local high schools as part of the city's Vision 2020 project, and summer camps coordinated and facilitated by the department's Youth Services officers. While these are not formal training sessions, these events provide valuable opportunities for officers and department staff to interact with the public and enhance community policing efforts.

## Domestic Violence Intervention Services Hillsboro Police Department

---

- *Implementation issues:* The program encountered three major implementation issues this year: (1) a decrease in the education program attendance caused by confusion between DVRC support groups and the intervention education classes as well as the time and location. This issue was resolved through extensive outreach, running the classes on a continuous basis, and conducting the class on a more conducive day of the week for the attendees; (2) a significant decrease in available community resources due to budget cuts. During this year, several of the programs that HPD partners with have seen a reduction in their funding, resulting in a reduction of immigration services and housing options available for Latina victims of domestic violence; and (3) reductions in the number of victim contacts during quarter two. At this point, it appears the drop in victim referrals/contacts may be cyclical as last year's statistics showed a reduction in the number of victim referrals during the same quarter.

### Outcome Evaluation

The program implemented two victim survey interviews to assess the outcomes associated with brief victim advocacy and case management services. The survey interviews were based on survey instruments developed at the University of Illinois to assess statewide advocacy services. The transitory nature of program services and the program's concerns of illiteracy among the Latino population guided the timing and the use of structured survey interviews. Because a large majority of women received only short-term assistance (often only one contact), the Liaison conducted the Intervention Services Survey interviews with victims at the end of their first advocacy contact (with the exception of on-the-scene crisis response). To assess the outcomes associated with case management services, the Liaison conducted the Extended Advocacy Intervention Services Survey interviews with victims at the end of their third advocacy contact. The survey methods used, however, have some limitations, which are important to keep in mind when interpreting the survey results. These limitations include having the Liaison conduct the interviews, the absence of baseline data before receiving program services, and the small sample size.

- *Interview surveys of Latinas who received brief advocacy services:* In the 2004-2005 program year, 101 clients participated in a survey of their experiences with the Domestic Violence Intervention Services Program. Findings from this survey showed considerable consistency across quarters, in that there were far more similarities than differences, and interviewees were, in each quarter, very positive about their experiences. The Intervention Services Survey interview contains questions that assess: (1) knowledge about legal process, police response, restraining order, and safety planning; (2) knowledge about community resources; and (3) overall amount of information and support victims received.

Based on these survey interview data, Latina women reported that their knowledge about the legal process, restraining order process, and safety planning increased after participating in the program. Between 91 and 95 percent of Latina women reported having "much more" or "somewhat more" information about police

## Domestic Violence Intervention Services Hillsboro Police Department

---

response, the legal process, restraining order process, and safety planning as a result of having met with the Liaison. When asked about the level of information and support received and the helpfulness of having the Liaison present to guide decision-making, Latina victims overwhelmingly responded positively. Ninety-five percent of Latina victims reported that they have “a lot” or “somewhat more” information, 95 percent reported that they received “a lot” or “some support,” and 95 percent reported that having the Liaison present helped them “a lot” or “somewhat” in making decisions.

- *Interview surveys of Latinas who received case management:* The Extended Advocacy Intervention Services Survey interviews began in April 2004 and 10 case management clients (who have had three or more advocacy contacts with the Liaison) completed surveys during this reporting period. The Extended Advocacy Intervention Services Survey interview contains questions to assess: (1) knowledge of specific legal rights gained (i.e. victim cannot be deported for reporting domestic violence, victims will not be asked about their immigration status when reporting domestic violence, etc.); (2) overall amount of information and support victims received; and (3) amount of assistance received for getting specific services.

The mean number of times the client met with someone from the agency was six. As in the broader survey, case management clients were asked how much more information, support and assistance in making decisions they got as a result of their participation in the domestic violence program. On all three of these questions, all 10 clients gave the most positive response—“a lot”. The majority also said that they received some level of help with housing, employment, education and financial problems.

The 10 Hispanic case management clients who participated in this extended advocacy survey all gave highly positive responses to general questions, reporting that because of their contact with the domestic violence liaison following their call to report a domestic violence incident, they received a lot more support, a lot more information about choices available to them, and a lot of assistance in making decisions about what they wanted to do. The clients also reported getting help with a number of different problems; among the most helpful were getting counseling, getting necessary material goods, and getting help with restraining orders, and residency or immigration issues.

All 10 also gave (post-program) correct (true-false) answers to each of a series of questions about domestic violence-related issues. They said that, prior to their involvement in the program, they had either thought the opposite was true, or had not known whether or not the statement was true or false. Most notably, they incorrectly thought that they could be deported or lose custody of their children if they reported a domestic violence incident – important because this type of inaccurate information might keep some women from reporting abuse.

## Domestic Violence Intervention Services

### Hillsboro Police Department

---

Finally, the case management clients were provided advocacy in a number of different areas, most commonly regarding criminal justice issues, counseling, restraining order issues, and immigration issues. And most commonly, such advocacy was provided at the domestic violence agency, or at the courthouse or police station.

#### Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who report satisfaction with the program.
- Percent of clients who received safety planning.
- Percent of clients who report improved safety planning.
- Number of training/education sessions.
- Number of training/education session participants.

The outcomes for Domestic Violence Intervention Services include:

- The Liaison initiated phone contact with 122 Latina domestic violence victims identified through police reports to determine service needs.
- The Liaison provided short-term advocacy services (i.e. information about and referrals to community resources and information about legal rights) to 204 Latina domestic violence victims identified through police reports, on-scene contact, agency referrals and self-referrals.
- The Liaison provided case management services to 54 Latina domestic violence victims.
- The Liaison facilitated 25 education sessions (held on a continuous basis) to increase Latinas' knowledge of domestic violence issues, community resources, and their legal rights.
- 74 of 146 Hillsboro Police Department (HPD) officers attended training sessions to enhance their response to Latina domestic violence victims.
- 96 percent (23 of 24) of Latinas' receiving short-term follow-up/case management services reported having (1) gained information about legal options and safety planning, and (2) received support and help in making decisions.
- All (10) Latina domestic violence victims who received case management services and had three or more advocacy contacts with the Liaison, reported receiving assistance with the legal system, restraining orders, residency/immigration issues, and counseling. Ninety percent (nine) reported receiving assistance with obtaining food, clothing and supplies.

## **Domestic Violence Intervention Services**

### **Hillsboro Police Department**

---

#### **Lessons Learned**

Lessons learned during the third year include the importance of community partnerships, having experienced staff, and establishing trust with the Latino community. During this year, the program increased its collaboration activities and developed additional partnerships as well as enhanced those already in existence. These partnerships include agencies that assist with providing assistance with immigration issues, housing services, and education services. These partnerships have also been vital during the implementation of the Domestic Violence Response Team, which now provides advocacy services to domestic violence victims 24 hours a day, seven days a week.

The bicultural/bilingual Liaison remains the major component for the success of this program. Her efforts to develop resources and seek outreach opportunities beyond the immediate community are extraordinary.

Lastly, the program has developed a trust within the Latino community. The Latina clients attending the education classes at HPD have the opportunity to interact with the police officers and have even requested to have the officers participate in the classes by providing information on youth services. The ultimate example of the trust this program has developed between law enforcement and Latina victims occurred during the last quarter of this grant period when clients provided information that ultimately led to solving two on-going investigations. The victims are not only learning that they do not need to suffer at the hands of abusers, but that they are empowered to make their community a safer place to reside as well.

For further information about this program, please contact Ms. Tina Sahnaw at (503) 681-6195.

## VAWA Immigration Project

### Catholic Charities Immigration Services

---

#### Program Purpose

The purpose of the VAWA Immigration Project is to address the special needs of immigrants in Oregon who are victims of domestic violence. The program is designed to: (1) reach and educate immigrant victims of domestic violence, primarily Hispanics, and victim service providers about victims' rights under immigration law, (2) provide immigrant victims of domestic violence with legal consultation and representation to gain immigration status, and (3) implement a statewide pro bono training program in which attorneys are trained to represent immigrant victims.

Escaping from domestic violence is especially difficult for immigrant victims of domestic violence; they tend to be more dependent on their abusive spouses because of fears of deportation, cultural and language barriers, and lack of financial resources. In order for undocumented immigrants residing in the United States to remain legally, they must generally have a U.S. citizen or a permanent resident spouse, parent, adult, or child file a legal petition on their behalf. Before 1994, if offenders refused to legalize their immigrant spouses, there was nothing the immigrant spouses could do but be deported from the United States. However, with the 1994 passage of the Violence Against Women Act (VAWA) by Congress, immigrant victims of domestic violence can self-petition for lawful immigration status for themselves and their undocumented children without the cooperation of the offender. The VAWA also entitles victims to work permits and eligibility for a full scope of federal and state benefits.

The VAWA Immigration Project is designed to educate immigrant victims of domestic violence and service providers about the VAWA and other immigration relief options and to assist victims in the legal process of gaining lawful immigration status.

The main goals of the program are to:

- Increase the knowledge and understanding of immigration issues and resources among immigrant victims of domestic violence and service providers.
- Provide immigrant victims of domestic violence with legal consultation and representation on immigration matters in order to help them gain a legal immigration status.
- Develop and implement a pro bono training program in which attorneys and interpreters are trained to represent immigrant victims of domestic violence.

The specific objectives of the program are as follows:

- 100 immigrant victims of domestic violence will receive legal consultation and representation services regarding their legal immigration status.
- 200 immigrants and domestic violence service providers (e.g., advocates, police officers) will attend outreach/education sessions to increase their knowledge of VAWA immigration issues and resources.



## VAWA Immigration Project

### Catholic Charities Immigration Services

---

- 75 potential program clients or domestic violence service providers will access a toll-free telephone line to receive information and consultations regarding domestic violence and immigration resources.
- One pro bono legal training session will be conducted for 20 attorneys and interpreters on providing legal representation for immigrant victims of domestic violence.
- Participants in the pro bono training will increase their knowledge about how to assist and represent immigrant victims of domestic violence in the VAWA application process, as indicated by a minimum 10 percent improvement in post-test scores.
- 90 percent of the legal cases represented by the program (for VAWA applications to gain legal immigration status) will be accepted by the U.S. Citizenship and Immigration Services (USCIS).
- An annual survey of clients receiving legal consultation and representation services will indicate that:
  - (1) 90 percent of the clients are satisfied with their representation.
  - (2) 90 percent of the clients have a better understanding of legal options available to them.

### Target Population

The VAWA Immigration Project provides services statewide. The target populations of the VAWA Immigration Project are: (1) immigrant victims of domestic violence, primarily Hispanic immigrant women and their children, (2) service providers including providers of social services, advocates, health care workers, and law enforcement personnel who have contact with current or potential immigrant victims of domestic violence, and (3) non-immigration attorneys and interpreters who may potentially work with immigrant victims on immigration issues. The target populations may receive services through various components of the program including outreach and education, legal consultation and representation, and pro bono training.

Potential clients for legal consultation and representation services may come from a variety of referral sources including law enforcement agencies, domestic violence agencies, district attorney's offices, Oregon Department of Human Services offices, churches, and self-referrals. The VAWA Specialists conduct an intake session during the first contact with clients, either in person or on the phone, to determine their eligibility for legal representation services. Eligibility criteria are related to basic legal requirements for gaining lawful immigration status based on domestic violence. The basic legal requirements specify that the client's spouse be a U.S. citizen or a lawful U.S. resident, the couple have resided together at some point in their marriage, their marriage be based on more than attempting to obtain lawful immigration status, and the client be a victim of domestic violence. The average length of an initial intake session is one hour. The intake session takes more time for clients who do not meet all of the basic legal requirements but may be eligible to obtain lawful immigration status based on waivers or exceptions to the law.

# VAWA Immigration Project

## Catholic Charities Immigration Services

---

### Program Components

The VAWA Immigration Project consists of three main components: (1) legal consultation and representation to assist immigrant victims of domestic violence, primarily Hispanics, in the process of gaining lawful immigration status, (2) outreach and education to educate immigrant victims of domestic violence and victim service providers about victims' rights under immigration law, and (3) a pro bono training program in which attorneys are trained to represent immigrant victims of domestic violence.

- *Legal consultation and representation:* Eligible immigrant victims of domestic violence receive legal consultation and representation services in the process of gaining lawful immigration status. These services include consultation, preparing applications and other forms, corresponding with the U.S. Citizenship and Immigration Services (USCIS) and attending USCIS interviews and court appointments with the client. Legal consultation and representation services are primarily delivered by two VAWA Specialists with help from a pro bono Coordinator and a Program Manager.

Within a few days of the initial intake session described in the Target Population section, staff provide eligible clients with initial consultation about the legal process, interview them to clarify the nature of abuse, and prepare applications to be submitted to the USCIS. If needed, staff contact community partners such as the police, district attorney's office, shelters, and mental health therapists to gather supplemental documentation needed for applications. Staff submit all applications to the USCIS, respond to requests from the USCIS, attend all USCIS interviews with the client, and eventually represent the client in USCIS court.

The length of the representation for each client varies, mainly depending on the status of the offender. If the offender is a U.S. citizen, the duration of the representation is approximately one to two years from initial consultation to gaining lawful permanent resident status. Representation may continue for a few additional years for clients who want ongoing representation to become a U.S. citizen. If the offender is a lawful permanent resident, the duration of the representation is approximately one to two years for the client who has a current immigration priority date. The date is assigned by the USCIS based on immigration categories and countries and who is able to immediately request their permanent residency, and approximately three to 10 years or more for clients that are waiting for a priority date.

Ongoing representation services for clients who wait to apply for permanent residency status include renewing their work authorizations and informing them of the progress of their immigration priority dates and new immigration relief available, if any. Additionally, referrals to domestic violence and other community agencies are provided for clients who are in need of services such as shelter placement, case management, or support groups.

Under the VAWA, there are a variety of avenues of immigration relief available for victims of domestic violence including: VAWA Self-Petition, VAWA Cancellation, I-751 DV Waivers, U-Visas, VAWA Asylum, VAWA Adjustment, and VAWA Other.

## VAWA Immigration Project

### Catholic Charities Immigration Services

---

- **VAWA Self-Petition:** Spouses and children of abusive legal residents and U.S. citizens may “self-petition” for their own residence, rather than remain trapped in a cycle of abuse due to dependence on their abuser to file immigration documents for them. Self-petitioners must prove, among other things, a good faith marriage, the legal status of their abuser, their own good moral character, and that they have been the victim of some form of abuse.
- **VAWA Cancellation:** Clients in “removal” (deportation) proceedings may be granted cancellation of removal and legal residence, at the discretion of the immigration judge.
- **I-751 DV Waivers:** A client who attains legal residence through marriage to a U.S. citizen and has less than two years of marriage when he or she is granted the lawful permanent resident status, must usually file a “joint petition” two years after the granting of such status. In that application one must prove that there exists a continuing, good-faith marriage. However, a waiver is available to women who must leave the marriage due to abuse.
- **U-Visas:** A U-Visa is for a victim of any one of several crimes involving domestic violence. Victims must show, through a letter from a law enforcement agency, that they have been, are, or may be useful to that agency in the investigation of a crime, and that they have suffered substantially as a result of the crime.
- **VAWA Asylum:** Asylum may be granted for immigrants who establish a well-founded fear of being persecuted in the form of domestic violence after returning to their home country.
- **VAWA Adjustment:** Once a VAWA “self-petition” is granted, a client may apply for permanent residence. The amount of time between the granting of the self-petition and applying for residence depends on the legal status of the abuser and can range from immediately after the self-petition is granted to several years later.
- **VAWA Other:** There are various motions that are often required when representing a client in removal proceedings that are necessary to preserve their immigration case. Among others, these may include motions to reconsider a denial or a previous application or motions to reopen an already decided case.
- **Outreach and education:** Outreach and education activities are targeted at both potential immigrant victims of domestic violence and service providers. A VAWA Specialist travels statewide to conduct outreach and education for low-income, immigrant communities on domestic violence, the VAWA and U.S. immigration law, victims’ rights, and services available for victims. Public Service Announcements are broadcast, primarily in Spanish, regarding rights under VAWA and available services. The program has a toll-free VAWA immigration phone line that allows immigrants

## VAWA Immigration Project

### Catholic Charities Immigration Services

---

throughout the state to have easy access to the program and information regarding domestic violence and immigration resources.

Outreach and education activities are also targeted at providers of social services, advocates, health care workers, and law enforcement personnel who work with current or potential immigrant victims of domestic violence. The focus of outreach and education for service providers is to enable them to recognize immigration issues and laws related to domestic violence and to successfully connect victims with legal service providers. The program conducts one and one-half hour education sessions statewide that both potential immigration victims of domestic violence and service providers attend together.

- *Pro bono training program:* In the pro bono training program, non-immigration attorneys and interpreters are trained through a one day, eight-hour session per year. (In the fourth program year, one training session was offered over the course of four evenings to accommodate participants' working schedules.) The program was designed to assist and represent immigrant victims of domestic violence in the legal process of self-petitioning under VAWA.

### Program Resources

#### *Byrne Funding*

The VAWA Immigration Project receives Byrne grant funding in the amount of \$176,129 and provides matching funds of \$58,710. During the period July 1, 2004 through September 30, 2005, the program expended \$154,915 in federal funds, and \$60,531 in match funds. The grant is primarily used to fund five primary staff members.

#### *Program Staff*

The VAWA Immigration Project has five primary program staff members including two VAWA Specialists, a pro bono Coordinator, an Administrative Assistant, and a Program Manager. All of the staff are fluent in English and Spanish. All staff except the Administrative Assistant can appear in immigration court, either as an attorney or a fully-accredited representative. All legal staff carry a caseload that is allocated based on the geographical location of clients and the nature of the case. The pro bono Coordinator covers the Portland metropolitan area, while coordinating the pro bono training program. Two VAWA Specialists cover the vicinity of the Portland metropolitan area and the remaining areas of Oregon. The Program Manager handles cases that are not straightforward self-petitions but involve domestic violence, while providing training and supervision for staff. The Administrative Assistant provides clerical assistance with cases and other administrative support. A professor from Portland State University conducts program evaluation under contract with Catholic Charities Immigration Services.

## **VAWA Immigration Project**

### Catholic Charities Immigration Services

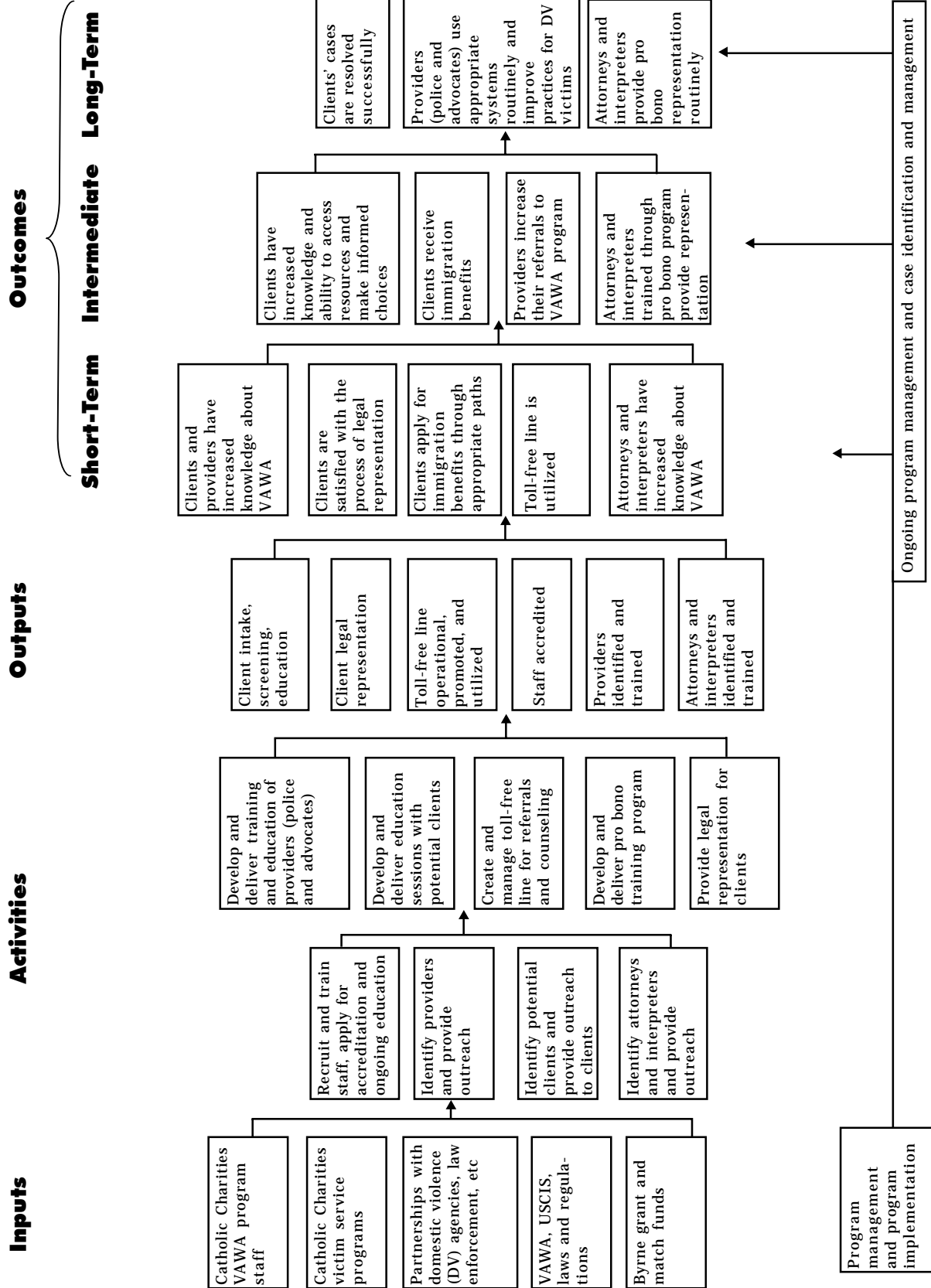
---

#### *Collaboration*

Catholic Charities Immigration Services collaborates with a wide range of community agencies and programs to implement the VAWA Immigration Project. They include Catholic Charities' El Programa Hispano Domestic Violence Program which assists clients in seeking safe housing, restraining orders, counseling, and support groups; shelters and domestic violence agencies in rural areas which include Clinica del Valle in southern Oregon, and Shelter from the Storm, Haven, and Central Oregon Battering and Rape Alliance in central and eastern Oregon; Programa De Mujeres, Volunteers of America, Domestic Violence Resource Center, and Clackamas Women's Shelter which provide clients with a case manager and support groups; social service agencies including the Department of Human Services/ Children, Adults, and Families; offices of Legal Aid Services of Oregon, St. Andrews Legal Clinic, and St. Matthews Legal Clinic which provide immigrants with pro bono legal referrals for civil legal action; and Latina advocacy programs, law enforcement agencies, and health care clinics throughout the state.

# Program Logic Model

## VAWA Immigration Project



## VAWA Immigration Project

### Catholic Charities Immigration Services

---

#### Program Progress

During the fourth year of funding, the VAWA Immigration Project met or exceeded most of the program goals and objectives. Staff continued to focus on providing legal consultation and representation services for immigrant victims of domestic violence while conducting outreach and education activities for immigrants and service providers. Evaluation findings were positive in general and included a high rate of successful VAWA applications for immigration, a high level of satisfaction among clients who received legal consultation and representation services, and an increase in knowledge in targeted areas among those who participated in the outreach and education program and the pro bono training program.

#### Process Evaluation

- *Clients served:* During the fourth program year, the VAWA Immigration Project provided legal consultation for 209 potential immigrant victims of domestic violence; of those, 188 were eligible (during consultation 21 of the 209 were determined to be ineligible to receive representation) for and received legal representation services to apply for lawful immigration status. The annual objective was to provide legal consultation and representation services for 100 clients.
- *Client profile:* The program delivered legal consultation and representation services to the intended target population. Of the 209 clients who received consultation: all were immigrants, 79 percent were Hispanic, 79 percent were female, 33 percent were children of the victims and under the age of 18, and 90 percent were eligible for and received legal representation services.
- *Program implementation:*
  - Legal consultation and representation:* During the fourth year staff continued to meet the increasing demand for legal consultation and representation services. Both of the VAWA Specialists continued to utilize their “full” accreditation status that was granted last year by the Board of Immigration Appeals. Their “full” accreditation status contributed to meeting the increasing demand for program services. (With a “partial” accreditation status, the Specialists were allowed to represent clients with the USCIS only by preparing and submitting documentation to the USCIS and accompanying them to various USCIS interviews. With a “full” accreditation status, the Specialists were additionally allowed to appear and represent clients in immigration court.)

In year four, the program subscribed to and utilized a new database called Immigration Works to enhance services for clients. This database included software for immigration forms and also enabled staff to efficiently track clients and the progress of their cases. Data on all clients was entered into the database, with the exception of some clients whose cases were closed and could not be identified.

*Outreach and education:* The program continued to conduct outreach and education activities for potential immigrant victims of domestic violence and service providers including social service providers, advocates, health care workers, and law enforcement personnel. Staff conducted 16 one and one-half hour education sessions

## VAWA Immigration Project

### Catholic Charities Immigration Services

---

this year for a total of 424 immigrants and service providers. (Both immigrants and service providers participate in the same session together and the program does not collect data on the type of participants.) The annual objective was 200 immigrants and service providers. The number of immigrants who participated in the education program remained fairly stable this year after a significant increase last year. The program continued to combine the VAWA-focused topics with general immigration law to address the concern that immigrants' spouses would be threatened if only VAWA-focused topics were presented.

Staff did not promote the toll-free telephone line this year in order to focus resources on completing the existing legal representation cases before the termination of Byrne funding. Throughout education sessions, the VAWA Specialists distributed their business cards and program brochures but discontinued posting the toll-free line number early in the program year. A total of 50 people accessed services through the toll-free telephone line.

*Pro bono training program:* Staff conducted two eight-hour pro bono training sessions this year for a total of 17 participants (10 attorneys, six interpreters, and one paralegal). The annual objective was 20 attorneys and interpreters. The first training session was offered in August 2004 as one full-day session and the second session was offered in March/April over the course of four evenings to accommodate participants' working schedule. (There were eight participants in the first training session and nine participants in the second session.) Throughout the training sessions, participants learned how to assist and represent immigrant victims of domestic violence in gaining lawful immigration status under VAWA. To implement the pro bono training, the program collaborated with two well-known Pacific Northwest law firms, Miller Nash LLP and Stoel Rives LLP.

In the fourth year, the program utilized the attorneys and interpreters who participated in the pro bono training program. The pro bono Coordinator established a list of the pro bono training program participants who were available to serve immigrant victims of domestic violence. The Coordinator screened and referred eight VAWA cases to 11 available volunteers (eight attorneys and three interpreters).

### Outcome Evaluation

- *Successful completion of applications for immigration:* Since the beginning of the program, the program has submitted VAWA applications for legal immigration status for 494 families (including 95 this year). (The USCIS accepts and approves VAWA applications for each family, not each individual, as one case. The 494 families represented 494 adult victims of domestic violence and 255 of their children.) By case type, these applications involved: 320 cases for VAWA Self-Petition, 112 cases for VAWA Adjustment, four cases for VAWA Cancellation, 25 cases for I-751 DV Waivers, 18 cases for U-Visa, six cases for VAWA Asylum, and nine cases for VAWA Other. To date, the USCIS has made approval decisions for 470 applications. Of those, 99 percent (464) were approved and only one percent (six) were denied. This approval rate



## VAWA Immigration Project

### Catholic Charities Immigration Services

---

exceeded the program objective of 90 percent approval. None of the applications for VAWA Self-Petition cases, the main type of cases that this program handles, have been denied by the USCIS to date. (Of the 320 Self-Petition applications filed to date, 308 have been approved and 12 are awaiting approval.) In comparison, the national approval rate of VAWA Self-Petition applications was 77 percent in 2004.

- *Satisfaction with legal consultation and representation services:* The Program Evaluator from Portland State University conducted an annual mail survey of clients to assess their satisfaction with legal consultation and representation services. The survey questionnaire included 24 questions that were designed to measure satisfaction with various aspects of program services and the impact of services on participants' understanding of cases, sense of safety, and hope (e.g., "Were you satisfied with the services offered by Catholic Charities?" "Were you satisfied with the amount of time that elapsed between when you contacted Catholic Charities and when you first spoke with your representative?" "Do you feel safer as a result of your contact with Catholic Charities Immigration Services?") The majority of the questions used a three-point response scale ("Yes," "No," and "Not sure"). The survey was anonymous and was mailed in May 2005 to all 287 parents who had ever received program services and whose addresses were available in the client database. Eleven percent (N= 32) were returned by the post office with incorrect addresses. Twenty-seven percent (N= 68) of the 255 clients with correct addresses returned a completed survey. It is important to view the survey results with caution due to the low response rate.

Overall, the vast majority (96 percent) of respondents were satisfied with the services offered by Catholic Charities, exceeding the 90 percent satisfaction objective. The average program satisfaction rate in year four (96 percent) was higher than the past two annual satisfaction surveys (program satisfaction rates were 89 percent in 2004 and 82 percent in 2003). Most of the respondents reported being satisfied with the prompt service provision (96 percent) and respect for their privacy (95 percent). Most reported a better understanding of their cases (93 percent) and legal options (89 percent) because of the program services. In addition, respondents reported that as a result of receiving program services, they felt safer (94 percent) and became more hopeful about their future legal status (96 percent).

- *Increase in knowledge for education and training participants:* Due to limited evaluation resources, administration of pre- and post-program knowledge tests was discontinued this year for education sessions for immigrants and service providers.
- *Increase in knowledge for pro bono training participants:* The Program Evaluator assessed the effects of the pro bono training program by administering pre- and post-program knowledge tests to participants. The tests consisted of 12 "true or false" questions about knowledge needed to assist and represent immigrant victims of domestic violence to self-petition under VAWA (e.g., "A U.S. citizen can apply for legal residence for their parent, spouse, children, or siblings," "To qualify for VAWA, the abuser must be documented," "VAWA applicants can include their undocumented

## VAWA Immigration Project

### Catholic Charities Immigration Services

---

children on their petition”). Cumulatively, staff conducted three pro bono training sessions with a total of 31 participants (19 attorneys, 11 interpreters, and one paralegal) since the program was initiated in December 2003. Pre- and post-tests were administered to all of the 31 participants and of those, 26 completed both tests. After eight hours of training, participants improved their knowledge by scoring better on the post-tests. (The average pre-test score was 82 percent and the average post-test score was 93 percent). There were especially large gains in knowledge on post-tests for the following two items: “To qualify for VAWA, the abuser must be documented,” (48 percent of participants correctly answered on pre-tests versus 81 percent on post-tests) and “Documents can be submitted to the Immigration Service in either English or Spanish, but all other languages must include a translation” (62 percent of participants answered correctly on pre-tests versus 89 percent on post-tests).

### Program Performance Measures and Outcomes

The performance measures for this program include:

- The number of training/education sessions.
- The number of training/education session participants.
- The percent of clients who report satisfaction with the program.
- The percent of clients who report improved safety planning.
- The percent of clients who report improvement in emotional well-being.
- The percent of clients who report improvement in knowledge about domestic violence and/or resources.

The outcomes for Catholic Charities Immigration Services include:

- A total of 209 immigrant victims of domestic violence received legal consultation and 188 received representation services regarding their legal immigration status.
- A total of 424 immigrants and domestic violence service providers (e.g., advocates, police officers) attended outreach/education sessions to improve their knowledge of VAWA immigration issues and resources.
- A total of 50 potential program clients or domestic violence service providers accessed a toll-free telephone line to receive information and consultations regarding domestic violence and immigration resources.
- Two pro bono legal training sessions on providing legal representation for immigrant victims of domestic violence were conducted for 17 participants.
- Ninety-nine percent of the legal cases represented by the program (for VAWA applications to gain legal immigration status) were accepted by the U.S. Citizenship and Immigration Services (USCIS).

## VAWA Immigration Project

### Catholic Charities Immigration Services

---

- An annual survey of clients receiving legal consultation and representation services indicated that:
  - (1) 96 percent of the clients that responded (N=68) were satisfied with their representation.
  - (2) 89 percent of the clients that responded (N=68) had an improved understanding of legal options available to them.
- Pre- and post-program knowledge tests were administered to 31 attorneys and interpreters who participated in three pro bono training sessions during the past two years. After eight-hours of training, participants improved their knowledge by scoring 11 percent better on the post-tests.

### Lessons Learned

The VAWA Immigration Project provided a valuable service to many immigrant victims of domestic violence. The project was able to successfully apply for immigration visas for 99 percent of applicants, a rate far exceeding the national rate of 77 percent. In addition, the program leveraged resources by educating community-based service providers and training attorneys and interpreters to understand this issue and provide free services.

The program learned several lessons during implementation and evaluation that may benefit other sites considering instituting a similar program. First, immigrant victims of domestic violence experienced two major barriers to participating in the VAWA Immigration Project. One barrier was the long and complicated nature of the legal immigration process (which the program had no control over). The U.S. Citizenship and Immigration Services currently has a minimum nine to 12-month backlog to process immigration applications for approval. There is an additional legal waiting period that ranges from approximately one to 10 years or more for actual allowance of legal immigration status, depending on the status of offenders and victims of domestic violence. Because of the long and complicated legal process, victims may be unwilling to participate in the program and return to their abusive spouse. The other barrier to program participation was related to the nature of domestic violence. Potential clients may have difficulty following through on gathering documents or completing other tasks for their cases due to fear, stress, anxiety, or depression caused by the abuse. In order to best assist these clients, staff should not overwhelm them with many tasks at the first consultation and should connect them with appropriate social services including mental health and other support services.

Another key lesson was related to staff turnover. Staff turnover may be expected in the process of establishing and implementing this type of program due to the heavy and demanding workload. Since the beginning of the program, the VAWA Immigration Project faced a number of changes in staff including the Program Manager and the pro bono Coordinator positions. The program was able to overcome this challenge by utilizing the knowledge and experience of the two original VAWA Specialists, hiring new, well-qualified staff, and promoting teamwork between the existing and new staff members.

## VAWA Immigration Project

### Catholic Charities Immigration Services

---

A third lesson learned was that building a program upon experience and teamwork was a key to the success of the program. With years of experience, the VAWA Immigration Project has become more familiar with legal issues and more efficient in filing VAWA petitions. As knowledge increased collectively through experience, staff became more efficient with casework and better able to anticipate responses from the USCIS. Furthermore, having good teamwork in the office and a supportive environment has been critical for staff and client satisfaction.

A fourth key lesson was that a program like this must be established as a known resource in the community in order to be successful. As a result of extensive outreach and education efforts from the beginning of the program, more domestic violence-related service providers became aware of the VAWA Immigration Project, recognized the program as an important resource to victims of domestic violence, and increased their client referrals to the program.

The VAWA Immigration Project also learned that a good client database facilitates program implementation and activities. The program served approximately 100 families each year. With such large caseloads and the complicated nature of the cases, reliable record keeping and tracking was an issue that staff had to deal with throughout the year. The program was able to resolve this issue in the fourth year by purchasing a standard database system designed especially for immigration needs.

A final lesson learned had to do with the importance of conducting evaluation to monitor program implementation and assess program outcomes. The VAWA Immigration Project benefited from a variety of evaluation activities conducted throughout implementation of the program. The initial process of developing a detailed program description and a comprehensive evaluation plan facilitated clarifying, defining, and planning various aspects of the program. Subsequent implementation of knowledge tests and satisfaction surveys with program participants provided staff with opportunities to receive feedback on how well they were doing in service delivery, examine areas that required improvement, and streamline program activities and services. In addition, staff realized that a client database was essential in order to evaluate this type of program.

For further information about this program, please contact Ms. Siovhan Sheridan-Ayala at (503) 231-4866.

## **Enhance Shelter Services**

### Women's Safety and Resource Center

---

#### **Program Purpose**

The purpose of the Enhance Shelter Services program is to provide victims of domestic violence with information, skills, support, and activities that address the importance of emotional and physical well-being. Because domestic violence affects the emotions, minds, and bodies of women, the Enhance Shelter Services program is designed to provide supportive, healing, and holistic modalities in conjunction with the provision of shelter, food, clothing, and safety.

The Enhance Shelter Services program includes case management and enhancement activities including support and education groups, yoga classes and other exercise opportunities, and a peer buddy system. Previously, the shelter was only staffed with a .35 FTE Shelter Manager and a .25 FTE Family Advocate who were not able to provide case management or other shelter activities within their limited work hours. With the addition of new staff and the new program components, the shelter is able to offer more services to domestic violence victims in the rural region of Coos County. Program services are provided by the Women's Safety and Resource Center (WSRC), a non-profit domestic violence shelter program that serves the coastal, rural area of southwest Oregon.

The program's goals are to:

- Assist shelter residents to gain knowledge about community resources and how to obtain them.
- Provide opportunities to practice health and wellness so that shelter residents understand the importance of both mind and body health.
- Increase shelter residents' knowledge about domestic violence.
- Assist women to create and maintain safety plans.

In support of its goals, the program has the following objectives:

- 90 percent of domestic violence victims in shelter will receive an initial client needs assessment by the end of the first working day after admission.
- 90 percent of domestic violence victims in shelter will receive assistance with creating, updating, or reviewing/maintaining safety plans.
- 90 percent of domestic violence victims in shelter for seven or more days will receive assistance with developing an initial case plan outlining their goals.
- 75 percent of domestic violence victims in shelter for three or more days will receive information about and/or a referral to at least one community resource.
- 90 percent of enhancement activities will be provided as planned: daily Morning Circle; weekly Peer Counseling Training, weekly Mindfulness session, twice weekly yoga, and weekly It's Not OK Anymore (INOKA) support group.

## Enhance Shelter Services

### Women's Safety and Resource Center

---

- 90 percent of domestic violence victims in shelter will participate in at least one enhancement activity during their stay.
- 85 percent of domestic violence victims in shelter will report an increase in knowledge about domestic violence as measured by post-shelter surveys.
- 75 percent of domestic violence victims in shelter will report that the safety plan they developed will help them stay safe as measured by post-shelter surveys.
- 75 percent of domestic violence victims will report an increase in knowledge about, and access to, community resources as measured by post-shelter surveys.
- 75 percent of domestic violence victims in shelter for 14 or more days will report benefiting from participation in enhancement activities as measured by post-shelter surveys.

### Target Population

The Enhance Shelter Services program serves women in need of shelter who are fleeing violent relationships in Coos County. Women are screened to determine their ability to live in a communal environment. Screening criteria includes an assessment of intoxication from alcohol or illegal substances, and severe mental impairment needing constant monitoring and care. Women must be non-aggressive, non-violent, non-suicidal, cooperative, and drug-free. While in the shelter (Chloe House), program participation in the shelter's enhancement activities is voluntary; however, all shelter residents receive case management services.

Potential program participants are referred through self-referrals or from a community partner such as the Oregon Department of Human Services (DHS)/Children, Adults and Families, DHS Self Sufficiency program, law enforcement, and alcohol and drug (A&D) programs.

### Program Components

The two main components of the Enhance Shelter Services program are case management and a variety of health and wellness activities (or enhancement activities). Enhancement activities include a peer buddy system, Morning Circle, a Peer Support Counseling Group, yoga classes, a Mindfulness Group, and an INOKA support group. Following is a detailed description of the main program components:

- *Case management:* Women receive case management services that consist of an assessment of needs, case planning, goal setting, safety planning, resource referrals, and advocacy. Case managers complete an intake interview to obtain information about the client and to assess her needs. Based upon information from the intake interview, individualized case plans are created to address immediate and long-term needs and goals. Case managers meet daily with clients and provide appropriate referrals, education about domestic violence and community resources, and advocacy that addresses each woman's needs and goals.

## Enhance Shelter Services

### Women's Safety and Resource Center

---

- *Enhancement activities:* Shelter residents are encouraged to participate in enhancement activities that emphasize emotional support, communication skills, and emotional and physical health.
  - (a) *Peer buddy system:* When the client enters the shelter she is introduced to another shelter resident. This buddy provides the initial shelter orientation tour and provides the new client with an immediate connection, introduces her into the current shelter culture, helps her to become connected, and reduces the feeling of isolation.
  - (b) *Morning Circle:* This information and group sharing time, which is held every morning for 20 to 40 minutes, is designed so that shelter residents and staff can check-in with each other on a daily basis.
  - (c) *Peer Support Counseling Group:* This group is designed to support clients' attempts to counsel each other and to help clients communicate more effectively during their own advocacy or therapy sessions. The emphasis of the group is on communication skills and boundary setting. The weekly group provides instruction and exercises related to constructive interaction, self-awareness, communication, problem-solving, issues pertaining to loss, counseling, and stress management.
  - (d) *Yoga classes:* This component is designed to allow clients to reconnect with their bodies and to provide clients with tools for relaxation and stress reduction. Instructors use Hatha Yoga stretches and poses to increase the body's circulation and to facilitate the release of tension. Two 90-minute yoga sessions are offered in the shelter weekly, providing women with a form of exercise and opportunities for gaining personal strength.
  - (e) *Mindfulness Group:* This group consists of weekly one-hour sessions on creating and sustaining healthy boundaries, managing emotions, and mindfulness. Topics include learning how to take responsibility for feelings and self, how to deal with emotional distress, how to focus on the present moment, and how to stop blaming or projecting guilt. Because it addresses building effective relationships, the Mindfulness Group complements information from the Peer Support Counseling Group and enhances the peer support network within the shelter.
  - (f) *It's Not OK Anymore (INOKA) support group:* This weekly psychoeducational group offers support, information, and education about domestic violence issues. INOKA is designed to empower women by increasing their knowledge about abuse, safety planning, and awareness of themselves. The program consists of 12 group sessions divided into three topics: Ending Abuse, Taking Charge, and Loving Yourself.

## **Enhance Shelter Services**

### **Women's Safety and Resource Center**

---

Upon arrival at the shelter, a woman is given at least 24 hours to adjust before a complete intake file is created or any schedule of activities is presented. When she first enters the shelter, she is introduced to a “buddy” and is given a shelter folder that includes an INOKA workbook, a journal, a pen, and a welcome letter from staff. This process does not occur until the next day if she arrives in the middle of the night. Once a woman has acclimated to the shelter environment, she will meet with a Case Manager to complete the intake process, assess her needs, begin case planning, and to learn about the enhancement activities.

All shelter residents are encouraged to participate in the enhancement activities; reluctant individuals are requested to at least observe them. For example, clients are asked to observe yoga and at least try the breathing exercises while sitting on the couch. While their mothers are participating in groups or yoga sessions, children have the opportunity to participate in play, educational, and supportive activities at the shelter or at the Family Center (respite childcare program at the local community college).

### **Program Resources**

#### *Byrne Funding*

The Enhance Shelter Services program receives Byrne grant funding of \$86,739 and provides matching funds of \$28,913. During the period July 1, 2004 through September 30, 2005, the program expended \$80,496 in federal funds and \$26,831 in match funds. The Women's Safety and Resource Center uses the majority of the funding to pay for two full-time Case Managers, and to contract for yoga and Mindfulness Group instructors, other group facilitators, and a Program Evaluator. A small portion of funding is also used to purchase two childcare slots at the Family Center and supplies for the groups.

#### *Program Staff*

Two full-time Case Managers, two yoga instructors, a group facilitator, and an Evening Shelter Advocate provide program services. Both Case Managers are involved with assessments, case planning, goal setting, safety planning, resource referrals, and advocacy. The additional group facilitator, a certified drug and alcohol counselor, conducts the Peer Support Group. The Evening Shelter Advocate (this position is funded with other grant funds) facilitates the INOKA Group. The Program Director supervises the staff, oversees the program, and coordinates evaluation activities. WSRC contracts with Northwest Professional Consortium (NPC) Research, Inc. to conduct program evaluation.

#### *Collaboration*

The WSRC Enhance Shelter Services program collaborates with the United Way, local facilitators (yoga instructors and a drug and alcohol counselor), the North Bend Public Pool, the Family Center, and other local community partners including the Oregon Department of Human Services (DHS)/Children, Adults and Families, alcohol and drug treatment providers, mental health treatment providers, and law enforcement.



# Program Logic Model

## Enhance Shelter Services

### Outcomes

- Women gain knowledge about community resources and how to obtain them
- Women have safety plans that they feel will help them stay safe
- Women gain knowledge about domestic violence
- Women receive general and specific benefits from enhancement activities
- Women demonstrate improvement in one or more key indicators of well-being

### Outputs

- Number and profile (demographic characteristics and length of stay) of women receiving shelter services
- Number of women receiving intake/client assessment
- Number of women receiving a case plan outlining their goals
- Number of women receiving assistance with safety planning
- Number of women indicating need for community resources and who receive referrals to community agencies
- For each woman: number and type of enhancement activities attended

### Activities

- Women reside in the shelter and experience a safe and supportive environment
- Women are connected with appropriate community resources, set goals, create a safety plan, receive advocacy services and education on domestic violence
- Women are participating in enhancement activities

- Provide case management: Connect shelter residents to appropriate community resources, goal setting, safety planning systems, advocacy, and domestic violence education
- Provide enhancement activities: INOKA classes/ Morning Circle/ Safety planning/ Peer support/ Athletic club membership/ Yoga / Mindfulness Group

### Inputs

- Increase awareness of domestic violence issues and solicit community support
- Byrne grant to fund enhancements and evaluation
- Funding from United Way for match
- Work with local providers (yoga teacher and registered nurse) to design yoga and Mindfulness classes
- Shelter facility
- Staff, including Case Managers, yoga instructors, and other group facilitators
- Supplies, including INOKA workbooks, daily planners, yoga mats, journals, and pens

## Enhance Shelter Services

### Women's Safety and Resource Center

---

#### Program Progress

During the fourth year of Byrne funding, the Enhance Shelter Services program made good progress in meeting its goals and objectives. All program components and evaluation activities were implemented as planned. No major program changes occurred this year, and most enhancement activities were conducted on a regular basis. There were many staffing changes in year four that impacted the program. Based on survey results, however, shelter residents continued to report increased knowledge about domestic violence and community resources, being able to rely on their safety plans, and benefitting from the group enhancement activities.

#### Process Evaluation

- *Clients served:* From July 1, 2004 to June 30, 2005, there were a total of 67 female victims of domestic violence sheltered. Of these 67 women, 62 were new shelter residents and five continued from the previous fiscal year.
- *Client profile:* The Women's Safety and Resource Center delivered program services to its target population – victims of domestic violence residing in the shelter. Based on shelter intake information and exit information, the WSRC served a diverse group of women in the fourth year in terms of race/ethnicity, ages, service needs, and length of stay.

One-fifth of the shelter residents were women of color (20 percent). Fifty-four percent of the shelter residents were between the ages of 25 and 44, 27 percent were under the age of 24, 15 percent were in the age category of 45 to 54, and the remaining five percent were between 55 and 64. (Percentages may not equal 100 percent due to rounding.)

Thirty-seven percent of women had children with them in shelter. More than one-third (37 percent) of the women identified themselves as having a mental health, drug or alcohol problem at intake. Eighty-one percent were not employed, and 64 percent were receiving public assistance.

Based on shelter exit information, 33 percent (19 of 58 women) stayed in the shelter less than one week. Of the 58 women who left the shelter, 21 percent stayed in the shelter two or less days, 12 percent stayed between three and six days, 17 percent stayed between seven and 13 days, 19 percent stayed between 14 and 30 days, and 32 percent stayed more than 30 days. (Percentages may not equal 100 percent due to rounding.)

- *Program implementation:* At the end of June 2005, 58 of the 67 women had exited the shelter. Of the 67 domestic violence victims sheltered this year, all received at least one case management service including: initial needs assessment, case planning, information about and/or referrals to community services, or safety planning - the objective to provide at least 90 percent of women staying at the

## Enhance Shelter Services

### Women's Safety and Resource Center

---

shelter with each of these services was not met. Almost all (96 percent, 64 of 67) of domestic violence victims participated in at least one enhancement activity during their stay.

During year four, the program had extensive staff turnover which affected the program's ability to provide all enhancement activities, complete data collection and record keeping tasks, and provide a stable environment for shelter residents. In addition, the program continued to grapple with providing case management services as well as enhancement activities in an environment where clients are free to leave at any time, have other appointments or groups to attend, and where some clients have health conditions that prevent them from fully participating. Nevertheless, most program services were provided as planned.

### Outcome Evaluation

The Enhance Shelter Services Program has five major outcomes. Through participation in the case management and enhancement activities, women will: (1) gain knowledge about community resources and how to obtain them; (2) have safety plans that they feel will help them stay safe; (3) gain knowledge about domestic violence; (4) perceive general and specific benefits from enhancement activities; and (5) demonstrate improvement in one or more key indicators of well being.

The Chloe House Survey, implemented when the evaluation began in March 2003, measured the program outcomes of increased knowledge about and access to community resources, safety planning, increased knowledge about domestic violence, and effects of the enhancement activities. The self-administered surveys were distributed to women at or near the time of their departure from the shelter. A pre- and post-Quality of Life Survey was used to demonstrate improvement in one or more key indicators of well-being.

Since March 2003, 100 women have stayed in the shelter for three days or more and 61 (61 percent) completed a Chloe House survey. Survey data indicates that the program achieved all five of its outcome objectives (the denominator for each of the questions varied due to missing responses or "does not apply" responses):

- *Knowledge about and access to community resources:* 81 percent of survey respondents (48 of 59) indicated that the shelter staff helped them to find out about community resources, and 80 percent (45 of 56) indicated that the shelter staff helped them to get assistance from community resources. Most, (87 percent, 52 of 60) respondents agreed with the statement that they know more about various resources and options in the community because of using the shelter's services.
- *Safety planning:* 98 percent (45 of 46) of shelter residents who responded to the survey indicated that the safety plan they developed would help them stay safe and that staff helped them with safety planning (98 percent; 59 of 60).

## Enhance Shelter Services

### Women's Safety and Resource Center

---

- *Knowledge about domestic violence:* Cumulatively, most survey respondents indicated that they gained new information about domestic violence and its effects (98 percent; 57 of 58). More specifically, 90 percent of survey respondents (52 of 58) stated that they learned new ways to deal with the effects of the abuse; 91 percent (53 of 58) stated that they have a better understanding about the effects that abuse has had on their life; and 88 percent (52 of 59) stated that they have a better understanding that the violence/abuse is not their fault.
- *Benefits of enhancement activities:* Most women who attended the enhancement activities reported benefits. Eighty-two percent of the participants (40 of 49) reported that they benefited from the INOKA group. Ratings of the other enhancement activities are as follows: 89 percent of participants (40 of 45) reported Peer Counseling Group as beneficial; 84 percent of participants (46 of 55) reported Morning Circle as beneficial; 70 percent of participants (38 of 54) reported yoga as beneficial; 86 percent of participants found the peer buddy helpful (38 of 44); and 65 percent of participants (33 of 51) reported the Mindfulness Group as beneficial. Overall, at least one enhancement activity was perceived to be beneficial by every participant (42 of 42). The annual objective was that 75 percent of shelter residents in shelter for 14 or more days would perceive a benefit.

Most (85 percent; 50 of 59) of the survey respondents also indicated that they learned new ways to take care of their bodies, became more aware of their strengths (85 percent; 50 of 59), and found that yoga reduced stress and tension (82 percent; 42 of 51). Clients also learned how to better support other women who had also been abused (95 percent; 55 of 58) and felt supported by other residents (88 percent; 46 of 52). These are all elements that were emphasized throughout each of the group enhancement activities.

- *Improvement in one or more key indicators of well being:* Women participating in the shelter evaluation study agreed to complete a Quality of Life Survey at the time of admission, and another survey every 30 days, or at exit, whichever occurred first. The Quality of Life survey contains three subscales designed to measure perceptions of quality of life, self-efficacy, and depression. Statistically significant improvements were found in all three measures.

The mean score for quality of life at the time of the pre-test was 3.78, compared to 2.67 at 30 days or exit and 1.5 at 120 days or exit. The lower the score, the more pleased or satisfied a woman was with the quality of her life. Perceptions of quality of life continued to improve over time, but the biggest change occurred between the pre-test (close to time of admission), and the first post-test.

Improvement in self-efficacy was also significant. In this case, the higher the average score, the higher the woman's self-efficacy. The average score at the pre-test was 14.16, and at the post-test it was 18.8. The average continued to go up gradually to a high of 25.5 for two women who completed five post surveys.

## **Enhance Shelter Services**

### Women's Safety and Resource Center

---

On the depression scale, the lower the score, the less the depression. Women went from a mean score of 32.74 on the pre-test to a mean of 20.76 on the first post-test, and down to a low of 11.5 by the time of the 90-day post-test. Two women who completed a fifth post test showed an increase in their depression mean score (18). This may reflect the frustration of being in a shelter environment for a long period of time, or frustration over the circumstances that required them to remain in shelter for a long period of time, such as trying to get custody of children.

#### **Program Performance Measures**

The performance measures for this program include:

- The number of clients who report satisfaction with the program.
- The percent of clients who received safety planning.
- The percent of clients who report improvement in knowledge about domestic violence and/or resources.

The outcomes for the Women's Safety and Resource Center include:

- Most (85 percent, 53 of 62) of domestic violence victims who entered the shelter this year were provided with an initial client/needs assessment by the end of the first working day after shelter entry. Since the evaluation began, 90 percent were assessed by the first working day after admission.
- 79 percent (49 of 62) of domestic violence victims who entered the shelter this year received assistance with creating, updating, or reviewing/ maintaining their safety plans. Cumulatively, 68 percent (101 of 149) received assistance with safety planning.
- 81 percent (34 of 42) of the domestic violence victims who were in the shelter for seven or more days received assistance with developing a case plan with goals. Cumulatively, 84 percent (73 of 85) of the women in the shelter for one week or more developed case plans with shelter staff.
- 96 percent (48 of 50) of the domestic violence victims in the shelter for three or more days received information about and/or referrals to community resources. Similarly, 96 percent of clients since inception received referrals to social services (110 of 115).
- Nearly all planned enhancement activities (95 percent, 471 of 495) were provided (including the daily Morning Circle, weekly Peer Counseling Training, twice weekly yoga, weekly Mindfulness session, and weekly INOKA support group).
- 96 percent (64 of 67) of the domestic violence victims in the shelter during the reporting grant period participated in at least one enhancement activity.

## Enhance Shelter Services

### Women's Safety and Resource Center

---

- 100 percent (26) of shelter clients reported gaining knowledge about domestic violence as measured by post-shelter surveys. Almost all clients in the cumulative sample learned about domestic violence (98 percent; 59 of 60).
- All 23 women in the shelter reported that the safety plan they developed helped them stay safe as measured by post-shelter surveys. Cumulatively, most (98 percent; 45 of 46) believed their safety plans would keep them safe.
- 92 percent (24 of 26) of women reported increased knowledge about, and access to, community resources as measured by post-shelter surveys. Cumulatively, 89 percent (54 of 61) of the women believed their knowledge increased.
- All respondents in the shelter for 14 or more days reported benefiting from participation in enhancement activities (17 for this reporting period and 42 cumulatively).

### Lessons Learned

Enhance Shelter Services is a unique domestic violence shelter program for two reasons: The program combines the most basic of shelter services (case management) that were not available before in this rural area of Oregon with innovative, holistic health and well-being activities that are usually not available in most shelters throughout Oregon. Shelter residents participated in both case management and enhancement activities and reported increased knowledge about domestic violence and community resources, being able to rely on their safety plans, benefitting from the group enhancement activities, improved quality of life, increased self-efficacy, and lower depression.

One of the key factors to the successful implementation of the program and the evaluation activities has been the leadership provided by the Program Director from the onset. Her leadership resulted in hiring and maintaining shelter staff who were committed to providing holistic services and who were engaged in the evaluation process. The support of the program evaluator also contributed to the success of the program. During this past year, the evaluator communicated regularly with the Program Director and provided regular feedback to program staff and the Chloe House Board based on findings from the evaluation activities. Based on the feedback, program staff were able to identify service areas as well as data collection procedures that needed improvement. For example, one of the areas identified was the need for space improvement in providing and documenting safety planning services.

During this past year, more than half of the shelter residents (51 percent) stayed at the Chloe House shelter for less than one week. Given the short shelter stay, shelter staff identified strategies for providing safety planning and resource referrals as early as possible and whenever possible. Now, safety planning is being addressed during the shelter intake process with the Case Manager, initiated during the shelter screening process, and addressed in the INOKA group. The program also encourages women who have exited the shelter to continue their participation in all of the enhancement activities.

## Enhance Shelter Services

### Women's Safety and Resource Center

---

Enhancement activity attendance was an ongoing issue during the past four years for several reasons. Since the enhancement activities in shelter were voluntary, staff faced the ongoing challenge of encouraging shelter residents to participate in them while respecting their reasons for not participating. For example, some clients were unwilling to participate in some of the groups because of their belief system or religious affiliation. Staff respected these choices while continuing to explain the program components and their relevance along with an open invitation to at least observe the group. Also, some women staying in the shelter had physical limitations that prevented them from fully participating in some of the activities so staff encouraged them to observe and participate in any way they could. Earlier on, scheduling conflicts made it difficult for women to attend the enhancement activities. For example, shelter residents may have needed to attend an alcohol and drug treatment group, parenting class, or some other appointment that took precedence over the enhancement activities. The program overcame this problem by holding enhancement activities in the evenings.

Staff turnover presented the program with the opportunity to learn several lessons. The program had extensive staff turnover, especially during this program year, which affected the program's ability to deliver enhancement activities, complete data collection and record keeping tasks, and provide a stable environment for shelter residents. Although challenging, these staffing changes also presented an opportunity for revising some of the shelter protocols and staff training. As a result, the program began rotating staff through the shelter to allow clients the opportunity to become acquainted with more agency staff. The program also enhanced shelter staff training (for volunteers and paid staff) so that staff would be able to provide coverage for staffing breaks and vacations with little disruption to the shelter routine. While the Peer Support Group and INOKA meeting lapsed for a brief time, the new facilitator provided a fresh beginning and perspective and will continue to provide groups after the grant funding ends.

For further information about this program, please contact Ms. Judy Moody at (541) 756-7864.

## Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

### Multnomah County Department of Community Justice

---

#### Program Purpose

The purpose of the Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids program is to identify, screen, and provide services for children in Multnomah County who have witnessed domestic violence. In recent years, domestic violence service providers have become increasingly aware of the profound negative impact of domestic violence on children and families. Children who have witnessed domestic violence often experience trauma and the enduring symptoms associated with unresolved trauma. Non-offending parents or caregivers usually want to protect their children and do what is best for them but often lack the knowledge and resources to effectively provide healing and safety.

An estimated 21,000 children witness or experience domestic violence in Multnomah County each year.<sup>1</sup> The H.E.R.O. for Kids program provides safety planning, support groups, individual counseling and therapy, and other services necessary to increase children's safety and improve their psychological and behavioral health. Primary program services are provided by a non-profit community-based agency, LifeWorks Northwest, under contract with the Multnomah County Department of Community Justice (DCJ).

The primary goals of the H.E.R.O. for Kids program are to:

- Improve the emotional and behavioral health of children who have witnessed domestic violence.
- Increase intra-family communication and parental empathy for children.
- Prepare individual and family safety plans for each child to reduce the potential for future victimization and to increase the child's sense of security.

The specific objectives of the program are as follows:

- 200 children who have witnessed domestic violence will be referred to LifeWorks Northwest.
- LifeWorks Northwest staff will contact the parents (or guardians) of the referred children and will engage 130 children (65 percent of those referred) and their parents in initial intake sessions.
- 90 children (69 percent of those who received initial intakes) and their parents will proceed to receive their second intake sessions and will complete the intake procedures. Staff will develop an Individual Case Plan and a Family Action Plan for each child.
- 65 children (72 percent of those who completed their intake assessment) will attend individual counseling and/or educational groups to improve their emotional and behavioral health.

<sup>1</sup> Multnomah County Health Department, Portland Multnomah Progress Board, Portland Police Bureau, & Multnomah County Domestic Violence Coordinator's Office 1999, *Domestic Violence in Multnomah County*. (The document is available at [www.co.multnomah.or.us/dchs/dv/dvreport.pdf](http://www.co.multnomah.or.us/dchs/dv/dvreport.pdf))



## **Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids**

### Multnomah County Department of Community Justice

---

- Parents of 65 children will attend educational groups to increase communication skills and parental empathy for the children.
- 40 children will complete the program (educational groups and exit procedures).
- Of program completers, 70 percent of the children who had an emotional and behavioral health-related problem at program intake will show improvement in emotional and behavioral health at program completion and 50 percent will continue to show improvement three months after program completion.
- Of program completers, 70 percent of the parents will improve their communication skills and empathy for their children and 50 percent will continue to show improvement three months after program completion.
- Of program completers, 60 percent of the parents will show improvement at program completion in their sense of child and family safety and 40 percent will continue to show improvement three months after program completion.

#### **Target Population**

The H.E.R.O. for Kids program serves children ages six to 14 years in Multnomah County who have witnessed domestic violence. Program participation is voluntary, based on the consent of children's non-offending parents or custodians. Children's non-offending parents or custodians are not required to participate in the program, but are strongly encouraged to do so.

Children must be within the age range of six to 14 years to ensure minimal communication skills. Children or parents who do not speak English as a primary language and for whom translation services are difficult to obtain may be referred to other agencies. Children or parents who have behavioral control issues and cannot participate in group activities may be served by H.E.R.O. clinicians through individual and family counseling or referred to other agencies.

#### **Program Components**

The H.E.R.O. for Kids program is a short-term, small group intervention for children and their families that focuses on the child's safety, boundaries, and the ability to communicate within the family unit to increase their sense of safety and empowerment and reduce their anxiety. Specific components of the H.E.R.O. for Kids program are: referral, contact, and outreach to non-offending parents (or custodians); intake assessment; educational groups; individual case and family action planning; safety planning; individual counseling; wrap-around services, and; exit assessment. The average duration of program services per client, from referral to exit assessment, is four months.

## Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

### Multnomah County Department of Community Justice

---

The following is a detailed description of the main program components:

- *Referral:* Potential clients are referred to the H.E.R.O. for Kids program by: (1) the staff of the Multnomah County DCJ and the county Family Court (including probation officers in the Domestic Violence Unit (DVU) of DCJ who supervise offenders of domestic violence, juvenile court counselors, and employees working in the restraining order room for the Family Court), (2) local domestic violence service agencies, (3) the county Department of Human Services, (4) internal programs at LifeWorks Northwest, and (5) direct parent referral. Specific staff members who provide client referrals to the program include: probation officers in the DVU of DCJ who supervise offenders of domestic violence, juvenile court counselors, and employees working in the restraining order room for the Family Court. For clients referred by the county DCJ and the county Family Court, the employee referring the client completes the client referral form at the time of referral that captures basic family contact and demographic information and sends the completed form to LifeWorks Northwest. For clients referred from the other sources that do not have access to referral forms, LifeWorks Northwest staff complete the referral form at the first point of contact. All completed referral forms are forwarded to the DCJ Research and Evaluation Unit for program evaluation.
- *Contact and outreach to non-offending parents (or custodians):* After receiving referrals, an Outreach Specialist at LifeWorks Northwest contacts children's non-offending parent or custodian by telephone at a safe phone number. At least three contact attempts are made and recorded. If contact attempts fail or parents decline services, an informational packet is sent by mail to the family that includes information on the program, a program referral form, and a form to request information on a variety of subjects. If parents agree to participate in the program, the Outreach Specialist schedules an initial face-to-face intake appointment at LifeWorks Northwest.
- *Intake assessment:* An initial parent intake session is conducted at LifeWorks Northwest by the Case Manager. During this session, the parent shares his or her story and learns about program services. The Case Manager reviews immediate safety concerns and makes crisis referrals, if necessary. The Case Manager also administers an intake survey with the parent and collects information on each child including the level of exposure to domestic violence and the status of the child's emotional and behavioral health. The Case Manager schedules and conducts a second intake session for the parent and child(ren) together to explain program services to the child(ren) and each family member, assess the basic needs of the family, and ask whether they would like to participate. Following the Case Manager's assessment, a Mental Health Therapist at LifeWorks Northwest conducts a clinical assessment for children's emotional and behavioral health by administering the H.E.R.O. for Kids Youth Assessment Tool. The entire intake assessment process takes approximately 10 hours of staff time.

## Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

### Multnomah County Department of Community Justice

---

- *Individual case and family action planning:* After the intake assessment, the Mental Health Therapist and the Case Manager develop an Individual Case Plan and a Family Action Plan for each child and family. An Individual Case Plan includes a child's treatment goals, service needs, and an agency coordination plan, if needed. A Family Action Plan contains a service plan for the family to address their basic needs and facilitate the child's treatment process. For instance, for children or parents with more serious issues, short-term therapy and/or wrap-around services are planned. One common goal for all family action plans is the development of a safety plan for each family member.
- *Educational groups:* Following the intake assessment and case planning, most children are assigned to an educational group that consists of 10 weekly, age- and gender-specific sessions. Parents attend a parallel educational group in a different room. For the first seven sessions the parents meet separately and then for the last three weeks they attend a portion of the children's group. The length of each session is approximately one and one-half hours. The main focus of the children's group is to improve their emotional and behavioral health. The focus of the parent group is on understanding their children's feelings and improving their communication skills with their children.

Specific activities during the first seven group sessions for children and parents include: developing a safety plan; talking about things that can happen in families; drawing pictures of the best and worst things that happened in the home; creating cards about and understanding feelings of, different family members; discussing different types of communication, touching, and violence; and watching and discussing a video about not blaming oneself for abusive family relationships. During the last three joint group sessions, parents view children's pictures, create a document of rights for themselves and their children, review children's safety plans, and finalize a written safety plan for each family member.

- *Safety planning:* Throughout the program, children and parents are involved in developing an individualized safety plan for the family. An initial draft plan may be developed as early as the intake assessment and modified, depending upon circumstances, during individual counseling or the first and second weeks of educational group sessions. A finalized written safety plan includes a description of what each child and family member should do if violence reoccurs in the home, as well as a diagram of the floor plan of the dwelling with designated safe areas.
- *Individual counseling:* Individual counseling is provided for children on an as-needed basis. For example, individual counseling is provided for children who display violence or other inappropriate behaviors during the 10-week educational group sessions. Other counseling services include development of an individual case plan, assistance in developing a safety plan and achieving case plan goals, and coordination of services needed from other agencies. Children and families are often offered counseling services while waiting for age- and gender-appropriate groups to begin.

## Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

### Multnomah County Department of Community Justice

---

- *Wrap-around services:* Wrap-around services include interventions for children who have serious mental health issues and are not able to participate in or gain benefit from the core program components. Additional wrap-around services include assistance with transportation, childcare, and other needs to remove barriers for children and parents to participate in the program.
- *Exit assessment:* Most children and families are ready to exit from the program at the time they complete the 10-week educational group sessions. At program exit, the H.E.R.O. for Kids Youth Assessment Tool and an exit survey are administered respectively with children and parents to assess changes in children's emotional and behavioral health and to ensure that the program met individual case plan goals and family needs.

### Program Resources

#### *Byrne Funding*

The H.E.R.O. for Kids program receives Byrne grant funding in the amount of \$187,500 and provides DCJ matching funds of \$62,500. During the period July 1, 2004 through June 30, 2005, the program expended \$167,724 in federal funds, and \$55,598 in match funds. The Multnomah County DCJ uses the majority of the funding to contract with LifeWorks Northwest to provide program services.

#### *Program Staff*

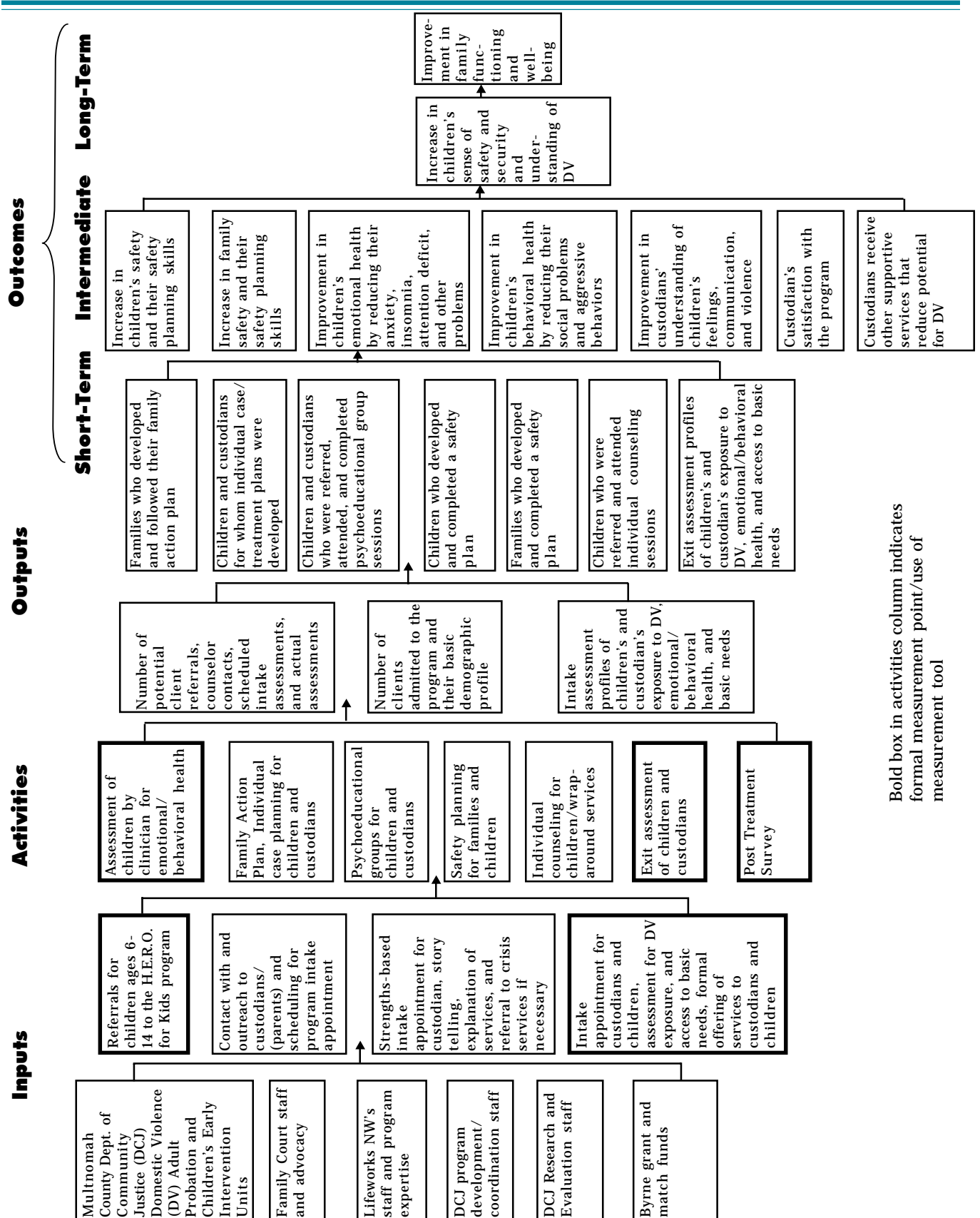
There are three primary staff members at LifeWorks Northwest who provide the core program services to clients. An Outreach Specialist contacts the potential referred clients and schedules an intake appointment. A Case Manager conducts intake assessments and coordinates service delivery for clients. A Mental Health Therapist conducts clinical assessments, facilitates educational groups, and provides individual counseling. The additional program staff include: child and family therapists at LifeWorks Northwest who provide wrap-around services, a Clinical Supervisor who ensures that case plans meet clinical standards, a Service Director who manages program staff, and the Project Coordinator at the Multnomah County DCJ who is responsible for overall service delivery and acts as the primary program contact person. DCJ's Research and Evaluation Unit conducts the program evaluation.

#### *Collaboration*

The main collaborating agencies for the H.E.R.O. for Kids program are the Multnomah County DCJ, Multnomah County Family Court, and LifeWorks Northwest. The Multnomah County DCJ coordinates and monitors the overall program process, and conducts program evaluation. The Family Court is a referral source of potential clients and provides community advocacy for clients. LifeWorks Northwest delivers the primary program services for clients (including collaborating with culturally-specific service providers when necessary) under contract with the Multnomah County DCJ.

# Program Logic Model

## H.E.R.O. for Kids



Bold box in activities column indicates formal measurement point/use of measurement tool

## Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

### Multnomah County Department of Community Justice

---

#### Program Progress

In the fourth program year, the H.E.R.O. for Kids program fell slightly short of meeting the annual objectives in terms of the number of clients served. This was primarily due to the low number of potential client referrals provided by the Multnomah County DCJ to LifeWorks Northwest. LifeWorks Northwest continued to make an effort to recruit more clients through community-based domestic violence providers and self-referrals. Evaluation findings were positive in general. From the time of children's program intake to completion, there were improvements in children's emotional and behavioral health, parents' communication with and empathy for children, and children's safety planning and other knowledge and skills to cope with domestic violence. These improvements also seemed to be sustained three months after program completion.

#### Process Evaluation

- *Clients served:* During year four, 104 children and 57 of their non-offending parents or custodians were enrolled in the program (the objective was to enroll 130 children). A total of 158 children (104 new plus 54 who were enrolled last year and continued into this year) and 90 parents (57 plus 33 who continued from the previous year) received program services.
- *Client profile:* All of the 158 children who were served this year were six to 14 years old and were exposed to domestic violence. Of the 158 children, 51 percent were male and 49 percent were female. The average age was 10 years old. Almost half of the children were White (47 percent), 25 percent were Hispanic, nine percent were Black/African American, three percent were American Indian, one percent were Asian/Pacific Islander, 12 percent were multi-racial, and three percent were unknown. Ninety-seven percent of the children experienced, heard, or saw verbal abuse and 84 percent of the children experienced, heard, or saw physical abuse. Eighty-three percent of the children were exposed to violence in the home for more than two years. Over half of the children (51 percent) intervened in domestic violence events themselves and 22 percent were injured in those events.

Of the 90 parents served this year, 93 percent were female and seven percent were male. Almost half of the parents (49 percent) were between 35 and 44 years of age, 39 percent were 25 to 34 years old, 10 percent were 45 to 54 years old, one percent were 18 to 24 years old, and one percent were 55 to 64 years old. Sixty-three percent of the parents were White, 19 percent were Hispanic, nine percent were Black/African American, two percent were American Indian, one percent were Asian/Pacific Islander, and six percent were multi-racial.

- *Program implementation:*  
*Referrals:* During the fourth program year, a total of 164 children (from 89 families) were referred to LifeWorks Northwest. The program did not meet the annual objective of receiving 200 referrals. Since last year, the DCJ has not been able to refer as many children as planned, due to severe budget and staff reductions in DCJ's referral source units. To resolve the issue of lack of referrals, the program

## Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

### Multnomah County Department of Community Justice

---

expanded the referral sources last year to include self-referrals, local domestic violence service agencies, the county Department of Human Services, and internal programs at LifeWorks Northwest. Although these new sources did refer clients to the program this year, they were not sufficient to compensate for the decrease in referrals from DCJ.

*Program enrollment:* After receiving referrals for 164 children, LifeWorks Northwest staff contacted their non-offending parent or custodian by telephone at a safe phone number to schedule initial intake sessions (at least three contact attempts are made). Staff were able to schedule and conduct initial intake sessions for 104 (63 percent) of those children and 57 of their non-offending parents or custodians. Of the 104 children who received initial intake sessions, 73 (70 percent), and 47 of their parents proceeded to complete second intake sessions in which staff prepared an Individual Case Plan and a Family Action Plan for each child. Due to the lack of referrals, the number of clients who were engaged in initial intake sessions and completed the whole intake assessment was lower than expected. The annual program objective was to engage 130 children (65 percent of those referred) in initial intake session; of those, 90 (69 percent) were expected to proceed to second intake sessions in which they receive services of individual case planning and family action planning.

*Participation in educational groups:* LifeWorks Northwest staff focused their efforts on engaging and retaining children in 10-week educational groups, the core component of this program. Of the 73 children who completed intake assessment, 71 children and 43 parents, were enrolled in 10-week educational groups. Of the 71 children who were enrolled in groups this year, 54 exited from the program (17 were still active in the program). Of those exiting from the program, 37 completed the program and 17 did not complete the program (10 children dropped out right after enrolling; some went to another agency for service and seven children dropped out sometime during the course of the 10 weeks of group education meetings). The program objectives were to engage 65 children in educational groups and have at least 40 children complete the groups. The program met this objective.

### Outcome Evaluation

The main outcomes targeted by the H.E.R.O. for Kids program are: (1) improvement in children's emotional and behavioral health, (2) improvement in parents' communication with and empathy for their children, and (3) improvement in parents' sense of child and family safety. Supplementary program outcomes include: (1) improvement in children's safety planning and coping skills and (2) parents' satisfaction with program services. Assessment of these program outcomes was focused on 113 children and 73 of their parents who completed the program (10-week educational groups and exit procedures) from October 2001 through June 2005. (During this period, 371 children and 226 of their parents completed their intake procedures. Of those, 208 and 133 of their parents proceeded to participate in educational

## Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

### Multnomah County Department of Community Justice

---

groups. Of the 208, 113 and 73 of their parents completed the program (55 children and 38 of their parents failed to complete the program and 40 children and 22 of their parents were still engaged in the program).

For the outcome evaluation, the program collected data both from parents and children by using a variety of survey instruments that were introduced at different times during program implementation. Below is a brief description of the purpose of each of the survey instruments, the dates of introduction, and the survey response rates since the introduction (for simplicity of presentation, the specific measures used in each instrument will be described as the results of each outcome analysis are presented).

*Intake and exit assessment forms* were administered to parents since the inception of the program by LifeWorks Northwest counselors to collect demographic data, assess the extent of children's exposure to domestic violence, and measure pre- and post-program change in parents' perception about children's emotional/behavioral health and parents' sense of child and family safety. A total of 73 parents completed both intake and exit forms for each of their 113 children. All parents who completed the program completed intake and exit assessment forms (this was part of the condition for program completion).

*Pre- and post-H.E.R.O. for Kids Youth Assessment surveys* were administered to 82 children since February 2003 by the counselors to measure children's changes in the level of anger and perception about violence, safety planning and other knowledge and skills to cope with domestic violence, and family communication. A total of 65 children completed both surveys during this time period (79 percent response rate).

*Three-month follow-up telephone surveys* were administered to 69 parents over the telephone since October 2002 by a DCJ Program Evaluator to measure sustained effects of the program on children's emotional and behavioral health, children's and family's safety, and communication with children. Of the 69 parents the evaluator tried to contact, a total of 50 parents (72 percent response rate) were reached and completed the survey for their 70 children.

*Confidential client evaluation surveys* were administered to 113 parents since December 2002 to gain their feedback on program services and measure their perceived improvement in some of the program outcomes including communication with and empathy for children. A total of 57 parents completed the survey (50 percent response rate).

The specific findings related to each of the outcomes are presented below.

- *Children's emotional and behavioral health:* Program intake and exit assessment data collected from 73 parents (for each of their 113 children) was analyzed to assess changes at program completion in children's emotional and behavioral health. At the time of program intake and completion, parents were asked to rate the emotional and behavioral health of their children on a four-point scale (1 = "never/none"; 2 = "rare/low"; 3 = "some/moderate"; 4 = "frequent/high") in the following seven areas: anxiety/fear, sleep disturbances, inappropriate social



## Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

### Multnomah County Department of Community Justice

---

behavior, adult attachment issues, negative academic performance, hurting animals, and sexualized behavior. At program completion, parents reported an overall improvement in these problem areas (mean of 1.76 at intake and 1.59 at program completion). In terms of specific problem areas, parents reported a decline in their children's sleep disturbances (mean of 2.16 at intake and 1.90 at program completion), a decline in adult attachment issues/problems (mean of 1.66 at intake and 1.39 at program completion), and an improvement in academic performance (mean of 2.10 at intake and 1.65 at program completion).

An additional analysis of intake and exit assessment data was conducted to assess the extent to which the program achieved the objective for 70 percent of the children to show an overall improvement in their emotional and behavioral health. For the purpose of this analysis, the four-point response scale (1 = "never/none"; 2 = "rare/low"; 3 = "some/moderate"; 4 = "frequent/high") was collapsed into a dichotomous scale (1 and 2 into "no problem"; 3 and 4 into "problem"). The results indicated that at intake, 86 of the 113 children (76 percent) had at least one of the following seven emotional and behavioral health-related problems: anxiety/fear, sleep disturbances, inappropriate social behavior, adult attachment issues, negative academic performance, hurting animals, and sexualized behavior. At program completion, 79 percent of the 86 children did not have one or more of the emotional and behavioral health problem(s) identified at intake.

For three-month follow-up telephone surveys with parents, the interviewer made a list of the emotional and behavioral problems for each child that the child experienced at the time of intake. By using a structured survey instrument, the interviewer asked parents if their children experienced improvement in each of the emotional and behavioral problems since leaving the program (e.g., "since leaving the H.E.R.O. program, has the problem of your child's sleeping disturbances improved?"). The findings were positive, indicating a sustained improvement in children's emotional and behavioral health. According to program intake assessment data, 65 of the 70 children whose parents were surveyed at the three-month follow-up had at least one of the seven emotional and behavioral health problems at intake. At follow-up, 95 percent of the 65 children were reported as having improvement in at least one of the problems identified at intake and 75 percent were reported as not having any emotional and behavioral health problem at all. The program objective was for 50 percent of the children to show improvement at follow-up.

In terms of specific emotional/behavioral health problems, parents reported improvements (parents answered 'yes' on such questions as "since leaving the H.E.R.O. program, has the problem of your child's sleeping disturbances improved?") at follow-up for the following: 91 percent of 44 children who had an anxiety/fear problem at program intake, 93 percent of 30 children who experienced sleep disturbances, 90 percent of 21 children who had an inappropriate social behavior issue, 73 percent of 30 children who had an adult attachment issue, 80 percent of 20 children who had a problem with academic performance, five

## Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

### Multnomah County Department of Community Justice

---

children who had a problem of hurting animals, and one child who had a sexualized behavior problem.

- *Parents' communication and empathy:* One of the main outcomes targeted by the program, especially the parents' educational group component, was improvement in parents' communication with and empathy for their children (all parents attended a parallel educational group in a different room, while their children attended the children's group). These outcomes were measured primarily through confidential client evaluation surveys at the time of program completion. The surveys asked parents whether their communication and empathy increased as a result of the H.E.R.O. for Kids program. Of the 57 parents who completed the confidential client evaluation survey, 98 percent reported that communication with their children improved as a result of the program, 97 percent reported that they better understood their children's feelings about domestic violence, and 84 percent reported having more empathy for their children. The program objective was for 70 percent of the parents to report improvement in parents' communication and empathy.

The analyses of intake and exit assessment data collected from 73 parents that completed a second intake session indicated improvement in one aspect of their communication and empathy. At program completion, parents reported that their children seemed to be more willing to talk to them about concerns regarding domestic violence (on a rating scale from 1= "not at all" to 4= "very willing," the average score was 3.19 at program completion versus 2.65 at intake).

At program completion, children reported feeling more comfortable talking with their parents. According to the pre- and post-H.E.R.O. for Kids Youth Assessment surveys with 65 children that completed both surveys since February 2003, they were more likely to report that they did not feel scared about telling their parents certain things (57 percent reported so at program completion versus 32 percent at intake) and that they had someone to talk to (83 percent reported so at program completion versus 69 percent at intake).

At three-month follow-up telephone surveys (N = 50 parents), parents were asked whether communication with their children improved compared to the time before program participation ("Please think back to the time before your children started receiving LifeWorks Northwest H.E.R.O. services. Compared to then, how are your children doing now in communicating..."). At follow-up, 80 percent of the 50 parents who completed the survey reported improvement in communicating and sharing feelings with their children about violence. The program objective was for 50 percent of parents to report improvement.

- *Parents' sense of child and family safety:* To assess the program outcome of improvement in parents' sense of child and family safety, parents were asked on the intake and exit assessment forms to rate their sense of child safety and family

## Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

### Multnomah County Department of Community Justice

---

safety on a scale of one to four (1= “none,” 2= “low,” 3= “moderate,” and 4= “high”). A total of 52 parents rated the sense of safety for each of their 81 children who completed the program (the sample is a subset of the 73 parents and 113 children because the two measures of safety were not included in the original intake and exit forms). At program completion, there was little change in both parents’ sense of child safety (the average score was 3.2 at intake and 3.1 at program completion) and parents’ sense of family safety (the average score was 3.3 at intake and 3.4 at program completion).

Results of the three-month follow-up telephone survey (N = 50 parents), however, were very positive. At follow-up, parents were asked to compare “now” with the time before their children started receiving services from H.E.R.O. for Kids program, and rate the extent of change in three safety-related items on a Likert-scale (1 = “worsened a lot” to 5 = “improved a lot”). The vast majority of parents reported improvement at follow-up in the following three areas: worrying about children’s safety (64 percent reported “improved a lot”; 28 percent “improved a little”; eight percent “no change”), planning for children to stay safe if violence should occur again (68 percent reported “improved a lot”; 18 percent “improved a little”; 12 percent “no change”; two percent “worsened a little”), and worrying about family safety (78 percent reported “improved a lot”; 10 percent “improved a little”; eight percent “no change”; four percent “worsened a little”).

- *Safety planning and coping with domestic violence:* Although the intake and exit assessment data indicated that there was little improvement in parents’ sense of safety at program completion, results of the pre- and post-H.E.R.O. for Kids Youth Assessment survey (N = 65 children) indicated that the program succeeded in preparing children to stay safer if domestic violence occurs again. Children showed improvement in safety planning at program completion with children being more likely to agree to the following safety-related statements in the survey: “I have a written plan that I can use if my parents fight” (95 percent of children agreed at program completion versus 52 percent of children who agreed at intake), “My Mom/Dad talk to me about what to do when there is an emergency” (91 percent of children agreed at program completion versus 80 percent of children who agreed at intake), and “I should not stop my parents from fighting” (65 percent of children agreed at program completion versus 31 percent of children who agreed at intake).

In addition to their improvement in safety planning at program completion, children also showed an improvement in other knowledge and skills needed to cope with domestic violence situations. At program completion, children were: less likely to blame themselves for their parents’ fighting (85 percent not blaming themselves at program completion versus 79 percent at intake), more likely to feel like talking to other people about their parents’ fighting (68 percent feeling like talking at program completion versus 43 percent at intake), less likely to feel scared about talking to their parents (57 percent not scared at program completion versus 32 percent at intake), and less likely to feel that they have no one to talk to (17 percent felt so at program completion versus 31 percent at intake).

## Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

### Multnomah County Department of Community Justice

---

According to the confidential client evaluation survey data of 57 parents, the majority (98 percent) reported that H.E.R.O. for Kids program services were helpful for their children. Ninety-three percent felt that their safety plans completed while participating in the program would be helpful for their families, 95 percent felt that their children improved their coping skills as a result of receiving program services, and 98 percent reported the overall helpfulness of the information provided by the program.

- *Client satisfaction:* At three-month follow-up, 94 percent of the parents (N = 50) reported satisfaction (70 percent were “very satisfied”; 24 percent were “satisfied”) with the H.E.R.O. for Kids program in terms of meeting their expectations of what they “wanted to get out of” the program.

In summary, data indicate that at program completion, there were improvements in children’s emotional and behavioral health and parents’ communication with and empathy for children and these improvements were sustained three months after program completion. There was little change in parents’ sense of child and family safety at program completion from intake. However, after program completion, children showed a significant improvement in safety planning and other knowledge and skills to cope with domestic violence. Additionally, the vast majority of parents were satisfied with the various aspects of program services. These positive results, however, need to be interpreted with caution because of the low response rates of most surveys, analyses base on the different sampling frame across the surveys (due to different timing of survey introduction), and use of a different instrument for three-month follow-up surveys from intake and exit assessment forms.

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who complete the program.
- Percent of clients who received safety planning.
- Percent of clients who report improvement in emotional well-being.

The outcomes for HERO include:

- A total of 164 children (from 89 families) who witnessed domestic violence were referred to LifeWorks Northwest this year.
- LifeWorks Northwest staff contacted the parents (or guardians) of the referred children and enrolled 104 children (63 percent of those referred) and 57 of their non-offending parents in initial intake sessions.
- 73 children (70 percent of those who received initial intakes) and 47 parents proceeded to receive their second intake sessions and completed the intake procedures. Staff developed an Individual Case Plan and a Family Action Plan for each of these children.

## Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

### Multnomah County Department of Community Justice

---

- 71 children (97 percent of those who completed their intake assessment) attended individual counseling and/or educational groups to improve their emotional and behavioral health.
- 43 parents (of the 71 children) attended educational groups to increase communication skills and parental empathy for the children.
- 37 children completed the program (educational groups and exit procedures).
- Of program completers, 79 percent of the 86 children who had an emotional and behavioral health-related problem at program intake showed improvement in emotional and behavioral health at program completion. Ninety-five percent of the 65 children who had at least one emotional and behavioral problem at intake did not have the problem(s) at three-month follow-up after program completion.
- According to the client evaluation survey, 98 percent of the 57 parents who completed the program reported that communication with their children improved as a result of the program and 84 percent reported that empathy for their children improved. At three-month follow-up survey, 80 percent of the 50 parents who completed the program reported improvement in communication and sharing feelings with their children about violence.
- At program completion, there was little improvement in parents' sense of child and family safety. At three-month follow-up, however, the majority of 50 parents reported improvement in the following three items: worrying about children's safety (92 percent reported improvement), planning for children to stay safe if violence should occur again (86 percent reported improvement), and worrying about family safety (88 percent reported improvement).

### Lessons Learned

The H.E.R.O. for Kids program provided a valuable service to children and parents in the local community who had been exposed to domestic violence. According to the results of various surveys with parents and children, from the time of children's program intake to completion, there were improvements in children's emotional and behavioral health, parents' communication with and empathy for children, and children's safety planning and other knowledge and skills to cope with domestic violence. These improvements also seemed to be sustained three months after program completion.

The main lessons learned from implementation of the H.E.R.O. for Kids program is that there are many barriers to reaching out to and serving children who have been exposed to domestic violence. While there are a large number of children who have been exposed to domestic violence in the community, only a small percentage are identified and can then access services. It seems that many professionals who come into contact with these children either do not identify exposure to domestic violence as their problem, or prioritize other service referrals to the family. General strain on professional resources in the community due to budgetary and time constraints often makes the time and effort of referral difficult. To be

## **Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids**

### **Multnomah County Department of Community Justice**

---

successful, programs targeting child victims of domestic violence need to conduct active community outreach and education and constantly communicate about the concept of the program, specific services, and program benefits.

Another barrier to serving children who have witnessed domestic violence is their custodians' commitment to program services. According to LifeWorks Northwest staff, life circumstances of custodial parents often interfered with their ability to commit to the services for their children. These parents were often unemployed and had unstable housing and lack of transportation, and their priority was looking for work or attending school. In some cases, parents were emotionally unstable, not ready to leave the abusive relationship, or continuing to struggle with abuse issues. Occasionally, parents were concerned about the consequences of their answers to questions that were asked in the assessment. To encourage families' program participation and completion, staff needed to clarify expectations, accommodate family schedules, and enhance program services to meet their needs.

LifeWorks Northwest, the service provider for this program, is an agency generally known for provision of mental health services, not domestic violence services. Therefore, the staff underwent a steeper learning curve than those from an agency with more experience serving families impacted by domestic violence services. Despite this, they eventually led the program to success by learning to be flexible and resourceful, and work as a team to meet clients' needs. In order to deal with the ongoing issue of lack of follow-through participating in program services by families, staff had to be extremely flexible with clients. For instance, staff rescheduled intake appointments several times, if needed, and presented an open attitude about clients' life circumstances. Staff often solved problems together with families to overcome barriers to their program participation. The process required staff to be knowledgeable about a variety of services available both within LifeWorks Northwest and at other community service agencies.

For further information about this program, please contact Ms. Martha Strawn Morris at (503) 988-3383.

# Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

## Program Purpose

The purpose of the Centralized Domestic Violence Information, Referral and Crisis Counseling Line is to plan, design and implement a state-of-the-art centralized domestic violence information, referral and crisis counseling line (IRC) for the Tri-county region of Oregon (Multnomah, Clackamas and Washington Counties). The program aims to address the growing needs of victims and service providers for an effective, centralized access point for various victim services and resources.

Over the past decade, there have been significant changes in the complexity of domestic violence victims' needs and in the victim services system. The Tri-county region has experienced an increase in population, in the number of immigrants, in the ethnic populations they represent, and in the number of languages spoken. Within the region, there are several domestic violence victim services agencies or programs (including eight domestic violence crisis lines), 33 law enforcement jurisdictions, three District Attorneys, and multiple court systems. In the 2002 Multnomah County Community Based Victim Services Assessment,<sup>1</sup> the need for improved access to existing services for both victims and professionals, less fragmentation of the existing services system, and the need for centralized information and referral was repeatedly mentioned.

The IRC program includes planning, development and implementation activities for a centralized domestic violence information, referral and crisis counseling line. These activities are conducted by the Multnomah County Department of County Human Services (DCHS) through the Domestic Violence Coordinator's Office (DVCO). DCHS contracts with Portland Women's Crisis Line (PWCL) to participate in all aspects of the planning and development phases and to provide information, referral and crisis line services.

The main goal of this program is to develop a centralized IRC system that:

- Improves victim/survivor access to existing services.
- Serves as a resource for professionals involved in domestic violence intervention.
- Reduces duplication and inefficiency in the current victim services system.

In support of its goal, the program has the following annual objectives:

- Respond to at least 6,000 domestic violence and/or sexual assault related calls a year.
- Respond to at least 1,500 calls a year from domestic violence and/or sexual assault intervention partners seeking information from the crisis line.
- Provide monthly trainings (one per month) to PWCL crisis line specialists and volunteers to include referral and assessment skills; advanced advocacy skills; and information on policies, procedures, and practices of agencies across the domestic violence intervention system.

<sup>1</sup> Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office, 2002.

# Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

## Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

- Maintain up-to-date information and referral (I&R) information by developing an I&R database, updating the database quarterly, and distributing the database twice a year to domestic violence agencies.
- Develop interagency agreements with the eight domestic violence agencies that operate a crisis line to include protocols for shelter prescreening and to address times when PWCL answers shelter crisis lines for these agencies.
- Develop a Memorandum of Understanding (MOU) with the 2-1-1 social services information and referral line, specifying that PWCL will be the designated first referral source for domestic violence and sexual assault related calls.
- Expand PWCL's capacity to answer calls from 20,000 to 30,000 in year three and four.
- Increase the number of calls answered by the crisis line that are related to domestic violence and/or sexual assault by 20 percent in year three and year four as compared to the first year.
- 80 percent of the calls answered will have a favorable outcome for the caller (as measured by documentation of needs met).
- Pre- and post-system implementation surveys will indicate positive change in users' perceptions of the crisis line from year one to year four.

### Target Population

The IRC targets domestic violence victims/survivors and professionals involved in domestic violence situations or intervention in Washington, Clackamas, and Multnomah Counties. The IRC provides a centralized, single access point for domestic violence victims/survivors and professionals seeking information, referrals, crisis counseling, and access to services.

### Program Components

The IRC program consists of two primary components: planning and development and implementation. These components occurred in three phases. The following is a detailed description of the main program components.

- *Planning and development:* In Phase I/year one, the program was focused on evaluating the regions needs and current services, gathering information to guide the redesign process, and developing a redesign and implementation plan for the IRC. Activities conducted included:
  - (a) *Best practices research:* Program staff gathered information about existing programs around the country and researched practices and standards developed for domestic violence crisis lines, information and referral lines, and help lines in a variety of fields. Based on research, the Chicago Domestic Violence Hotline and the Massachusetts SafeLink were identified as the most comprehensive domestic violence information and referral systems in the



## Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

### Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

- country. Both systems were promising domestic violence Information and Referral System (IRC) models, and site visits to these programs were conducted by project staff.
- (b) *Technology assessment/plan:* A technology consultant was hired to develop a written technology plan that included (1) an assessment of victim services agencies' technology capacity and needs of domestic violence victim services agencies; (2) recommendations for telephone technology and computer hardware, software, and networking; (3) estimates of the resources needed to purchase, install and maintain the system; (4) an implementation plan for installing, training and testing the technology, including recommendations for implementation priorities as funding becomes available; and (5) evaluation criteria for monitoring the performance of the system's technology.
- (c) *Assessment of the needs of victims and professionals:* Information on current crisis line system functioning and input from victims and professionals was obtained through (1) five focus groups with professional stakeholders, one focus group with English-speaking survivors of domestic violence, and one focus group with Spanish-speaking survivors of domestic violence; (2) 16 stakeholder interviews with program coordinators/directors of domestic violence victim services agencies; and (3) mailed surveys to 290 community stakeholders in the Tri-county region. Written surveys were also developed for victims/survivors in English and Spanish.
- (d) *Inventory of domestic violence-related information and referral resources:* A domestic violence resource database was developed that contains more thorough, accurate and up-to-date information. Core resources in the database include domestic violence victim services, criminal and civil justice information, batterer intervention services, financial assistance, and other services commonly accessed by domestic violence victims. Each listing contains the organization name, contact information, detailed description of the services provided, days and hours of operation, eligibility criteria or service requirements, intake procedures, language services availability, and ADA accessibility. By the end of the program's first year, a paper version of the I&R database was available for community partners.
- (e) *Redesign and implementation plan:* Based on information gathered from the first year, a redesign and implementation plan was completed. The redesign plan specifically addressed and sought consensus on (1) simplified access to services through a single access phone number; (2) involvement of stakeholders, including victims and providers; (3) interpreters/appropriate services for non-English speaking callers; (4) cultural competence and access for victims from specific populations; (5) maintenance of up-to-date information and referral information; (6) training requirements for staff and volunteers; (7) on-going coordination of crisis lines; (8) appropriate technology

## Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

### Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

and resources to purchase and maintain it; (9) confidentiality and safety of callers, staff and volunteers; and (10) development of interagency agreements as needed.

- **Implementation:** Based on information gathered in Phase I/year one, the new crisis line service model was implemented beginning in Phase II/year two. The second year's activities were focused on the start-up and pilot testing of a new service model at PWCL. The implementation of the IRC model initiated in Phase II/year two continued during Phase III/year three. Phase III/years three and four activities focus on ongoing training and skill development of the IRC staff, expanding use of new call-handling procedures, implementation of collaborative agreements, updating and distributing the Information and Referral Software System (IRis) database, seeking additional funding sources, and fine-tuning the IRC model as needed. Components of the implemented crisis line model are:
  - (a) **New service model at PWCL:** The Portland Women's Crisis Line served as the primary crisis line and provided a new service model. Components of the new service model include the use of the IRis database to provide accurate and updated information and referrals, improved call handling procedures and interagency communication (i.e., pre-screening to determine basic needs and eligibility; directly connecting caller to the appropriate referral and making sure that someone is available to talk to the caller; and when appropriate, introducing the caller's situation to the referral source before disconnecting from the call). PWCL also hired paid crisis line specialists to respond 24 hours a day and increased its capacity to respond to calls during peak times.
  - (b) **The IRis client tracking and information system:** The IRis system was developed and served as PWCL's primary data collection tool and information/referral database. Crisis line responders have been using the IRis system to track call data and to provide updated information and referrals that are specific to the callers' needs. The IRis call screen was customized to be able to capture information on call type, demographic information about callers, problems/service needs, and whether the needs of the caller were met. The paper version of the I&R database developed in year one was updated, expanded and transferred to the IRis software program.
  - (c) **Development of interagency agreements:** Program staff began working with existing victim services agencies to develop protocols and interagency agreements regarding call handling procedures, referrals, and information sharing. Interagency agreements were finalized in the third year. These agreements focused on the centralized pre-screening by PWCL for shelter services and having PWCL provide after-hours crisis line response for some existing crisis lines. These interagency agreements will be monitored and reviewed in the fourth year to ensure streamlined access to services for domestic violence victims/survivors.

## Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

### Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

- (d) *Training of staff and volunteers:* Existing and new crisis line staff and volunteers received new training. Topics covered included call handling procedures, more detailed information on resources available, policies and procedures across the domestic violence intervention system, and how to use the IRis system. Additionally, half of the monthly staff meeting was devoted to staff training and skill development. Topics covered included referral and assessment skills, advanced advocacy skills, communication skills, and safety planning.
- (e) *Development of shared resource database:* The program distributed an electronic resource directory to domestic violence agencies once the I&R database was assigned standardized keywords for searching. On-going maintenance, including regular updates and review of existing information, is planned.
- (f) *Purchase and installation of new equipment and technology:* Based on the technology plan recommendations, the most essential crisis line equipment and I&R technology were purchased. These purchases included a software program/database for caller tracking, two computers, and a server for the software system.

The redesigned IRC was implemented in stages based on the level of funding and resources available. The program had originally proposed to purchase technology and equipment to link area domestic violence agencies. The scope of the program changed during the second year, resulting in the purchase of only the most essential information and referral equipment and software for PWCL. The technology and equipment for linking area domestic violence agencies was not purchased due to the costs involved and the lack of infrastructure within nonprofit domestic violence agencies. To create a more integrated crisis line system, the program focused on “low-tech” strategies that included shared I&R information on disk, improved call handling procedures, and interagency collaborations.

### Program Resources

#### *Byrne Funding*

The Centralized Domestic Violence Information, Referral and Crisis Counseling Line program receives Byrne grant funding of \$138,585 and provides matching funds of \$46,195. During the period July 1, 2004 through September 30, 2005, the program expended \$143,436 in federal funds and \$48,188 in match funds. The Multnomah County DCHS uses most of its funding for staff positions, contract with the Portland Women's Crisis Line to provide crisis line services, and for a Crisis Line Coordinator who facilitates implementation of the new model of services at PWCL.

## **Centralized Domestic Violence Information, Referral, and Crisis Counseling Line**

Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

### *Program Staff*

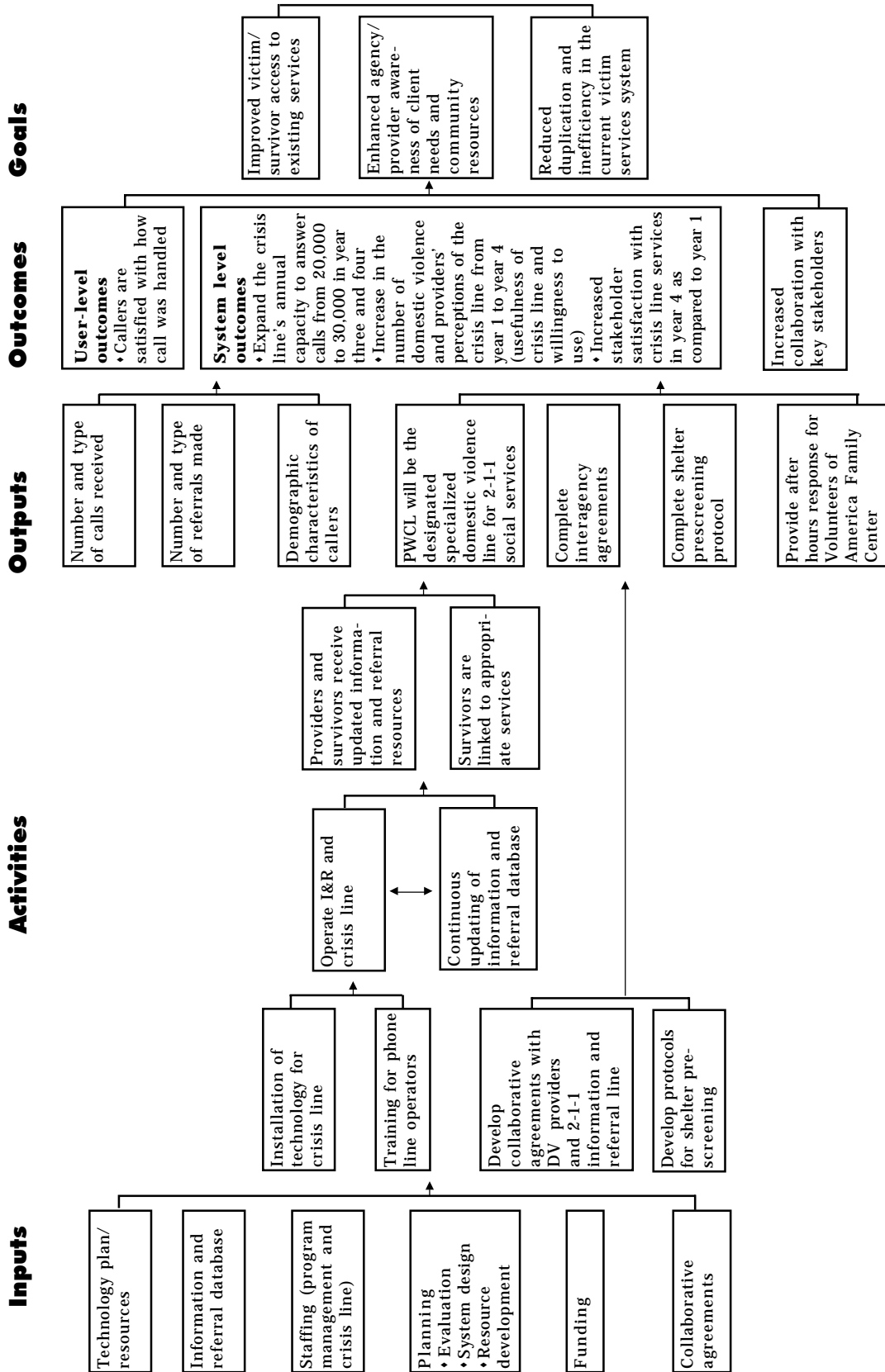
The Program Development Specialist (PDS) at Multnomah County DVCO and the PWCL Crisis Line Coordinator are responsible for carrying out the grant activities, with additional participation from the PWCL Executive Director and the Multnomah County Domestic Violence Coordinator. As the program's lead staff person, the PDS coordinates, facilitates and participates in all aspects of the grant and is responsible for the day-to-day implementation of the grant and program evaluation. The PWCL Crisis Line Coordinator implements the new model components at PWCL, develops and implements training for PWCL, compiles call data, and develops interagency collaborations. The Crisis Line Coordinator also provides day-to-day oversight of crisis line operations and facilitates system changes at PWCL. The PWCL Executive Director provides supervision of the crisis line responders and the Crisis Line Coordinator, participates in system planning, and provides oversight of PWCL's implementation of the model IRC. The Multnomah County Domestic Violence Coordinator provides grant management oversight, including supervision of DCHS program staff.

### *Collaboration*

The primary partners in this program are the Portland Women's Crisis Line and member agencies of the Tri-county Domestic and Sexual Violence Intervention Network, a network comprised of 15 agencies that provide services to victims of domestic violence and sexual assault in the Tri-county region of Oregon. A newer collaboration is with the United Way of the Columbia-Willamette area regarding the 2-1-1 project. The 2-1-1 project is a general social and health services information/referral line that has designated PWCL as the primary referral/partner for responding to domestic violence or sexual assault calls.

# Program Logic Model

## Centralized Domestic Violence Information, Referral, and Crisis Counseling Line



# Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

## Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

### Program Progress

In year four, the program continued to work on implementing the new IRC service model. Program activities focused on expanding the use of the IRC call-handling procedures, such as in-depth assessment, pre-screening for referrals, and phone-based advocacy/follow-up; ongoing training and skill development for crisis line specialists; monitoring interagency agreements; and working with PWCL and other victim services agencies to enhance system coordination. In addition, DVCO staff facilitated the development of co-advocacy/collaborative service agreements among domestic violence victim services agencies and developed detailed information on program requirements at victim services agencies for use at PWCL and other agencies. DVCO staff also worked to bring Multnomah County domestic violence victim services agencies into a shared data system (ServicePoint), which includes current bed space lists and has the potential to eventually share referrals and client information between agencies.

Evaluation activities were focused on examining the extent to which the new centralized domestic violence IRC was implemented, handling an increased number of calls, and addressing the weaknesses inherent in the old system. Evaluation activities included gathering crisis line call data, interviewing key stakeholders, and surveying a small number of survivors who utilized original crisis line services compared to a small number of survivors who utilized the new centralized domestic violence IRC. In general, the improvements funded by the Byrne grant (in terms of technology, protocols, and paid staff) resulted in an increased capacity to handle domestic violence and sexual assault calls from both survivors and domestic violence service providers. In addition, the implementation process resulted in an increased sense of collaboration among agencies that provide domestic violence interventions. The program struggled with collecting demographic and satisfaction data from callers, therefore those findings must be viewed as general indications rather than program outcomes. In general, both victims and providers indicated that the new service was improved over the old service, although the process evaluation and anecdotal information from staff and victims indicates that the program fell short of its original objectives.

### Process Evaluation

- *Clients served:* From July 1, 2004 to June 30, 2005, PWCL received 26,242 total calls (the objective was 30,000), including 13,228 calls related to domestic violence or sexual assault (the objective was 6,000). This represents a six percent increase in total calls and a 13 percent increase in domestic violence and sexual assault related calls over the prior year. PWCL has not met the annual call volume objective but could do so with expanded staffing and improved telecommunications infrastructure that includes queuing or a means of tracking hang-ups or busy signals.

PWCL's callers who were not from the program's target population (domestic violence or sexual assault survivors) were generally seeking mental health support, homeless services referrals, and general social services referrals. PWCL most likely received these calls because the Tri-county region only recently developed a 24-hour

## Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

### Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

telephone information/referral line to meet this need. During this program year, the 2-1-1 social services information and referral line became operational and will soon provide 24-hour services in the four-county region (Multnomah, Clackamas, and Washington Counties in Oregon, and Clark County in Washington). As the 2-1-1 line expands its operating hours and becomes better known in the community, PWCL will likely receive fewer of the general social services calls.

- *Client profile:* Unfortunately, caller demographics were not consistently collected or recorded, therefore data collected for callers will not be the same. Early in the implementation of the new program data documentation was not a priority for staff answering crisis calls. Trainings over the past year have reinforced the importance of collecting demographic information so that the most appropriate referrals could be made and that caller information would be available. Over the last two quarters of the grant year, documentation improved substantially.

Sex/gender was documented for 62 percent of all the callers (N = 16,309). Almost all of the callers were female (97 percent), three percent were male, and less than one percent were other (transgender). Most callers were adults, however, callers' ages were generally not recorded since age did not usually affect whether the caller was eligible for services.

Race/ethnicity was documented for 18 percent of the callers. Of 4,735 callers whose race/ethnicity was identified, 57 percent were Caucasian/European-American, 15 percent were African American/Black, 10 percent were Hispanic/Latino, two percent were Native American, two percent were Asian/Pacific Islander, two percent were multi-racial, and 12 percent were other. (The rate of documentation increased to 42 percent of the callers in the final quarter of this year due to additional training about the importance of documenting demographic information.) PWCL received 506 calls from non-English speaking callers (two percent of the total calls). The majority (93 percent; N=470) were Spanish speaking.

Geographic area was documented for only 15 percent of callers (N = 4,033). Of those, the majority of callers lived in Multnomah County (72 percent). Thirteen percent of callers lived in Clackamas (N = 556) or Washington (N = 552) counties and three percent (N = 126) lived in Clark County, Washington.

- *Program implementation:*  
*Service to callers:* While PWCL has clearly made improvements in its crisis line services over the past four years, progress has been slower than anticipated. Overall, agency partners report a perception that PWCL is providing better services to callers and a sense that callers are more likely to have their needs met than in the past. However, agency partners and other callers report that PWCL has been inconsistent in implementing the IRC model and must continue to make improvements to meet the standard of service originally envisioned. For example, improved call-handling procedures (such as 'warm hand-offs' (where PWCL directly connects and

## Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

### Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

introduces callers to the program), advocacy/problem solving for individual callers, and advocacy/problem solving for system-wide issues) have been implemented inconsistently.

When asked during the final evaluation, partner agencies reported that the 'warm hand-offs' were very helpful. However, they also reported that PWCL does not consistently use the 'warm hand-offs' procedure, and those that do occur are usually not as detailed as they could be. The 'warm hand-offs' procedure should include an introduction of the caller to agency staff, a summary of the caller's situation and the resources or strategies already tried or discussed, and an explanation of what the caller needs from this particular referral and the reason for making the designated referral. Most often, however, the 'warm hand-offs' includes only an introduction of the caller and a very brief statement of the needs of the caller.

When specifically asked during the final evaluation, most partners reported receiving few advocacy or follow-up calls from PWCL on behalf of a specific client. Some of these partners also reported concerns or complaints about the professionalism of the staff person when they do attempt advocacy or problem-solving for a caller. For example, one partner stated, "Sometimes they get frustrated with us and their frustration isn't very veiled. Some staff are definitely more diplomatic than others."

*Staffing (turnover, leadership, training):* Another challenge during year four, and throughout the term of the grant, was staff turnover. Key positions have continued to see staff turnover at PWCL, with one Crisis Line Coordinator leaving early in this program year (there have been three Coordinators and five permanent or interim Executive Directors in the four-year period of the grant).

Many partners noted that the current and the prior Crisis Line Coordinators have made contact with their agencies to discuss system-wide problems, issues or barriers, such as bed space availability or after-hours vouchering. However, some also commented that they felt their relationship and communication with this position was not as strong as it could be.

Training and skill development activities in this year included 12 monthly staff trainings attended by most Crisis Line Specialists. Topics for these meetings included: shelter services and intake/pre-screening criteria; culturally specific victim services, including how and why to ask callers for demographic information and how to offer information about these services; sexual assault response; abuse of vulnerable adults, including training on services available for people with disabilities or elders and skills training on serving clients with disabilities; agency procedures including 'warm hand-offs', detailed assessments, data collection including demographics, advocacy and follow-up for callers, supporting/working with volunteers, and vouchering; probation/parole services and the role in domestic violence intervention and; vicarious trauma.



## Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

### Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

Training activities also included an opportunity for Crisis Line Specialists to participate in 'job shadowing' to learn more about various system responses. DVCO staff and the Crisis Line Coordinator arranged opportunities for Crisis Line Specialists to spend a day shadowing staff in shelters, at culturally specific victim services agencies, at a district attorney's office, in the restraining order room at the Multnomah County courthouse, at the Portland Police Bureau Domestic Violence Reduction Unit, and at a DHS Self-Sufficiency office. The intent was to have all Crisis Line Specialists learn about another system and to share what they learned with each other. However, not all staff participated, in part because of the irregular staffing patterns. Staff with irregular or part-time schedules could not be required to participate in lieu of a regular shift, although PWCL was willing to schedule other Crisis Line Specialists to cover the crisis line, and DVCO staff also offered to cover any unfilled shifts to ensure crisis line coverage during the training project. In addition, the Crisis Line Coordinator's position was changed from a supervisory to a non-supervisory position during union contract negotiations. This meant that while the Coordinator retained responsibility for implementing this training project, she had no authority to require participation by staff who were not interested.

*IRis database distribution and management:* PWCL did not meet the objective to distribute the database on disk to domestic violence agencies this year due to software problems and staffing/procedural limitations. PWCL did receive and install new software patches sent by the software vendor to correct problems in the program, but despite repeated attempts, DVCO staff and the crisis line coordinator have been unable to generate readable disks. PWCL also has not established a formal procedure for updating the I&R database and has fallen behind on the semi-annual updates of the information and referral content in the IRis database as specified in their contract with Multnomah County. Staffing patterns at PWCL contribute to this problem, with staff being busiest with incoming calls during the daytime shifts, which limits the time these staff members can spend on updating resource information. Evening and weekend staff generally cannot reach agencies to update the information in the database. Also, some Crisis Line Specialists work irregular schedules, which makes it difficult for partner agencies to call a specific person back to discuss referral information. In addition, the agency culture does not encourage Crisis Line Specialists to focus on other responsibilities when they are not on a call, therefore staff do not utilize non-call time to update the I&R database and the administration doesn't do enough to encourage or require this activity.

*Collaborative agreements:* DVCO staff facilitated a number of meetings to develop interagency agreements across the victim services system. These included the development of co-advocacy/collaborative services agreements to clarify roles and responsibilities for serving clients involved with two agencies as well as the development of detailed descriptions of services offered by various domestic violence programs (including their program requirements and intake procedures). The spirit of cooperation among victim services agencies and their willingness to reconsider existing practices in order to streamline access to services for victims/survivors has been one of the greatest program successes.

## Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

*Data collection:* PWCL's data collection has been another barrier to documenting services provided and outcomes for callers as delivered through this IRC model. During the agency evaluation in August and September 2004, DVCO reviewed 34 randomly-selected call records and discovered that none were complete or they were incorrectly filled out. Illegible documentation and incomplete narrative makes it difficult to determine the outcomes related to the IRC model, and also makes it difficult for the Crisis Line Coordinator to review individual call records to determine whether the call was handled appropriately. Since that evaluation, the Crisis Line Coordinator has periodically reviewed individual responders' call records to encourage staff to maintain more complete call records. Accuracy and completeness has increased, however, improvement is still necessary.

### Outcome Evaluation

Program outcomes include: (1) capacity to answer calls (specifically domestic violence or sexual assault calls), (2) call outcome, (3) caller (survivor and service provider) satisfaction, and (4) collaboration with key stakeholders. DVCO implemented an outcome evaluation process, which included interviews with stakeholders and survivors, surveys distributed to victims/survivors through other victim services programs and to partner agencies, and anecdotal information from partner agencies and survivors.

- *Capacity to answer calls:* Between July 1, 2004 to June 30, 2005, PWCL received 26,242 total calls, of which 13,228 were related to domestic violence or sexual assault (50 percent of all calls). During the pre-implementation period (October 1, 2001 to September 30, 2002), PWCL received 19,713 overall calls, of which 7,521 were related to domestic violence and sexual assault (38 percent of calls). Compared to year one, PWCL's overall call volume has increased 33 percent, and calls related to domestic violence or sexual assault increased by 76 percent. The program greatly exceeded the objective to increase the number of domestic violence and/or sexual assault calls over the course of the project by 20 percent.

This IRC model program was also intended to serve as a resource for partners from other agencies involved in domestic violence intervention. While PWCL met the annual objective of responding to at least 1,500 calls from partners (they received and responded to 2,386), there was also a notable 18 percent decrease in these calls in this program year compared to the prior year (N = 2,934). The reason for this decrease is unclear, however, it may be linked to the perception reported in partner interviews that PWCL does not have the detailed information that partners need and can obtain from other agencies.

*Call outcomes:* Improved call outcomes have been difficult to track. While Crisis Line Responders were asked to identify the caller's needs and whether these were met or unmet in the call record, this information does not indicate whether the caller actually contacted the referral or received services. In 97 percent of records, PWCL made a referral or provided the information needed for at least one of the identified needs (the objective was that 80 percent of the calls answered will have a

## Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

### Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

favorable outcome for the caller as measured by documentation of needs met). However, whether the caller actually used the referral or received services from the referral is unknown.

Although not specifically listed as an objective related to improved outcome of calls, information on the length of calls was available for part of this program year and was reviewed. During the time period of November 2004 through March 2005, 88 percent of all calls were under five minutes in length. For all calls 20 seconds or longer (based on an assumption that calls lasting at least 20 seconds were not hang-ups (by the caller) and more than likely not a recorded message (received by the caller)), the median call length was 1.5 minutes and the mean call length was 3.1 minutes. According to national experts and DVCO staff experience in responding to crisis calls indicate that an average call should last at least five minutes for Crisis Line Specialists to adequately identify and meet the caller's needs. This should include asking callers questions to more clearly understand their situation and needs, helping them prioritize immediate needs, explaining options and possible system responses, finding appropriate referrals, discussing alternatives, and providing additional problem solving. Thus, after reviewing call length data, the PWCL Director and Crisis Line Coordinator committed to working with Crisis Line Specialists to ensure that they were conducting in-depth needs assessments and problem solving with each caller.

- *Caller satisfaction:* The results of the outcome evaluation indicate that callers (both domestic violence or sexual assault survivors and domestic violence intervention partners) noted an increase in satisfaction with PWCL's services.

DVCO staff distributed 100 English-language surveys and 50 Spanish-language surveys to survivors. The surveys were mailed or hand-delivered to shelters and victim services programs in the Tri-county area. Of the 150 surveys distributed, 18 were returned (12 percent response rate). Of these 18 surveys, 16 had called Portland Women's Crisis Line directly. Due to the extremely poor response rate and lack of comparability of the pre- and post-implementation respondents, comparisons between the two should be viewed with caution and only as a description. The 16 respondents who utilized the new service model crisis line were compared to the 36 respondents from year one who utilized crisis line services prior to program implementation. Survivors who called the new crisis line were more likely to feel their needs were met during the call, were less likely to get a busy signal, were less likely to get an answering machine or no answer, and needed to make five follow-up calls on average compared to an average of seven for survivors who utilized original crisis line services. However, survivors who called the new and improved crisis line were slightly less likely to find the right number to call from available resources, receive information they were hoping to obtain, get connected with the services they needed, and feel that they were treated courteously and with respect.

## Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

### Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

Based on surveys and statistics from PWCL's call record database, most domestic violence intervention partners who used PWCL were staff from other victim services programs. Through interviews and surveys with representatives from partner agencies, DVCO staff explored whether these partners had increased satisfaction with PWCL's crisis line program. Interviews included 17 staff from 10 partner agencies (2-1-1 social services information and referral line, Volunteers of America Home Free, Bradley Angle House, Clackamas Women's Services, YWCA Yolanda House, West Women's Shelter, IRCO, Russian Oregon Social Services, Catholic Charities' El Programa Hispano, and Native American Family Healing Circle). Overall, these partners reported that the PWCL had improved compared to the pre-implementation period. For example, it was easier to reach a call-taker (fewer busy signals or a recorded message), and Crisis Line Specialists were consistently able to provide referral phone numbers and current shelter space information. However, they also felt that PWCL was not necessarily providing the level of service needed to truly carry out the IRC model as designed.

Specific strengths cited by partners included 'warm hand-offs', updated information, technological improvements, paid staff, and improved coordination and system collaboration. Concerns cited by partners included lack of detailed information about other services and system responses, lack of professionalism at times, and staff turnover.

- *Collaboration with key stakeholders:* During the four years of the program, collaboration continued to increase among victim services agencies. Specific program activities over the past year included development of co-advocacy/collaborative service agreements among victim services agencies; development of detailed descriptions of victim services programs' services and requirements; and including domestic violence agencies in Multnomah County in a shared database (ServicePoint). PWCL has formalized its collaborations and met its objectives, with a MOU with eight victim service agencies and the 2-1-1 social services information and referral line.

### Program Performance Measures and Outcomes

The performance measure for this program is:

- The number of training/education sessions.

The outcomes for the Centralized Domestic Violence Information, Referral, and Crisis Counseling Line include:

- PWCL received 13,228 calls related to domestic violence or sexual assault.
- From year one to year four, the number of calls answered by the crisis line related to domestic violence and/or sexual assault increased by 76 percent.

## Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

### Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

- PWCL responded to 2,386 calls during the program year from domestic violence and/or sexual assault intervention partners seeking information from the crisis line.
- PWCL held 12 monthly staff trainings, sent five Crisis Line Specialists to a six-hour sexual assault advocacy training, and sent six staff on 'job-shadowing' shifts for on-the-job training at partner agencies.
- PWCL developed an I&R database, however they did not update the database quarterly or distribute it to domestic violence agencies.
- PWCL developed and signed interagency agreements (MOUs) with the eight domestic violence victim services agencies regarding collaborative services, such as expectations and process when PWCL answers crisis lines for a specific agency.
- PWCL signed an interagency agreement (MOU) with the 2-1-1 social services and information referral line regarding PWCL serving as the specialist and first point of referral for calls related to domestic violence and sexual assault.
- Call data indicates that callers had a favorable outcome (defined as having at least one need met or referral provided) 97 percent of the time. (However, whether the caller actually used the referral or received services from the referral is unknown.)
- Data was collected to assess whether the intervention resulted in an increased capacity to handle domestic violence/sexual assault crisis calls, improved call outcomes, and improved caller satisfaction. In general, the intervention did not accomplish all of the intended activities, did achieve most of the program objectives related to increased capacity to handle domestic violence/sexual assault crisis calls (and all crisis calls) and increased collaboration, and received positive reviews in terms of caller satisfaction.

### Lessons Learned

There are many lessons to be learned from this attempt to design and implement a state-of-the-art centralized domestic violence information, referral and crisis counseling line (IRC) in a large metropolitan region. Through a great deal of research, the grantee realized that the costs associated with many of the technologically-based improvements were prohibitive. Settling on improving the current infrastructure proved challenging as well. Central to the improvement in the new centralized domestic violence IRC were paid Crisis Line Specialists, improved call-handling procedures, improved technology (e.g., easy-to-use referral database, a data collection system, and additional phone lines), and improved collaboration with other domestic violence intervention providers. Through these innovations, call volume has greatly increased, most callers report receiving assistance with at least one of their issues, callers and providers report being more satisfied with the service provided by PWCL, and PWCL has formal collaborative agreements (MOUs) with several other domestic violence service providers.

## **Centralized Domestic Violence Information, Referral, and Crisis Counseling Line**

Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

---

Through Byrne funding, the PWCL has also learned lessons about improving the centralized domestic violence IRC service. While domestic violence intervention partners perceived PWCL as doing better than they were at the outset of the program, they did not always perceive PWCL as having the level of detailed information that this IRC model should provide and that callers need. Part of the reason for this may be related to staffing issues. The PWCL experienced high staff turnover during the course of this grant. While staff turnover is to be expected in this type of service, some of the negative consequences could be alleviated if the agency better anticipated turnover and had procedures and training protocols in place for transitioning in new staff.

The original model proposed hiring full-time Crisis Line Specialists with set schedules in order to allow them to become familiar with the position, as well as collaborate with other agencies. However, the Crisis Line Specialists are under union contract which allows the choice of shifts based on seniority. Although the recommendation of set schedules is not currently possible at PWCL, it is important for other programs to consider if they were interested in replicating this model.

The final lesson learned with regard to staffing was related to the importance of a functional supervisory structure. Within the PWCL model the Crisis Line Coordinator lacked supervisory authority and the Executive Director, who did have the authority, did not have regularly scheduled meetings with the Crisis Line Specialists.

PWCL's Crisis Line has not been used as frequently by intervention partners outside the victim services agencies as originally envisioned in the IRC model. PWCL's current Crisis Line Coordinator has expressed interest in developing this role through outreach activities, such as police roll-call training.

While PWCL continues to collaborate with other domestic violence service providers, future collaboration should include a shared data system (ServicePoint), as well as the development of a secured website for domestic violence agencies, which may include the PWCL directory-on-disk database and real-time shelter space information.

For further information about this program, please contact Ms. Chiquita Rollins at (503) 988-4112.

# **Program Summaries: Electronic Data Collection and Management Systems Aimed at Improving the Availability of Statewide Law Enforcement and Criminal Justice Information**

---

## Criminal Justice Records Improvement- Five Percent Set-Aside Law Enforcement Data System (LEDS)

---

### Program Purpose

Byrne grant guidelines require that each state administrative agency set aside five percent of its annual grant funds for criminal justice records improvement (CJRI). These funds must be spent on programs that promote one or more of the following goals:

- Completion of criminal histories to include the final disposition of all arrests for felony offenses.
- Full automation of all criminal justice histories and fingerprint records.
- Enhancement of the frequency and quality of criminal history reports to the FBI.
- Improvement of state records systems and the sharing of all records described above with the Attorney General.
- Improvement of state records systems and the sharing of all the records described above and the child abuse crime records required under the National Child Protection Act of 1993 (42 U.S.C. 5119 et seq.) among state criminal justice agencies.

Between July 1, 2004 and June 30, 2005, three LEDS programs were funded with CJRI five percent set-aside funds:

#### 1. Message Switch

The hub, or gateway, through which all Oregon criminal justice information traffic flows is the LEDS Message Switch. Systems connected to the Switch include the FBI's National Crime Information Center (NCIC), the National Law Enforcement Telecommunications System (NLETS), California Law Enforcement Telecommunications System (CLETS), Oregon DMV, Oregon Mental Health, corrections data, National and Oregon Sex Offender Registry, Fish and Wildlife, and a host of other regional criminal justice information systems, regional message switches, records management systems, and other messaging services supporting Oregon's criminal justice community.

The existing Switch is over 10 years old and has reached its end of life via vendor support. Additionally, the present Switch is unable to support the new NCIC-2000 communication protocol, Transmission Control Protocol/Internet Protocol (TCP/IP), the suite of communications protocols used to connect hosts on the Internet, and is unable to support the transmission of images (i.e., mugshots, fingerprints, etc.)

The LEDS Message Switch Replacement project will design, implement, and deliver an integrated message switch system to electronically transport criminal justice and law enforcement data between user systems and various databases. Unisys, the primary contractor, will deliver LEMS 2000, a turnkey solution. LEMS 2000 is a law enforcement message system software product in use in eight other states. Unisys will install and configure both hardware and software for the replacement system, and provide customized code for Oregon's unique processes.



## **Criminal Justice Records Improvement- Five Percent Set-Aside Law Enforcement Data System (LEDS)**

---

### 2. LEDS Compliance

Oregon Revised Statute (ORS) 181.730 establishes the LEDS program and Oregon Administrative Rule 257-015-0040 expounds on the responsibilities of the section in which the audit functions are mandated. To remain in compliance with FBI / NCIC (National Crime Information Center) policy there must be a training program that instructs users on the appropriate manner of utilizing criminal justice records and to insure the information in the system is accurate. The training program is paramount to insure the credibility and accuracy of the LEDS system files.

The Training Unit processes approximately 120 new certifications monthly and changes to NCIC polices, as well as state and federal statutes, effecting use of the LEDS / NCIC systems must be continually monitored by the Training Manager.

### 3. Oregon Uniform Crime Reporting (OUCR)

The Oregon State Legislature under ORS 181.550 established the Oregon Uniform Crime Reporting program in 1973. This program was created to meet the need for crime statistics used in operational planning and policymaking. Police departments and sheriff's offices rely on the data to help them support staffing decisions, allocate funding and resources, gauge the effectiveness of specific law enforcement programs, and support legislative and judicial mandates. Many local and state agencies use OUCR data to support their requests to secure federal grant monies, to design new crime-fighting initiatives, or to craft anti-crime legislation.

The Governor's Office, Oregon State Legislature, Media, Researchers, and the academic community rely heavily upon Oregon UCR program data. Additionally this information is forwarded to the FBI for National Uniform Crime Reporting.

## **Program Performance Measures and Outcomes**

The performance measures for these programs are:

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

A complete revision of the LEDS User Manual was developed and the trainer conducted statewide user specific training to enhance user knowledge and highlight system changes.

LEDS became fully compliant with the FBI's National Incident Based Reporting System (NIBRS) program - receiving a letter from the FBI certifying Oregon's compliance. At the start of the project only two agencies were reporting criminal justice information in the updated NIBRS format, currently 24 are. The goal is for all agencies / locations to report in NIBRS format (248).

## **Criminal Justice Records Improvement- Five Percent Set-Aside Law Enforcement Data System (LEDS)**

---

### **Program Resources**

#### *Byrne Funding*

LEDS receives Byrne grant funding of \$354,707 and provides matching funds of \$118,235. During the period of July 1, 2004 through June 30, 2005, the program expended \$337,647 in federal funds and \$112,550<sup>1</sup> in match funds.

For further information about this program, please contact Mr. Terry O'Connell at (503) 378-3055 ext. 55020

<sup>1</sup> LEDS is reporting on previous federal grants awarded during a prior reporting period yet expended during this reporting period.

# **Program Summaries: Developing or Improving the Capability to Analyze DNA for Identification Purposes**

---

## Improving DNA Analysis Capabilities Forensic Services Division

### Program Purpose

Funds were awarded to the Oregon State Police Forensic Services Division to improve the state's forensic laboratory capabilities for enhancing DNA analysis for identification purposes by (1) increasing the efficiency of DNA sample collection, screening, and analysis and (2) keeping current with, and developing and implementing, new technologies for improving the DNA unit's capabilities.

Specifically, Byrne grant funds will be used to (1) purchase DNA kits and supplies for DNA sample collection, screening, and typing, (2) train and test DNA forensic scientists to maintain expertise, technology, and proficiency, and (3) review, validate, and implement new technologies.

Purchased kits and supplies for DNA sample collection, screening, and typing include:

- ABA hematrace kits for the forensic identification of human blood
- ABA P30 kits for the identification of semen or seminal fluid
- DNA quantification and typing kits for the validation of the reverse transcription-polymerase chain reaction (RT-PCR) instrument. RT-PCR is the most sensitive technique for mRNA detection and quantitation currently available. Compared to the two other commonly used techniques for quantifying mRNA levels, RT-PCR can be used to quantify mRNA levels from much smaller samples and the technique is sensitive enough to enable quantitation of RNA from a single cell.
- Sexual assault examination kits
- Convicted offender buccal swabbing and scanning cards for the required collection of all felony offender samples
- ABI profiler/cofiler typing kits and DNA specific consumable supplies for processing and typing of DNA casework samples

### Program Performance Measures and Outcomes

The performance measure for this program is:

- Amount of grant funding used to develop/improve DNA laboratories

During the reporting period, the Forensic Services Division processed 2,051 DNA cases with supplies and DNA kits purchased with grant funds. These cases were then evaluated and entered into the state then national DNA database. Of the cases processed, the Forensics Services Division recorded 615 hits to the DNA database. These "hits" effectively link evidence from a crime scene to either a convicted offender or another case.

## **Improving DNA Analysis Capabilities**

### Forensic Services Division

---

#### **Program Resources**

##### *Byrne Funding*

The Forensic Services Division receives Byrne grant funding of \$399,660 and provides matching funds of \$133,220. During the period of July 1, 2004 through December 31, 2005, the program expended \$395,767 in federal funds and \$131,919 in match funds.

For further information about this program, please contact Mr. David Schmierbach at (503) 378-3720.



...Options Counseling Services of Oregon, Kids First Safe Alternatives Center-Multnomah County District Attorney's Office  
...migration Project-Women's Safety and Resource Center, Enhance Shelter Services-Multnomah County Department of Comm  
...estic Violence Information, Referral, and Crisis Counseling Line-Law Enforcement Data System (LEDS)-Forensic Services  
...-Southern Oregon Regional Task Force (SORT)-Mid-Willamette Valley Task Force (MWVTF)-Regional Organized Crime Na  
...Child and Family Services, Functional Family Therapy-Homestead Youth and Family Services, Marigold Girls Program-Jac  
...ter Care-Oregon Council for Hispanic Advancement, ¡Poder! -Youth Contact, Inc., HomeWorks-Juvenile Rights Project, Inc.,  
...nce Education Program for Immigrant and Refugee Women-Looking Glass, Safe Families - Support for Children Witnessing  
...on Program-Project DOVE, KidSafe-Hillsboro Police Department, Domestic Violence Intervention Services-Catholic Charitie  
...Education,Resources, and Opportunities (H.E.R.O.) for Kids-Multnomah County Department of County Human Services, Ce  
...regional Drug Task Force (NCRDTF)-South Coast Interagency Narcotics Team (SCINT)-Central Oregon Regional Task Force  
...rn Oregon Regional Drug Task Force (EORDTF)-Adapt, Family-Focused Approach to Juvenile Violence Prevention-Parrott C  
...an Services, Youth Turnaround Project-Multnomah County Department of Community Justice, Multisystemic Therapy Treat  
...LifeWorks NW, Recovery Mentor Program-Umatilla County, New Life Program-Immigrant and Refugee Community Organ  
...nce-Options Counseling Services of Oregon, Kids First Safe Alternatives Center-Multnomah County District Attorney's Office  
...migration Project-Women's Safety and Resource Center, Enhance Shelter Services-Multnomah County Department of Comm  
...estic Violence Information, Referral, and Crisis Counseling Line-Law Enforcement Data System (LEDS)-Forensic Services  
...-Southern Oregon Regional Task Force (SORT)-Mid-Willamette Valley Task Force (MWVTF)-Regional Organized Crime Na  
...Child and Family Services, Functional Family Therapy-Homestead Youth and Family Services, Marigold Girls Program-Jac  
...ter Care-Oregon Council for Hispanic Advancement, ¡Poder! -Youth Contact, Inc., HomeWorks-Juvenile Rights Project, Inc.,  
...nce Education Program for Immigrant and Refugee Women-Looking Glass, Safe Families - Support for Children Witnessing  
...on Program-Project DOVE, KidSafe-Hillsboro Police Department, Domestic Violence Intervention Services-Catholic Charitie  
...Education,Resources, and Opportunities (H.E.R.O.) for Kids-Multnomah County Department of County Human Services, Ce  
...regional Drug Task Force (NCRDTF)-South Coast Interagency Narcotics Team (SCINT)-Central Oregon Regional Task Force  
...rn Oregon Regional Drug Task Force (EORDTF)-Adapt, Family-Focused Approach to Juvenile Violence Prevention-Parrott C  
...an Services, Youth Turnaround Project-Multnomah County Department of Community Justice, Multisystemic Therapy Treat  
...LifeWorks NW, Recovery Mentor Program-Umatilla County, New Life Program-Immigrant and Refugee Community Organ  
...nce-Options Counseling Services of Oregon, Kids First Safe Alternatives Center-Multnomah County District Attorney's Office  
...migration Project-Women's Safety and Resource Center, Enhance Shelter Services-Multnomah County Department of Comm  
...estic Violence Information, Referral, and Crisis Counseling Line-Law Enforcement Data System (LEDS)-Forensic Services  
...-Southern Oregon Regional Task Force (SORT)-Mid-Willamette Valley Task Force (MWVTF)-Regional Organized Crime Na  
...Child and Family Services, Functional Family Therapy-Homestead Youth and Family Services, Marigold Girls Program-Jac  
...ter Care-Oregon Council for Hispanic Advancement, ¡Poder! -Youth Contact, Inc., HomeWorks-Juvenile Rights Project, Inc.,  
...nce Education Program for Immigrant and Refugee Women-Looking Glass, Safe Families - Support for Children Witnessing  
...on Program-Project DOVE, KidSafe-Hillsboro Police Department, Domestic Violence Intervention Services-Catholic Charitie  
...Education,Resources, and Opportunities (H.E.R.O.) for Kids-Multnomah County Department of County Human Services, Ce  
...regional Drug Task Force (NCRDTF)-South Coast Interagency Narcotics Team (SCINT)-Central Oregon Regional Task Force  
...rn Oregon Regional Drug Task Force (EORDTF)-Adapt, Family-Focused Approach to Juvenile Violence Prevention-Parrott C  
...an Services, Youth Turnaround Project-Multnomah County Department of Community Justice, Multisystemic Therapy Treat  
...LifeWorks NW, Recovery Mentor Program-Umatilla County, New Life Program-Immigrant and Refugee Community Organ  
...nce-Options Counseling Services of Oregon, Kids First Safe Alternatives Center-Multnomah County District Attorney's Office  
...migration Project-Women's Safety and Resource Center, Enhance Shelter Services-Multnomah County Department of Comm  
...estic Violence Information, Referral, and Crisis Counseling Line-Law Enforcement Data System (LEDS)-Forensic Services  
...-Southern Oregon Regional Task Force (SORT)-Mid-Willamette Valley Task Force (MWVTF)-Regional Organized Crime Na  
...Child and Family Services, Functional Family Therapy-Homestead Youth and Family Services, Marigold Girls Program-Jac  
...ter Care-Oregon Council for Hispanic Advancement, ¡Poder! -Youth Contact, Inc., HomeWorks-Juvenile Rights Project, Inc.,  
...nce Education Program for Immigrant and Refugee Women-Looking Glass, Safe Families - Support for Children Witnessing  
...on Program-Project DOVE, KidSafe-Hillsboro Police Department, Domestic Violence Intervention Services-Catholic Charitie

Electronic version of this report available at:  
<http://egov.oregon.gov/OOHS/CJSD/byrne.shtml>