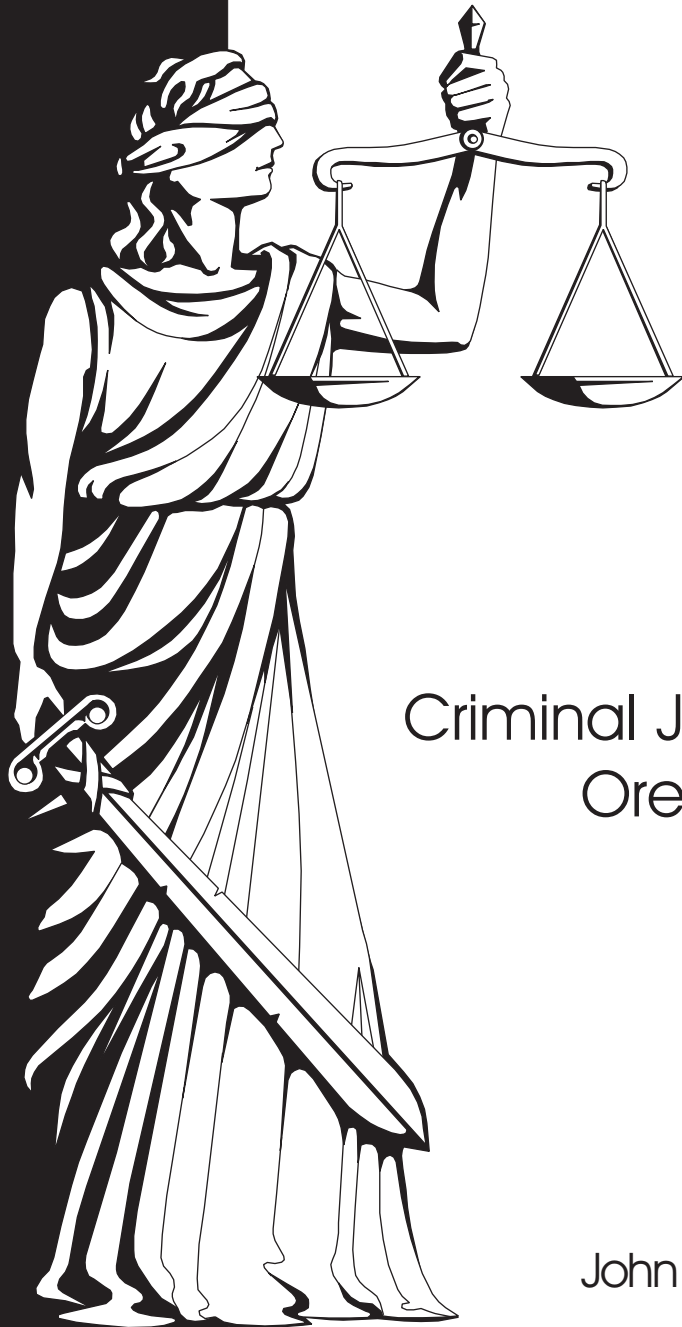


FY 2001  
Edward Byrne Memorial  
State and Local Law  
Enforcement Assistance  
Program Grant

Annual  
Report



Criminal Justice Services Division  
Oregon State Police

John A. Kitzhaber, MD Governor

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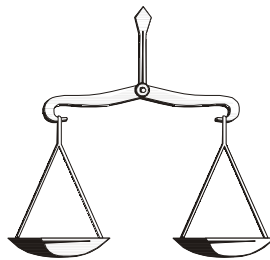
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**JOHN A. KITZHABER, M.D.**  
GOVERNOR



November 1, 2002

Dear Oregonians:

It is with great pleasure that I present to you *Oregon's 2001 Edward Byrne Memorial State and Local Law Enforcement Assistance Program Annual Report*. This document highlights the accomplishments in Oregon's communities over the past year with the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, Edward Byrne Memorial Formula Grant funds.

Between July 1, 2001 and June 30, 2002 the state of Oregon allocated over \$6.2 million of Byrne grants to state agencies, local governments, and non-profit organizations. These funds supported over 37 programs to reduce drug abuse and violent crime.

Many of these programs would not exist without these federal dollars. The Byrne funds are focused towards a broad spectrum of issues in Oregon: helping victims and improving the criminal justice system's response to domestic and family violence; preventing delinquent behavior in juveniles; providing drug and alcohol treatment to correctional clients; supporting multijurisdictional narcotics task forces; supporting comprehensive criminal justice information systems infrastructures; and many other important programs within the criminal justice community.

But more importantly, the Byrne funds are used to test new programs that attempt to address old problems with creative innovation. This, in turn, allows Oregon to evaluate the criminal justice system to discover what is most effective in reducing drug use and violent crime in our state.

The *2001 Annual Report* shows how we have leveraged Federal funds to develop a more comprehensive criminal justice system in Oregon. It is a story of which we can all be proud.

Sincerely,

John A. Kitzhaber, M.D.

JAK:cjsd:cmerlo



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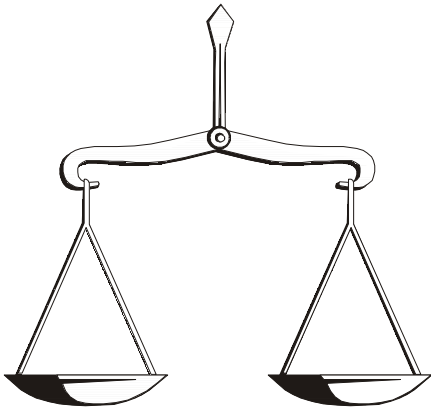
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# Introduction

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# 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 formula grant program is named after New York City police officer, Edward Byrne, who was murdered by drug dealers. Title VI is administered by the United States Department of Justice, Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA). The Criminal Justice Services Division (CJSD) of the Department of State Police administers the Byrne program for the State of Oregon.

As part of its application for Byrne funds, Oregon develops a statewide *Strategy to Control Drugs and Violent Crime*. The *Strategy* assesses Oregon's drug and violent crime problems, identifies resource needs, and establishes priorities based on the *Oregon Benchmarks*.

In 1989, Oregon adopted measurable indicators called *Benchmarks* which are used at the statewide level to assess Oregon's progress toward broad goals: a state of well-educated, competent people living in thriving communities, working in a well-paying, competitive economy, and enjoying a pristine environment. Progress towards achieving *Benchmarks* on a statewide level is updated every two years.

Oregon allocates Byrne funds to state agencies, local governments, and non-profit agencies for programs which advance both the *Strategy* and the *Benchmarks*. Programs must fall within one of 28 Authorized Purpose Areas (see page 13).

The *2001 Annual Report* covers Byrne program performance and expenditures between July 1, 2001 and June 30, 2002. Many of the grant periods for funded programs are different than that of the *Annual Report*. All but one juvenile violence prevention and domestic and family violence prevention programs ran from October 1, 2001 to September 30, 2002. Others, including offender alcohol and drug treatment ran from August 1, 2001 to September 30, 2002. Therefore objectives listed are based on four quarters of grant activities, and outcomes reflect activities completed as of June 30, 2002.

The *2001 Annual Report* includes program performance in six key areas:

## **1. Domestic and Family Violence Prevention Programs**

Improving the criminal justice system and community response to domestic and family violence.

## **2. Improving Operational Effectiveness**

Improving law enforcement's knowledge of crime analysis techniques.

## **3. Juvenile Violence Prevention Programs**

Community programs that assist in preventing and controlling juvenile crime and delinquency.

*(continued on next page)*

# Introduction

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## **4. Law Enforcement Programs**

Multijurisdictional narcotics task forces.

## **5. Offender Alcohol and Drug Treatment Programs**

Identifying and meeting the needs of drug- and alcohol-dependent offenders.

## **6. Statewide Criminal Justice Information Systems Programs**

Information interchange improvements to assist law enforcement, prosecution, courts, and corrections.

# Governor's Drug and Violent Crime Advisory Board

The Governor's Drug and Violent Crime Advisory Board is governed by a 19-member board of federal, state, and local leaders from the criminal justice system. The Advisory Board is led by a Chairman, who is appointed by the Governor from among the Board's members. Advisory Board members are responsible for making funding recommendations to the Governor, reviewing the progress of funded programs, and setting priority areas for funding.

**Phyllis D. Barkhurst**

Attorney General's Sexual Assault Task Force

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Oregon Department of Education

**Alexander Burgin**, Major General  
Oregon Military Department

**Ann Christian**

State Court Administrator's Office

**Tony Corcoran**, Senator  
Douglas and Lane Counties

**Gary Field, Ph.D.**, Administrator  
Counseling and Treatment Services Division  
Department of Corrections

**Betty Griffiths**, Citizen Representative

**John Foote**, District Attorney  
Clackamas County

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

**Mark Kroeker**, Chief  
Portland Police Bureau

**Darryl Larson**, Judge

Lane County

Chair of the Advisory Board

**Donna Middleton**, Director  
Commission on Children and Families

**Michael Mosman**, United States Attorney

**Chuck Pritchard**

Oregon Department of Justice

**Ronald C. Ruecker**, Superintendent  
Department of State Police

**Jeffrey Tryens**, Executive Director  
Oregon Progress Board

**Glenn Vest**, Director  
Klamath County Juvenile Department

**Ben Westlund**, Representative  
Deschutes, Jefferson and Wasco Counties

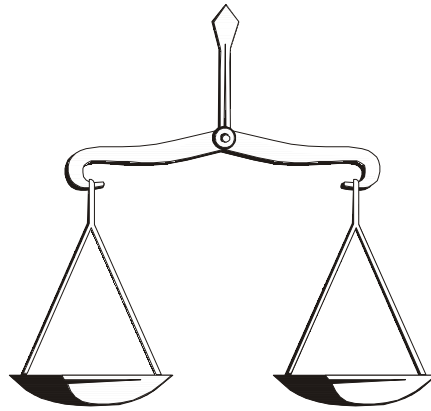
**Karen Wheeler**, Juvenile Justice  
Treatment Specialist  
Office of Mental Health and Addiction  
Services

# Byrne Authorized Purpose Areas

1. Demand reduction education programs in which law enforcement officers participate.
2. Multi-jurisdictional task force programs that integrate Federal, State and local drug law enforcement agencies and prosecutors for the purpose of enhancing interagency coordination and intelligence and facilitating multi-jurisdictional investigations.
3. Programs designed to target the domestic sources of controlled and illegal substances, such as precursor chemicals, diverted pharmaceuticals, clandestine laboratories and cannabis cultivations.
4. Providing community and neighborhood programs that assist citizens in preventing and controlling crime, including special programs that address the problems of crimes committed against the elderly and special programs for rural jurisdictions.
5. Disrupting illicit commerce in stolen goods and property.
6. Improving the investigation and prosecution of white collar crime, organized crime, public corruption crimes and fraud against the Government with priority attention to cases involving drug-related official corruption.
- 7a. Improving the operational effectiveness of law enforcement through the use of crime analysis techniques, street sales enforcement, school yard violator programs, gang-related and low income housing drug control programs.
- 7b. Developing and implementing antiterrorism plans for deep draft ports, international airports and other important facilities.
8. Career criminal prosecution programs, including the development of model drug control legislation.
9. Financial investigative programs that target the identification of money laundering operations and assets obtained through illegal drug trafficking, including the development of proposed model legislation, financial investigative training and financial information-sharing systems.
10. Improving the operational effectiveness of the court process by expanding prosecutorial, defender, and judicial resources and implementing court delay reduction programs.
11. Programs designed to provide additional public correctional resources and to improve the corrections system, including treatment in prisons and jails, intensive supervision programs and long-range corrections and sentencing strategies.
12. Providing prison industry projects designed to place inmates in a realistic working and training environment which will enable them to acquire marketable skills and to make financial payments for restitution to their victims, for support of their own families and for support of themselves in the institution.
13. Providing programs which identify and meet the treatment needs of adult and juvenile drug-dependent and alcohol-dependent offenders.
14. Developing and implementing programs which provide assistance to jurors and witnesses and assistance (other than compensation) to victims of crime.
- 15a. Developing programs to improve drug control technology, such as pretrial drug testing programs, which provide for the identification, assessment, referral to treatment, case management and monitoring of drug dependent offenders and enhancement of State and local forensic laboratories.
- 15b. Criminal justice information systems to assist law enforcement, prosecution, courts and corrections organizations (including automated fingerprint identification systems).
16. Innovative programs which demonstrate new and different approaches to enforcement, prosecution, and adjudication of drug offenses and other serious crimes.
17. Addressing the problem of drug trafficking and the illegal manufacture of controlled substances in public housing.
18. Improving the criminal and juvenile justice system's response to domestic and family violence, including spouse abuse, child abuse, and abuse of the elderly.
19. Drug control evaluation programs which State and local units of government may utilize to evaluate programs and projects directed at State drug control activities.
20. Providing alternatives to prevent detention, jail and prison for persons who pose no danger to the community.
21. Programs of which the primary goal is to strengthen urban enforcement and prosecution efforts targeted at street drug sales.
22. Programs for the prosecution of driving-while-intoxicated charges and the enforcement of other laws relating to alcohol use and the operation of motor vehicles.
23. Programs that address the need for effective bindover systems for the prosecution of violent 16- and 17- year old juveniles in courts with jurisdiction over adults for certain violent crimes.
24. Law enforcement and prevention programs that target gangs, or youth who are involved with or at risk of involvement in gangs.
25. Developing or improving the capability to analyze deoxyribonucleic acid (DNA) for identification purposes. (Requires adherence to DOJ regulations).
26. Programs to assist States in the litigation processing of death penalty, Federal habeas corpus petitions.
27. Enforcing child abuse and neglect laws, including laws protecting against child sexual abuse, and promoting programs designed to prevent child abuse and neglect.
28. Establishing or supporting cooperative programs between law enforcement and media organizations, to collect, record, retain, and disseminate information useful in the identification and apprehension of suspected criminal offenders.

# Executive Summary

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# Executive Summary

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**B**etween July 1, 2001 and June 30, 2002, the State of Oregon awarded over \$6.2 million of Byrne formula grant funds to state agencies, local governments, and non-profit organizations for 37 programs designed to reduce drug use and violent crime.

Many of the grant periods for funded programs are different than that of the *Annual Report*. All but one juvenile violence prevention and domestic and family violence prevention programs ran from October 1, 2001 to September 30, 2002. Others, including offender alcohol and drug treatment ran from August 1, 2001 to September 30, 2002. Therefore objectives listed are based on four quarters of grant activities, and outcomes reflect activities completed as of June 30, 2002.

The *2001 Annual Report* reflects Byrne program performance and expenditures during this period in six areas:

## **Domestic and Family Violence Prevention Programs**

- Nine programs were awarded a total of \$640,410 to provide services to victims and improve the criminal justice system and community response to domestic and family violence, including intimate partner abuse, child abuse, and abuse of the elderly.

Funded programs must address the specific: (1) needs identified by applicant communities in the areas of child abuse or abuse of the elderly, or (2) gaps in services related to intimate partner abuse identified in the 1998 Oregon Domestic Violence Needs Assessment (ODVNA).

Programs eligible for funding in the area of child abuse are limited to those serving children who have experienced: (1) physical abuse; (2) sexual abuse; and/or (3) psychological abuse or neglect. Physical abuse refers to the infliction of physical injury as a result of beating, kicking, biting, burning, shaking or otherwise harming a child. Sexual abuse is sexual contact of any kind with a child including fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials. Psychological abuse is a pattern of behavior and attitudes towards a child that endangers or impairs the child's emotional or intellectual development. Psychological neglect refers to actions such as spousal abuse in the child's presence, allowing a child to use drugs or alcohol, refusal or failure to provide needed psychological care, constant belittling and withholding of affection.

Recent reviews of more than two decades of studies in family violence have revealed that adults and children often are victimized in the same family. The majority of these studies have found that a substantial proportion, ranging from 30 to 60 percent, of battered mothers' children are also maltreated. As a result of these research findings, the National Association of Public Child Welfare Administrators and the National Council of Juvenile and Family Court Judges have developed a strategic plan and guidelines for policy and practice, which include a focus on the intersection of child welfare and domestic violence. Grantees were strongly encouraged to collaborate among child protection services, domestic violence programs, law enforcement agencies, and juvenile courts to develop programs that effectively respond to families in which dual forms of maltreatment exist.

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# Executive Summary

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Grantees submitting a proposal in the area of child abuse should include one or more of the following categories of program services for victims:

- Criminal justice/legal services (investigation of child abuse cases, multidisciplinary teams, legal aid/advice for victims, police intervention)
- Community crisis responses for child and adult victims of domestic violence
- Effective identification and assessment of domestic violence during child protection intake
- Support and mental health programs for child and adult victims of domestic violence
- Coordination among the multiple courts and agencies that provide intervention and oversight to families experiencing domestic violence and child abuse
- Safety plans developed by the adult victims, child protective services, domestic violence advocates, and other involved agencies for every child and adult experiencing domestic violence
- Cross training provided by a team of child welfare and domestic violence advocates to child welfare agency staff, agency attorneys, kinship, foster and adoptive parents, and contracted service providers
- Culturally competent advocacy services and interventions for child and adult victims of domestic violence

Programs eligible for funding in the area of elder abuse are limited to those serving elderly persons, aged 60 or older, who are victims of domestic abuse. Programs serving victims of institutional abuse, solely, will not be eligible for funding. Domestic elder abuse refers to any of several forms of maltreatment of an older person by someone who has a special relationship with the elder (e.g., a spouse, a sibling, a child, a friend, or a caregiver in the older person's home or in the home of a caregiver). Institutional elder abuse, on the other hand, refers to abuse that occurs in residential facilities for older persons (e.g., nursing homes, foster homes, group homes, and care facilities).

Specific types of elder abuse eligible for funding are: (1) physical abuse; (2) psychological abuse; (3) neglect; (4) abandonment; and (5) sexual abuse.

Physical abuse is the use of physical force that may result in bodily injury, pain, or impairment. It includes assault, battery, inappropriate use of drugs and physical restraints, and force-feeding. Psychological abuse is the infliction of mental or emotional anguish by threats, humiliation, or other verbal or nonverbal conduct. Neglect is the failure of a caregiver to fulfill his or her care giving responsibilities by not providing an elderly person with basic care such as food, water, shelter, personal hygiene, and medicine. Abandonment is the desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder. Sexual abuse is non-consensual sexual contact of any kind with an elderly person.

Programs or services dealing with financial exploitation and self-neglect are not eligible for funding if these types of elder abuse occur without: (1) physical abuse; (2) psychological abuse; (3) neglect; (4) abandonment; or (5) sexual abuse. Financial exploitation is the illegal or improper use of an elderly person's funds, property, or resources. Self-neglect is an elderly

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# Executive Summary

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person's failure to provide for his/her own essential needs such as food, clothing, shelter, personal hygiene, and medication.

Grantees submitting a proposal in the area of elder abuse should include one or more of the following categories of program services for victims:

- Emergency services (24-hour crisis counseling, safe shelter/home, transportation)
- Transitional services (case management, housing, institutional placement, financial assistance, transportation, nutrition)
- Support services (support groups, counseling, education, safety planning, in-home visits/assistance, companionship, referral to community resources)
- Health care/counseling services (nursing, mental health, medical care, alcohol and drug treatment, in-home health services)
- Criminal justice/legal services (investigation of elder abuse cases, legal aid/advice for victims, police intervention)
- Outreach, education, training programs (community outreach and education, training for caregivers of the elderly, training for service providers such as social service, law enforcement, and criminal justice agencies)

Grantees were strongly encouraged to include some of the following program features in their proposal: (1) the systematic process of screening, assessing, managing, and following elder abuse cases; (2) case assessment and services through in-home visits; (3) case planning and management based on interagency coordination/coalitions and multidisciplinary teams representing professionals from diverse disciplines such as adult protective services, criminal justice systems, health and social services, mental health, and domestic violence; and (4) services addressing the needs of special populations who are isolated as a result of illness, geography, language, or ethnic/cultural factors.

Grantees in the area of intimate partner abuse should fall into at least one of the following three categories identified by the ODVNA: (1) services for victims that enhance the safety and well being of victims and their children; (2) services for victims from underserved populations; and (3) training programs that improve service providers' knowledge of domestic violence issues and their ability to provide effective services.

Category 1: Services for victims that enhance the safety and well being of victims and their children

Grantees submitting a proposal in this category should include one or more of the following services for victims:

- Emergency services (24-hour crisis counseling, shelter/safeshome, transportation/accompaniment to hospital)
- Criminal justice/legal services (law enforcement unit for domestic violence, legal aid/advice, victim's financial assistance, police intervention)
- Transitional services (case management, housing, financial assistance, transportation, job training)

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# Executive Summary

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- Support services (support/education groups, family mediation, parenting classes, childcare)
- Counseling/health care (short-term mental health, long-term mental health, medical care, alcohol and drug treatment)

## Category 2: Services for victims from underserved populations

Grantees submitting a proposal in this category should include services targeted at one or more of the following groups of victims:

- Underserved in relation to culture or language (cultural/ethnic minorities, non-English speaking, migrant farm workers)
- Underserved in relation to physical or mental health limitations (physically/ hearing/sight disabled, mentally retarded, diagnosed with mental illness)
- Underserved in relation to age or gender (females < 18 years of age, males)
- Underserved in relation to sexual orientation (lesbians/homosexuals/bisexuals)

## Category 3: Training programs that improve service providers' knowledge of domestic violence issues and their ability to provide effective services

Grantees submitting a proposal in this category should include training for one or more of the following agency types: social services, law enforcement, criminal justice, judicial system, and clergy. Proposals in this category should address most, if not all, of the following training topics:

- Identifying victims, providing information, and making referrals
- Using the criminal justice/legal system
- Responding to immediate crisis
- Delivering effective services to underserved populations
- Responding to sexual assault

### **Improving Operational Effectiveness**

- One program was awarded \$32,500 to improve law enforcement's knowledge of crime analysis techniques.

### **Juvenile Violence Prevention Programs**

- Eight programs were awarded a total of \$1,004,110 to implement model, promising, or innovative programs that reduce juvenile violence or known correlates of juvenile violence.

According to the Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders developed by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the maximum impact on future delinquency can be achieved by targeting prevention programs to youth who are at greatest risk of delinquency and youth who have committed delinquent acts. Following these guidelines, CJSJ identified the following two eligible target populations:

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# Executive Summary

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1. Male and female youth (< 18 years of age) at known risk of involvement in delinquent activity. This includes youth who: (a) exhibit known risk factors for future delinquency; (b) have drug and/or alcohol abuse problems; and (c) have had contact with the juvenile justice system as non-offenders (neglected, abused, and dependent), status offenders (runaways, truants, alcohol offenders, and incorrigibles), or minor delinquent offenders.

2. Male and female youth (< 18 years of age) who have committed delinquent (criminal) acts. This includes juvenile offenders who evidence a high likelihood of becoming, or who already are, serious, violent, and/or chronic offenders.

Grantees were asked to implement model, promising, or innovative programs that are designed to reach the eligible target populations. Model and promising programs are defined as those which meet the methodological standards set by the Center for the Study and Prevention of Violence and the Surgeon General.

Model programs are those that include: (1) rigorous experimental study designs (with control or comparison groups); (2) evidence of statistically significant deterrent effects on violence, serious delinquency, or a risk factor for violence; (3) replication with demonstrated effects; and (4) evidence that the deterrent effect was sustained for at least one-year post treatment. Grantees proposing to implement a model program will be required to conduct process and outcome monitoring evaluation activities.

Promising programs are those that include: (1) rigorous experimental study designs (with control or comparison groups); and (2) evidence of statistically significant deterrent effects on violence or serious delinquency, or a risk factor for violence. Promising programs may have demonstrated either sustained effects or replication or they may be programs that have not yet demonstrated either. Grantees proposing to implement a promising program will be required to conduct outcome studies that employ control or comparison groups, as well as process evaluation and outcome monitoring.

Innovative programs are theory-based (have a specific research-based rationale for their expected effectiveness). However, they have either not previously been evaluated or their prior evaluation does not meet the standards described above for model or promising programs. Innovative programs should have a theoretical base that provides a sound rationale for their expected effectiveness. In addition, CJSD encouraged grantees considering an innovative program to target “underserved populations” and design programs that provide culturally competent services.

## Law Enforcement Programs

- Seven multijurisdictional narcotics task forces were awarded a total of \$1,086,000 to continue coordinated investigations of drug operations.

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# Executive Summary

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## **Offender Alcohol and Drug Treatment Programs**

- Four programs were awarded a total of \$615,798 to implement residential and outpatient drug and alcohol treatment programs.

The effectiveness of jail and prison substance abuse treatment has been well established over the years. The best-known residential treatment model is the therapeutic community (TC). TCs are residential programs with planned lengths of stay of 6 to 12 months. TCs focus on the “resocialization” of the individual and use the program’s entire “community,” including other residents, staff, and the social context, as active components of treatment. Among inmate treatment programs, pre-release therapeutic communities have been the most studied, and have a well-documented record of success. For example, evaluations of New York’s Stay’n Out TC examined the progress of more than 2,000 inmates during a 10-year period and found that the program was successful even with clients with extensive criminal records.

Studies also have shown that community-based offender drug treatment can be successful. Researchers Doug Anglin and his associates at UCLA present impressive long-term follow-up data on the California Civil Addict Program, a large-scale project involving programs across California that mandated long-term treatment for addicts in the 1960’s and 1970’s. More than 40 independent evaluations also have been conducted of Treatment Alternatives to Street Crimes (TASC) programs, which identify, assess and refer nonviolent offenders to treatment as an alternative or supplement to justice system sanctions. Studies of the TASC programs, which have been implemented throughout the country, have particular significance because they have focused on the transition of offenders from institutions to the community.

In short, there are institution pre-release models that work (e.g., TCs), and there are community models that work (e.g., intensive supervision with treatment). However, too little attention has been given to the process of transition from institution to community. Both criminal justice and substance abuse treatment experts have observed that important gains made during incarceration are not being sustained when offenders return to the community because continuity of care is either inadequate or nonexistent.

According to University of South Florida researcher Roger Peters, “Many offenders report feeling overwhelmed by the transition from a highly structured correctional environment to a less-structured environment following release. At this time of concentrated stress, an offender enters a culture where little or no support exists - no job, no money, weakened or broken family ties - with immediate needs to plan daily activities, to begin interacting constructively in nonadversarial relationships, and to manage personal or household finances and problems.”

Authors in related fields of study have made similar observations. The juvenile justice field has been emphasizing the need for aftercare for several years. The recent and very intensive studies of boot camps and shock incarceration programs have begun to emphasize the critical component of aftercare and coordination to aftercare in both theory and research.

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# Executive Summary

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Only very recently have researchers begun to examine the specific effects of continuity of offender treatment from institution to community on outcome success rates. For example, Jim Inciardi found that drug-involved offenders who participated in a continuum of drug treatment (prison-focused TC treatment followed by treatment in a work-release center) in the Delaware system had lower rates of drug use and recidivism than offenders in the institution program alone: “The findings indicate that at 18 months after release, drug offenders who received 12 to 15 months of treatment in prison followed by an additional six months of drug treatment and job training were more than twice as likely to be drug-free as offenders who received prison-based treatment alone. Furthermore, offenders who received both forms of treatment were much more likely than offenders who received only prison-based treatment to be arrest-free 18 months after their release (71 percent compared to 48 percent).”

Grant funding will be used to implement programs that identify and meet the transition and post incarceration treatment needs of adult and juvenile drug and alcohol involved offenders. Specifically, the goal of this funding is to establish model continuity of service projects from institution substance abuse treatment to community supervision and treatment. Programs should include reach-in by community supervision and/or treatment staff (in-person or by telephone), beginning services prior to release from the institution, assessment of community treatment need in the context of institutional treatment accomplishments, close coordination of community supervision and treatment, access to ancillary community services as needed, and program evaluation.

## **Statewide Criminal Justice Information Systems Programs**

- Four programs were awarded a total of \$1,729,060 for efforts aimed at establishing standards for data, technology, and information sharing and to implement a Public Safety Data Warehouse that will aggregate data from operational criminal justice information systems and allow that data to be used in strategic ways.

## **In-House and Contracted Program Evaluations**

- Three evaluation programs were awarded a total of \$704,584. CJSD has continued its partnership with Program Design and Evaluation Services for contract evaluation services. The contract evaluators have assisted CJSD in conceptualizing and implementing program evaluations of juvenile violence prevention programs and beginning in FY 2001, domestic and family violence prevention programs.

In cooperation with the CJSD external evaluation agency, grantees will be required to develop and implement a Comprehensive Evaluation Plan (CEP) in four phases that spans the four years of the program. The ultimate goal of the CEP will be outcome monitoring for model programs, and outcome evaluation for promising and all other programs.

During the first year of the program, Phase 1, grantees will develop their capacity to conduct evaluation activities. During the second year, Phase 2, emphasis will be placed on conducting process evaluation. The third and fourth years of the program will focus on outcomes. In

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# Executive Summary

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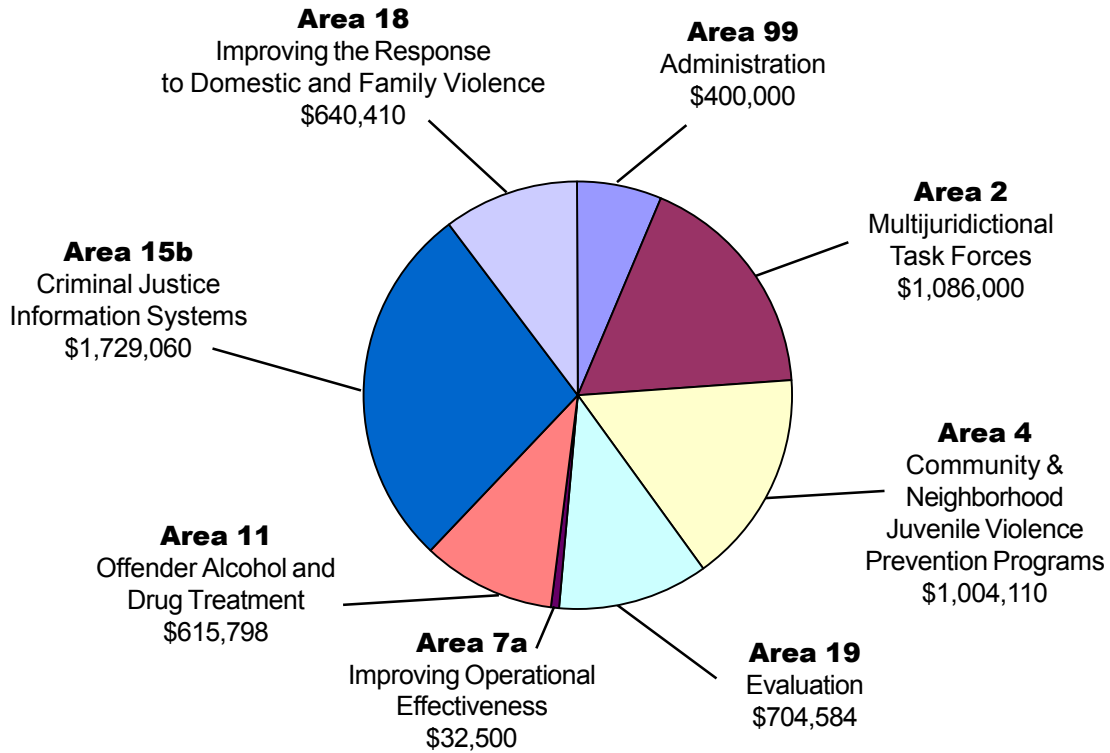
Phase 3, grantees will develop an outcome monitoring system and continue process evaluation. In Phase 4, outcome evaluation with a control or comparison group will be conducted for all but model programs. Grantees will be expected to submit quarterly, annual, and cumulative reports of progress on the CEP.

Within the first quarter of the program period, grantees are required to identify an internal evaluation coordinator and an external consultant who will be responsible for managing the evaluation of their program.

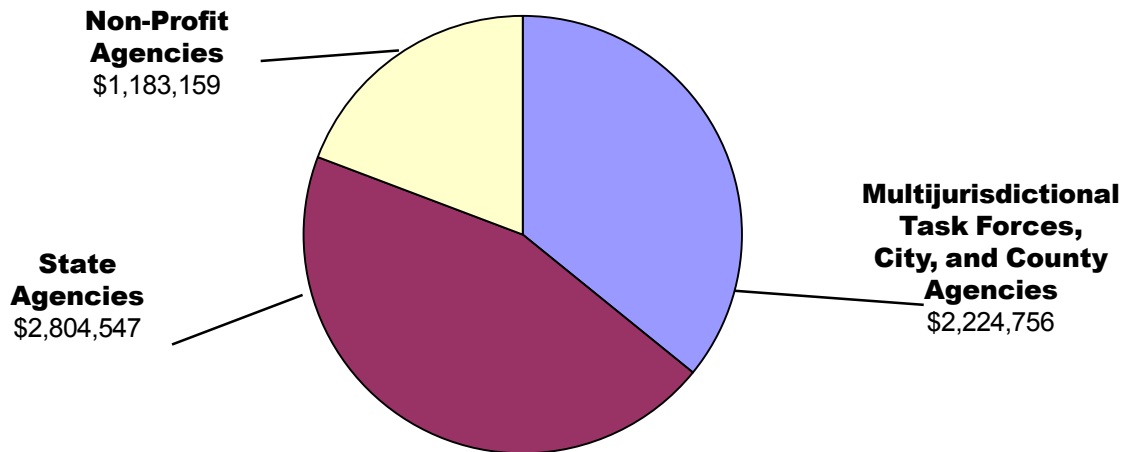
In addition, CJSD contracted with a research and evaluation consultant to develop a Cultural Competency Plan intended to assist CJSD in establishing professional standards and competencies that capitalize on the strengths of culture for fostering efficacy in funded services. To this end, the specific objectives of the Cultural Competency Plan are to guide grantees in: (1) creating policies and administrative procedures that establish a long-term organizational commitment to supporting culturally diverse employees and serving diverse populations; (2) developing human resources practices that build a culturally diverse and competent workforce; (3) designing service delivery programs and facilities that are culturally responsive, appropriate, and accessible; (4) obtaining professional training that improves knowledge about, skills for working with, and attitudes regarding culturally diverse populations; (5) establishing community relationships and outreach efforts that improve the continuity and accessibility of services for culturally diverse populations; and (6) utilizing evaluation strategies that build agency capacity for self-assessment of and quality improvement in culturally competent services.



### Distribution of Awards by Purpose Area

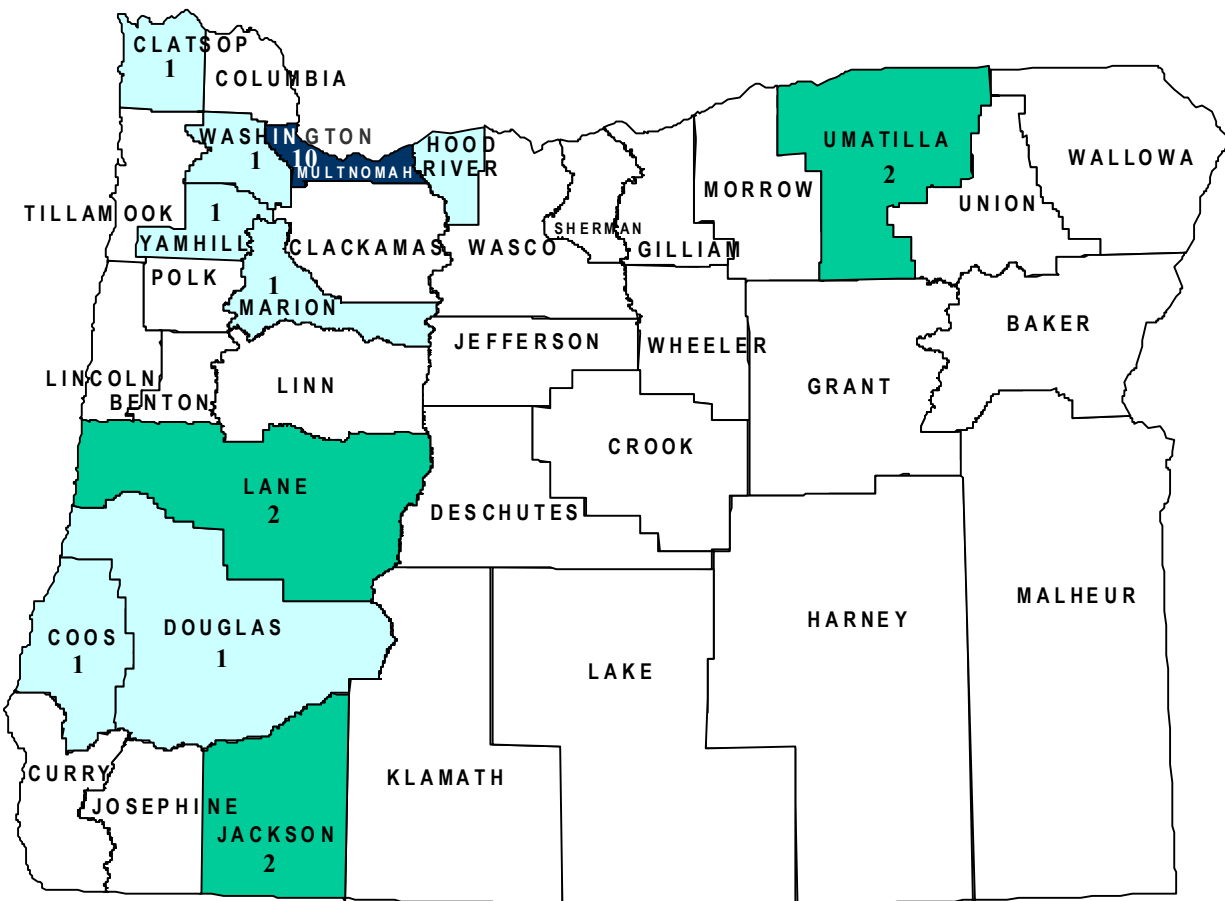


### Distribution of Awards by Agency Type



**Note:** CJSD is required to pass through to units of local governments no less than 46.98 percent of the state's allocation of funds.

## Geographic Distribution of FY 2001 Byrne Grant Funds



The number of Byrne-funded programs within the county is indicated alongside the county name. Several programs serve more than one county, therefore this map does not necessarily reflect the actual number of programs, but rather which counties benefit from Byrne grant funds. Although multijurisdictional and narcotics task forces are partially funded by a Byrne grant, they are not included on this map. Multijurisdictional narcotics task force service area is depicted on the map on page 86. In addition, Law Enforcement Data System programs, Governor's Council on Domestic Violence, Oregon State Police Forensic Academy, and Evaluation programs provide services statewide and also are not included in the county totals.

# Summary of Byrne Grant Funded Programs

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# Summary of Domestic and Family Violence Prevention Programs

## Improving the Criminal Justice System and Community Response to Domestic and Family Violence

Number of Programs Funded: 9

BJA Purpose Area: 18

Federal Funds Expended: \$413,894

Match Funds Expended: \$133,182

### Objectives

- The Immigrant and Refugee Community Organization (IRCO) will provide English as a Second Language (ESL) domestic violence education classes to 75-100 immigrant/refugee women per year. Classes will be 1.5 hours per session for an eight-week period, with an average of eight to 10 women attending.
- The Lane County Department of Children and Families will provide support services including information and referral, education, and support groups to children witnessing domestic violence.
- The Lane County Supervised Parenting Time Project (Kids First) will increase the safety and well-being of child victims of domestic violence by providing 1,013 safe visits to 67 children and 88 safe exchanges for 75 children, in the first year.
- Catholic Charities VAWA Immigration Project will open 90 new cases during the first year.
- Coos County Women's Crisis Services, Enhanced Shelter Services for Women and Children Program will provide a peer network system that pairs up new clients with those who are already receiving services within the shelter to promote effective communication skills to clients.
- Clatsop County Community Corrections Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program will provide formal supervision to a minimum of 30 misdemeanor Assault IV domestic violence related cases.
- The Multnomah County Department of Community Justice will refer 300 children annually (25 per month) who have witnessed domestic violence to the Hope, Education, Resources, Options for Children Who Witness Domestic Violence (H.E.R.O. for Kids) Program.
- The Multnomah County Department of Community and Family Services, Centralized Domestic Violence Information, Referral and Crisis Counseling Line will research existing best practices for coordinated Information and Referral (I&R) systems.

*(Continued on next page)*

# Summary of Domestic and Family Violence Prevention Programs

## Improving the Criminal Justice System and Community Response to Domestic and Family Violence

*(continued)*

### **Accomplishments**

- A total of 67 women participated in the ESL/DV education class at IRCO. Women who attended the classes represent the following ethnic groups: Sudanese, Congolese, Bulgarian, Afghani, Laotian, Mexican, Vietnamese, Russian, Ukrainian, Somali, Pakistani, and Mien.
- The Lane County Department of Children and Families provided services to six children under the age of eight and 12 children between the ages of nine and 17. Sixteen children have participated in education and support groups.
- A total of 816 safe visits for 56 children took place by the Lane County Supervised Parenting Time Project (Kids First). The safe exchange component of the program will not begin until the fourth quarter of the grant year.
- A total of 202 women received direct case representation through the Catholic Charities VAWA Immigration Project, which included assistance with self-petitions, removal of conditional residence, and “U” Visas, which allows temporary lawful residence and leads to permanent residence.
- A total of 87 women have participated in the peer network system at Coos County Women’s Crisis Services, Enhanced Shelter Services for Women and Children.
- A total of 67 misdemeanor Assault IV cases were provided formal supervision through Clatsop County Community Corrections, Misdemeanor Supervision and Supervision Enhancement Program.
- A total of 116 children were referred to the H.E.R.O. program from Multnomah County Early Intervention Unit, Domestic Violence Unit of the Multnomah County Department of Community Justice, and the Multnomah County family court.
- The Multnomah County Department of Community and Family Services conducted an extensive Internet search which yielded few sites with information on coordinated domestic violence I&R lines. Conducted seven phone interviews with domestic violence lines operating on a national, statewide, or local level, including the National Domestic Violence Hotline, Massachusetts Safelink, Houston Area Women’s Center, Chicago Domestic Violence Helpline, Washington Statewide Domestic Violence Partnernet, and others.

# Summary of Operational Effectiveness Improvement Program

## Improving Crime Analysis Techniques

Number of Programs Funded: 1

BJA Purpose Area: 7a

Federal Funds Expended: \$24,178

Match Funds Expended: \$0

### Objective

- Improve law enforcement's knowledge of crime scene processing, evidence recognition, collection, and preservation.

### Accomplishment

- A total of 51 law enforcement officers attended a week-long Forensic Academy and demonstrated improved knowledge of crime scene processing, evidence recognition, collection, and preservation as demonstrated through pre- and post-tests.

# Summary of Juvenile Violence Prevention Programs

## Preventing and Controlling Juvenile Crime and Delinquency

Number of Programs Funded: 8

BJA Purpose Area: 4

Federal Funds Expended: \$628,505

Match Funds Expended: \$181,937

### Objectives

- The Douglas County ADAPT Program will serve 66 youth (and members of their families).
- The Clackamas County Functional Family Therapy Program will improve their youth and family interaction by 85 percent pre-and post-testing.
- Homestead Youth and Family Services participants will improve individual functioning as measured by the Problem Oriented Screening for Teens (POSIT), Outcome Questionnaire (OQ), and Youth Outcome Questionnaire (YOQ) pre-and post-testing.
- Seventy percent of families will show improvement on the Family Self-Sufficiency Scale developed by Jackson County.
- Multnomah County Department of Community Justice, Multisystemic Therapy Treatment (MST) Foster Care will provide 50 youth/families with MST treatment annually.
- Oregon Council for Hispanic Advancement (OCHA) will provide 15 Latino youth, ages 15-18, with intensive case management services.
- Oregon Department of Education's Project SUPPORT will complete barrier/support needs assessment for needs of probation youth in local communities.
- For 90 percent of Home Works' clients served, parent/client will report on the Treatment Adherence Measurement (TAM) form that client is abstaining from or has reduced use of substances by the end of treatment.

### Accomplishments

- ADAPT provided services to a total of 69 clients. Of the 69, 31 were active clients, 25 successfully completed the program, and 13 did not successfully complete the program.
- All of the families (100 percent) showed improvement in their youth and adult interactions as demonstrated by their post-test results through the Clackamas County Functional Family Therapy Program.
- Homestead Youth and Family Services provided six youth and families with therapy and pre-and post-therapy assessments. Eighteen youth are currently active in counseling. Data from these six families indicate that individual and family functioning has improved in several domains such as substance abuse, physical and mental health, social skills, peer skills, and aggressive behavior. OQ scores for the girls and their parents, parents' Family Assessment

*(Continued on next page)*



# Summary of Juvenile Violence Prevention Programs

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## Preventing and Controlling Juvenile Crime and Delinquency

*(continued)*

Measure III (FAM) scores, and parents' YOQ scores fell within the "normal" range, upon completion of therapy.

- A total of 89 percent of families demonstrated improvement on the Family Self-Sufficiency Scale developed by Jackson County.
- Multnomah County Department of Community Justice provided services to a total of 43 youth/families: 26 completed MST services, and 17 were still in the program. Fourteen of the 26 youth (58 percent) who completed the program, did so successfully or with partial success.
- OCHA identified 15 youth to receive intensive case management services. Fourteen of the 15 youth identified for intensive case management services remain in the program. These 14 youth are free of juvenile justice involvement and/or negative contact with probation/parole officers. The other youth returned to a public school and program services were terminated.
- Project SUPPORT conducted a needs assessment in one of the two regions where services will be provided. Stakeholder participants included: probation officers and regional probation supervisors, Union/Baker Education Service District staff, transition specialists, Workforce Investment Act staff, and foster care parents/residential care providers. In addition, six probation youth were interviewed on their perception of needs and barriers to remain uninvolved with the juvenile justice system.
- All 22 parent/clients (100 percent) reported that the youth is abstaining from or has reduced substance use at the end of treatment.

# Summary of Law Enforcement Programs

## Multijurisdictional Narcotics Task Forces

Number of Programs Funded: 7

BJA Purpose Area: 2

Federal Funds Expended: \$1,081,140

Match Funds Expended: \$731,125

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).

### Objectives

- NCRDTF will impact the manufacture and distribution of methamphetamine by seizing and destroying 10 methamphetamine labs and making 40 arrests for the manufacturing of narcotics.
- SCINT will assist state, federal, and local agencies by making referrals to Services to Children and Families (SCF) for all drug and safety contacts where children reside.
- CORTF will disrupt methamphetamine distribution at the street level and through area and regional distributors by increasing the number of labs seized from the previous year by 300 percent.
- SORT will curtail drug traffickers by seizing 30 methamphetamine labs.
- MWVTF members will work with the U.S. Attorney's Office to pursue federal prosecution and incarceration of 25 manufacturers and distributors to reduce the number of narcotics networks in the Mid-Willamette region.
- ROCN will emphasize and promote interagency cooperation among all federal, state, and local agencies engaged in organized crime and drug law enforcement by conducting four collaborative operation cases and 20 agency assists.
- EORDTF will facilitate cooperation between law enforcement agencies in the identification and seizure of methamphetamine labs.

*(Continued on next page)*

# Summary of Law Enforcement Programs

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## Multijurisdictional Narcotics Task Forces

*(continued)*

### **Accomplishments**

- A total of 36 labs and dump sites were located and destroyed by NCRDTF and 44 arrests were made for manufacturing a controlled substance during the grant period.
- SCINT assisted over 40 agencies and task forces and made 25 referrals to SCF for 50 children residing in homes with criminal drug activity.
- CORTF disrupted methamphetamine distribution by seizing a total of 15,305.82 grams of methamphetamine and dismantling 41 labs during the grant period, compared to 12 lab seized in the previous year (242 percent increase).
- A total of 86 methamphetamine labs were seized by SORT during the grant period.
- A total of 38 defendants were federally charged by the U.S. Attorney's office through MWVTF.
- ROCN conducted four shared cases and assisted other agencies in 26 cases.
- EORDTF seized a total of 70 lab sites during the grant year.

# Summary of Offender Alcohol and Drug Treatment Programs

## Treatment for Drug and Alcohol Dependent Offenders

Number of Programs Funded: 4

BJA Purpose Area: 11

Federal Funds Expended: \$453,166

Match Funds Expended: \$145,709

### Objectives

- Ninety percent of all referred participants to the Recovery Mentor Program in Clatsop and Washington Counties will become actively engaged in services.
- Seventy percent of those offenders participating in the Umatilla County New Life Program will test negative for the use of a controlled substance. This compares to the baseline data of 46 percent.
- Eighty percent of offenders enrolled in the Parallel Program in Jackson County who have completed the transitional treatment plan will receive services identified in the plan. The identified services may include housing, employment assistance, or educational services.
- Sixty percent of Yamhill County's Redirections Program enrolled offenders will complete community-based treatment or be actively involved with treatment at review.

### Accomplishments

- Of the 83 total participants enrolled in the Recovery Mentor Program, 79 (95 percent) became actively engaged in treatment services (having no more than three missed clinical appointments in the first six months of treatment). The county breakdown included 54 of 55 engaged in Washington County and 25 of 28 in Clatsop County.
- Eighty-eight percent (53 of 60 participants) in the New Life Program in Umatilla County tested negative for the use of a controlled substance.
- All 44 offenders (100 percent) needing services were enrolled and served in Jackson County's Parallel Program with the appropriate level of treatment services as identified in the comprehensive transitional treatment plan.

Of the 29 offenders who identified needing housing assistance, 24 (83 percent) had a housing assessment, received assistance in securing housing and are currently living in stable drug-free housing. Twelve offenders received transitional housing placements directly from this program. They have been placed in the Parallel House (male), the Knight's Inn Apartments (female), or other community housing projects.

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# Summary of Offender Alcohol and Drug Treatment Programs

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## Treatment for Drug and Alcohol Dependent Offenders

*(continued)*

All 30 of the offenders who indicated needing assistance in employment and/or educational services have received assistance; 16 offenders are employed and 12 have accessed educational services.

All eight offenders needing mental health services were enrolled in the Oregon Health Plan and directly linked to mental health providers within the community.

- Sixty-two percent (36 of 58 offenders) completed or were still involved in the Redirections Program community-based treatment as of June 30, 2002. Thirteen offenders (23 percent) left treatment against advice or never began treatment; four offenders (seven percent) were referred to other treatment programs; two offenders (three percent) were incarcerated; two offenders (three percent) moved from the area; and one (two percent) offender's discharge status is currently under review.

# Summary of Criminal Justice Information Systems Programs

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## Criminal Justice Information Systems

Number of Programs Funded: 4

BJA Purpose Area: 15b

Federal Funds Expended: \$392,186

Match Funds Expended \$116,131

### Objectives

- Define the participant agencies business requirements for the Public Safety Data Warehouse.
- Enable the Criminal Justice Information Standards (CJIS) Program to investigate information systems integration technology approaches and research interoperability implementation issues.
- Define the technical specifications for a new Message Switch including the mandatory and desirable features required by LEDS and the FBI under NCIC-2000.
- Using the NCIC provided specifications for NCIC-2000, review programming documentation for the existing LEDS database system to determine what programming changes need to be made in order for the LEDS database to be considered NCIC-2000 compliant.

### Accomplishments

- Interviews with all phase one agencies were scheduled and completed. The business requirements information collected will be used to obtain an understanding of what the users of the Data Warehouse expect from the project.
- CJIS partners are planning a pilot implementation to the agencies respective user communities and a formal review of the capabilities provided and the capacity required.
- Completed the development of a formal RFP and procurement solicitation document. A formal procurement will commence in July 2002.
- Hired Science Applications International Corporation (SAIC) as the independent contractor to develop functional design specification required to modify the LEDS database to become NCIC-2000 compliant. The design specification was delivered in October of 2001.

# Summary of Administrative Costs

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## Administration

BJA Purpose Area: 99  
Federal Funds Expended: \$339,388

### Objectives

- Award, monitor, and evaluate Byrne grant funds to programs which demonstrate the ability to reduce drug use and violent crime or improve the effectiveness of the criminal justice system.

### Accomplishments

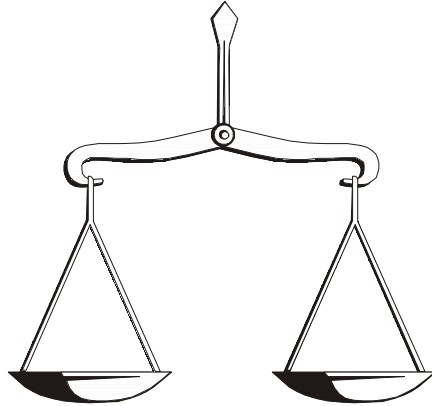
- The Criminal Justice Services Division (9 FTE) monitored 37 subgrants, assisted subgrantees with program implementation, and provided technical assistance to ensure the success of grant funded programs.
- Worked with Program Design and Evaluation Services (PDES) to conduct independent evaluations of Byrne funded juvenile violence prevention and domestic and family violence prevention programs. Contracted evaluators presented summaries of evaluation efforts at quarterly meetings of the Governor's Drug and Violent Crime Advisory Board.
- Contracted with a research and evaluation consultant to develop a Cultural Competency Plan to assist victim services programs in creating culturally competent workplace environments and client services.
- Reviewed quarterly progress and fiscal reports from subgrantees to ensure compliance with approved goals and objectives. Performed on-site program and fiscal monitoring of funded programs.
- Distributed requests for proposals that promote the implementation of well-researched model or promising programs that reduce juvenile violence or known correlates of juvenile violence and programs that improve the criminal justice system and community response to domestic and family violence, including intimate partner abuse, child abuse, and abuse of the elderly.
- Prepared compliance certification and documentation for the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act.
- Served as staff to the Governor's Drug and Violent Crime Advisory Board and held four quarterly Board meetings.
- Provided staff support to the Governor's Council on Domestic Violence.
- Assisted in the planning and coordination of the Governor's Summit on the Over-Representation of Minorities in the juvenile justice system.





# Summary of Evaluation Activities

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# Summary of Evaluation Activities

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## Evaluation

Number of Programs Funded: 3  
 BJA Purpose Area: 19  
 Federal Funds Expended: \$696,353

In 1996, the Criminal Justice Services Division (CJSD) of the Oregon State Police 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 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-funded domestic/family violence prevention programs was added. PDES has assisted CJSD in conceptualizing and implementing program evaluations for all of these programs. PDES provides assistance to CJSD and the Governor's Drug and Violent Crime Advisory Board in the selection and management of grantees by monitoring grantee program implementation and evaluation, providing technical assistance to grantee agencies, and by disseminating information regarding grantee progress. This collaboration 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.

Between October 1, 2001 and June 30, 2002, the CJSD awarded Byrne Grant funds to eight juvenile violence prevention programs and eight domestic and family violence prevention programs. The total amount awarded during the reporting period was over \$1.6 million, ranging from \$55,000 to \$200,000 per program per year. This is a report of the progress of these programs during their first year of funding.

PDES is also assisting CJSD in monitoring and evaluating domestic violence and sexual assault programs funded by the STOP Violence Against Women Formula Grant (VAWA). In 2000, PDES conducted a preliminary organizational assessment to determine the current program evaluation capacity of VAWA-funded agencies, to provide general directions for future evaluation of their programs, and to define technical assistance needs. In 2001, PDES administered a follow-up Agency/Program Description (A/PD) Questionnaire, and produced a FY 2001-2002 Oregon STOP Violence Against Women Program Descriptions Report.

PDES developed the A/PD Questionnaire to better understand the STOP Violence Against Women funded programs in Oregon and better assist grantees in building capacity for program evaluation and reporting. The Agency/Program Description Questionnaire collected information on four aspects of the program: 1) population served, 2) service delivery, 3) program benefits for clients, and 4) resources available.

The Program Descriptions report was completed (Continued on next page)

# Summary of Evaluation Activities

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## Evaluation

*(Continued)*

piled based on several sources of information and steps. First, the A/PD Questionnaire was distributed to all 60 victim services agencies, law enforcement programs, and prosecution programs in Oregon who received 2001-2002 STOP Violence Against Women Formula Grant funding. After reviewing the completed A/PD Questionnaires and other program documents, PDES staff interviewed each of the program directors or their designees. During the development of the program descriptions, program staff were consulted when additional information was needed. Each agency/program was also invited to review a draft version of its program description. The final report was distributed to all STOP grantees, and is made available to individuals, and organizations involved in the prevention and intervention efforts of domestic violence and sexual assault.

Finally, in a related effort and as part of the strategic planning process for services to victims of domestic violence, a preliminary assessment of cultural competency among victims services programs was conducted in 2000. The findings of this assessment revealed a significant need for information and training to improve knowledge and skills related to cultural competency among these subgrantees. The recommendations resulting from these findings were to develop a comprehensive Cultural Competency Plan and provide the technical support needed for programs to successfully implement the Plan. In response to these recommendations, CJSD contracted with Dr. Barbara Glick, a medical anthropologist and research and evaluation consultant, to develop a Cultural Competency Plan. Although originally conceived for VAWA funded programs, the long-term goal of this Cultural Competency Plan is to establish professional guidelines that assist programs for victims of domestic violence and sexual assault across several federal and state funding streams in creating culturally competent workplace environments and client services.

Several tasks were completed in developing the Cultural Competency Plan during the 2001-2002 Byrne Formula Grant period. These tasks included researching the cultural competency initiatives and programs in public and private sectors throughout the country to gather state-of-the-art information for the conceptual basis of the Plan, designing the Plan and many of the logistics for pilot testing and full scale implementation, and preparing written and oral presentations of draft sections of the Plan for review and comment.

A Cultural Competency Plan subcommittee was convened specifically to ensure the inclusion of culturally diverse views in the development of the Plan. The subcommittee was comprised of VAWA Advisory Board members and others representing culturally diverse populations and having a professional or personal interest in domestic violence. Subcommittee members were invited to review and comment on early draft sections of the Plan. Presentations were also made at the regularly scheduled meetings of the VAWA Advisory Board for the purposes of providing updates on the progress of the components of the Cultural Competency Plan and soliciting input from Board members.

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# Summary of Evaluation Activities

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## Evaluation

*(Continued)*

An exhaustive review of information from published literature and internet websites of public and private agencies in health care, social services, and criminal justice services was conducted to provide the conceptual background for identifying: a) the specific objectives of the Cultural Competency Plan, b) the guiding principles for and a working definition of cultural competency, and c) a detailed set of ninety-seven operational standards that prescribe the development of culturally competency values and practices in service programs. The operational standards comprise the central component of the Plan. Subsets of the standards are specifically recommended for adoption by CJSD, the VAWA Advisory Board, and the VAWA subgrantee boards, administrators/directors, human resources professionals/functions, program facilities/environments, intake processes, service delivery, and outreach activities.

Internet websites of public and private agencies were studied for information on professional training programs and trainers in cultural competency. Potential training programs were contacted and curriculum materials and methods were reviewed. Programs were evaluated on the basis of a number of criteria developed for the Cultural Competency Plan. Additional key requirements were developed to ensure that the contracted trainers would use a curriculum and method that would be consistent with the Plan and build upon its operational standards. In addition to meeting the initial criteria, the National MultiCultural Institute (NMCI) was found to have significant experience in training professionals working with victims of crime. NMCI was, therefore, selected to deliver the trainings, pending some logistical planning and cost agreements that are in progress.

A rolling implementation strategy was developed for the Cultural Competency Plan to allow CJSD to coordinate and monitor participation by 64 subgrantees, and to provide technical assistance as needed. The strategy involves pilot testing prior to seven phase-based implementations of the Plan. The implementation timeline allows for activities ranging from initial communications between CJSD and the subgrantee boards and administrators/directors about the Plan and related requirements to an implementation assessment. A general approach to an implementation assessment was also conceived, although not completely developed during the 2001-2002 grant period. The intent of the assessment will be to examine the successes and challenges of subgrantee planning and development efforts, integration of the operational standards, and cultural competency training.

# Program Summaries

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# Governor's Council on Domestic Violence

Criminal Justice Services Division

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Contact: Carmen Merlo 503.378.3720

Program No: 98-054, 01-009

Federal Funds Expended: \$11,340

## Program Summary

To implement a statewide initiative targeting violence against women and children to determine how the State might best work to support the development of a coordinated community, county, and statewide response for the prevention of domestic violence and protection of domestic violence victims and recommend strategies aimed toward the prevention and reduction of domestic violence.

### Objective

Establish procedures to ensure public input.

### Outcome

Public hearings soliciting input from survivors of domestic violence, victim advocates, the criminal justice system, and interested parties were conducted in Corvallis, Burns, Medford, Astoria, and The Dalles to learn about local strategies, collaborations, and interventions to address domestic violence.

### Objective

Consider and support law-reform needs in the area of domestic violence.

### Outcome

The Council, spearheaded by the Workplace Policies subcommittee, developed a model policy on Workplace Effects on Domestic Violence, secured its adoption by the Oregon Department of Justice, and committed to a strategy to encourage adoption by all state agencies.

# Domestic Violence Education Program for Immigrant and Refugee Women

Immigrant and Refugee Community Organization (IRCO)

Contact: Virginia Dimick-Buch 503.234.1541

Program No: 99-051

Federal Funds Expended: \$47,888

Match Funds Expended: \$18,253

## Program Summary

The Immigrant and Refugee Community Organization (IRCO) proposed to expand its existing domestic violence prevention services by providing (1) domestic violence education to 75 -100 refugee and immigrant women (50 percent of those estimated to be DV survivors), (2) outreach to the refugee and immigrant communities through those attending classes, and (3) training to representatives of the criminal justice system. IRCO expects that the domestic violence education will help female domestic violence survivors obtain valuable information and support, and the training will enhance the criminal justice system's ability to respond to domestic violence in immigrant and refugee communities. Initially, funds were provided for a one-year pilot program to determine the program's effectiveness in reaching its targeted population.

### Objective

To provide English as a Second Language (ESL) domestic violence (DV) education classes to 75 –100 immigrant/refugee women per year. Classes will be 1.5 hours per session for an eight-week period, with an average of eight to 10 women attending.

### Outcome

A total of 67 women participated in the ESL/ DV education class. Women who attended the classes represent the following ethnic groups: Sudanese, Congolese, Bulgarian, Afghani, Laotian, Mexican, Vietnamese, Russian, Ukrainian, Somali, Pakistani, and Mien.

### Objective

Fifty women will receive direct intervention/case management services.

### Outcome

A total of 59 women have received direct intervention/case management services that included any or all of the following: filing/modifying restraining orders, reporting restraining order violations, interpretation assistance, assistance with legal and immigration services, assistance with securing housing, employment, education, and other resources as necessary.

### Objective

To provide immigrant/refugee women the opportunity to meet with representatives from law enforcement and social service agencies.

### Outcome

Two officers and two victim advocates presented information about their domestic violence unit to the ESL/DV class.

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

Immigrant and Refugee Community Organization (IRCO)

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## **Objective**

Provide four trainings on response to domestic violence in immigrant/refugee communities each year.

## **Outcome**

Training for law enforcement agencies has been scheduled for August and September of 2002.



# Community Safety Net

Lane County Department of Children and Families

Contact: Nancy Bischofs-Reeves 541.682.3358

Program No: 99-052

Federal Funds Expended: \$14,734

Match Funds Expended: \$16,334

## Program Summary

The Community Safety Net (CSN) is a community-based, interagency prevention and early intervention program designed to provide comprehensive wraparound services for families at risk of child abuse and neglect. Based on family service teams consisting of multi-agency members, CSN provides families a single point of entry to a variety of community resources: crisis counseling, mental health services, basic needs and housing services, domestic violence services, offender supervision, substance abuse treatment, healthcare, respite child care, mentoring programs, and family resource centers. Funds were used to develop and support a new program component for children who have witnessed domestic violence.

### Objective

Provide support services which include information and referral, education and support groups to 50 children witnessing domestic violence.

### Outcome

Six children under the age of eight and 12 children between the ages of nine and 17 received support services. Sixteen children have participated in education and support groups.

### Objective

Provide counseling services to 50 children and parents who have witnessed domestic violence.

### Outcome

A total of 27 children and their parents have received counseling. Of the 27, 10 have received individual therapy and four have received family therapy. Thirteen participated in support groups.

### Objective

Enhance parenting skills by providing case management and parenting education.

### Outcome

A total of nine parents attended weekly support/parenting education groups. Parents were provided with community resource information and have built safety plans for their families as appropriate.

# Lane County Supervised Parenting Time Project (Kids First)

Lane County Legal Aid Service

Contact: M. Caroline Padgett 541.683.6353  
Program No: 99-053  
Federal Funds Expended: \$75,208  
Match Funds Expended: \$17,403

### Program Summary

The main purpose of the Supervised Parenting Time Project (SPTP) is to increase the safety of children and their mothers when supervised visitation is court-mandated in domestic violence cases. SPTP offers: (1) supervised exchanges at the supervision center where children are exchanged from one parent to another without parents having contact, and (2) supervised visitations during which SPTP staff monitor interactions and intervene, if necessary, between the non-custodial parent and child. Before visits begin, each child receives an age-appropriate empowerment orientation to become familiar with the space, rules, and Visit Supervisor. In addition to the child's orientation, SPTP also conducts extensive intake interviews with each parent, including a careful risk assessment and individualized family service plans.

### Objective

To increase the safety and well-being of child victims of domestic violence by providing 1,013 safe visits to 67 children and 288 safe exchanges for 75 children, in the first year.

### Outcome

A total of 816 safe visits for 56 children took place. The safe exchange component of the program will not begin until the fourth quarter of the grant year.

### Objective

To provide visits free of conflict by providing 65 to 75 orientation sessions by the visitation program.

### Outcome

A total of 19 parents and 28 children have received orientation sessions.

### Objective

Increase parents understanding and impact of domestic violence on their children by developing an orientation packet for the offending parent and the victim.

### Outcome

Increasing parents understanding and impact of domestic violence on their children will be the focus of the grantee and evaluation team in the second year of the grant. The measurement tools are currently being developed.

*(Continued on next page)*

# Lane County Supervised Parenting Time Project (Kids First)

Lane County Legal Aid Service

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**Objective**

Increase parents effectiveness in providing safety for their children by developing and implementing a child safety information packet.

**Outcome**

A total of 55 child safety packets were distributed to parents.

**Objective**

To establish an effective assessment, referral, and communication protocol between SPTP and key systems (court, civil legal system, parole and probation, batterer intervention, victim advocates, and Services to Children and Families).

**Outcome**

SPTP has established an effective assessment, referral, and communication protocol between the following agencies: Legal Aid Domestic Violence Clinic, mental health providers, local domestic violence providers, Lane County District Attorney’s Office/Victim Assistance section, circuit court judges, mediation services, Lane County parole and probation, Lane County jail, Department of Human Services, and outlying rural community providers.

**Objective**

To establish accessible and culturally appropriate and specific supervised visitation and exchange services for underserved populations in Lane County.

**Outcome**

Staff from SPTP participated in training on cultural competency provided by Centro Latino Americano and began the process of increasing capacity for serving Latino/a parents and their children. Translation of SPTP materials into Spanish took place in the third quarter.

# VAWA Immigration Project

## Catholic Charities

Contact: Jonathan Scop 503.231.4866

Program No: 01-040

Federal Funds Expended: \$63,956

Match Funds Expended: \$31,198

### Program Summary

The purpose of the VAWA (Violence Against Women Act) Immigration Project is to address the special needs of immigrant domestic violence victims. The program is designed to educate immigrant domestic violence victims, primarily Hispanics, of their rights under immigration law, to provide them legal representation, to train other advocates, and to develop a statewide pro-bono immigration representation program. The program is expected to enable immigrant women to make informed decisions about their options, and to encourage them to put their own and their children's safety ahead of fears of deportation.

### Objective

To provide outreach and resource information on immigration issues to 100 advocates, police officers, and immigrant women.

### Outcome

A total of four outreach sessions for 26 participants were provided. Introduction letters and flyers regarding the program, services, and available training were mailed to 400 agencies.

### Objective

To provide 200 immigrant women access to the toll free line during the first year.

### Outcome

Five women accessed the toll free line, however this objective was implemented during the third quarter of the grant year.

### Objective

Ninety new cases will be opened during the first year.

### Outcome

A total of 202 women received direct case representation, which included assistance with self-petitions, removal of conditional residence, and "U" Visas (which allows temporary lawful residence and leads to permanent residency).

### Objective

To provide pro-bono education to 30 attorneys and interpreters.

### Outcome

Training for pro-bono services will take place during the second year of the grant.

# Enhance Shelter Services for Women and Children

## Coos County Women's Crisis Services

Contact: Judy Moody 541.756.5964

Program No: 01-041

Federal Funds Expended: \$45,543

Match Funds Expended: \$15,204

### Program Summary

Coos County Women's Crisis Services (CCWCS) provides enhanced shelter services for domestic violence victims and their children. The major components of the program consist of: (1) a peer intake and a peer counseling program that promotes peer support/assistance; (2) weekly groups that emphasize self-awareness and creating boundaries; (3) access to exercise facilities and on-site yoga sessions to promote health and wellness; and (4) a children's program that offers respite care, after-school playful learning groups, and supervised play while mothers are taking part in groups and class sessions. These new components of peer support, self-awareness, health and wellness, and a children's educational program will be integrated into the existing case management program.

### Objective

Provide a peer network system which pairs up new clients with those who are already receiving services within the shelter to promote effective communication skills to clients.

### Outcome

A total of 87 women have participated in the peer network system.

### Objective

Increase clients' awareness of their own health and wellness through peer support counseling groups, mindfulness support group, INOKA (It's Not Okay Anymore), and yoga groups.

### Outcome

A total of 23 women participated in the weekly mindfulness support group, 16 women participated in weekly INOKA, and a total of 26 women participated in the bi-weekly yoga class.

### Objective

Provide clients on-going consistent case management with domestic violence community resources and safety planning.

### Outcome

A total of 87 women received on-going case management.

# Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program

Clatsop County Community Corrections

Contact: Danny L. Jordan 503.325.4982

Program No: 01-042

Federal Funds Expended: \$44,197

Match Funds Expended: \$14,732

## Program Summary

Clatsop County Community Corrections, in collaboration with contracted treatment providers and the local Domestic Assault Response Team (DART) developed the Domestic Violence Package: a program of specialized supervision and treatment for both felony and misdemeanor offenders who are convicted of a domestic violence related charge or are referred as a condition of sentencing. The package consists of (1) a comprehensive intake with a specialized domestic violence probation/parole officer that includes a standardized Oregon Case Management assessment, review of conditions, clarification of court order, referral to treatment providers, a spousal abuse risk assessment (SARA), and signing of an intimate partner disclosure form, (2) a collaborative treatment approach involving treatment providers and the supervising officer who are in regular contact with each other, (3) follow-up with the victim or intimate partner to verify disclosure of conviction information, to notify of the offender's supervision conditions, and to provide referral to community resources, and (4) specialized supervision and monitoring of compliance including the use of polygraph testing and advanced authorization for any victim contact not prohibited by a restraining or no contact order. Violation of any portion of the program by the offender will result in sanctions, restrictions, rehabilitation, or a revocation hearing.

### Objective

To monitor the amount of unauthorized contact with victims by ensuring 100 percent enforcement of no contact conditions and restraining orders.

### Outcome

A total of 67 offenders were monitored by probation/parole officers, ensuring 100 percent enforcement of no contact conditions and restraining orders.

### Objective

To respond to all unauthorized victim contact by the offender.

### Outcome

A total of 26 unauthorized victim contacts were responded to by a probation/parole officer.

### Objective

To provide formal supervision to a minimum of 30 misdemeanor Assault IV domestic violence related cases.

### Outcome

A total of 67 misdemeanor Assault IV cases were provided formal supervision.

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# **Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program**

Clatsop County Community Corrections

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## **Objective**

To provide polygraph testing for 50 percent of domestic violence offenders.

## **Outcome**

Of 67 offenders, 10 (15 percent) were provided polygraph testing.

# Hope, Education, Resources, Options for Children Who Witness Domestic Violence (H.E.R.O. for Kids) Program

Multnomah County Department of Community Justice

Contact: Martha Strawn Morris 503.988.3383

Program No: 01-046

Federal Funds Expended: \$68,959

Match Funds Expended: \$0

## Program Summary

The Hope, Education, Resources, Options for Children Who Witness Domestic Violence (H.E.R.O. for Kids) Program is designed to identify, screen, and provide services for children who have witnessed domestic violence. Program services include safety planning, support groups, individual counseling and therapy, and other services necessary to increase children's ability to cope with the stressors in their home and to increase stability in their life.

### Objective

Annually refer 300 children (25 per month) who have witnessed domestic violence to the H.E.R.O. program.

### Outcome

A total of 116 children were referred to the program from the Multnomah County Early Intervention Unit, the Domestic Violence Unit of the Multnomah County Department of Community Justice, and the Multnomah County family court.

### Objective

Provide safety planning, information and referral services to 100 children.

### Outcome

A total of 39 children have received safety planning, information and referral services.

### Objective

Provide psycho-educational group sessions to 75 children.

### Outcome

A total of 39 children participated in psycho-educational groups.



# Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

Multnomah County Department of Community and Family Services

Contact: Chiquita Rollins 503.988.4112

Program No: 01-047

Federal Funds Expended: \$42,069

Match Funds Expended: \$20,058

## Program Summary

Multnomah County Department of Community and Family Services, on behalf of the Family Violence Coordinating Council and the Multnomah County Domestic Violence Coordinator's Office, proposes to design and implement a state-of-the-art centralized domestic violence information, referral, and crisis counseling (IRC) line for the Tri-County region of the state (Washington, Clackamas, and Multnomah Counties). The main purpose of the program is to address the growing needs of victims and service providers for an effective, centralized access point for various victim service resources. Program staff evaluated the region's needs and current services; researched model, best practices, and appropriate technology for centralized IRC lines; and completed a redesign and implementation plan for an IRC line during the first year of the grant. Testing and implementation will begin in the second year.

### Objective

Work with community stakeholders to design and develop a centralized information and referral (I&R) resource and implementation plan.

### Outcome

Developed a work group composed of primary collaborators: Byrne staff, Department of County Human Services, community-based domestic violence providers, and Portland Women's Crisis Line staff.

### Objective

Research existing best practices for coordinated I&R systems.

### Outcome

Conducted an extensive Internet search which yielded few sites with information on coordinated domestic violence I&R lines. Conducted seven phone interviews with domestic violence lines operating on a national, statewide, or local level including the National Domestic Violence Hotline, Massachusetts SafeLink, Houston Area Women's Center, Chicago Domestic Violence Helpline, Washington Statewide Domestic Violence Partnernet, and others.

### Objective

Research current technological capacity and future equipment needs towards implementing this program.

### Outcome

A technology expert was hired to assist with planning the technical aspects of implementing this program. A written technology plan will be submitted to Multnomah County by September 2002.

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# Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

Multnomah County Department of Community and Family Services

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## Objective

Conduct a written survey for the stakeholder focus group to respond to strengths, weaknesses, and design of an optimum domestic violence crisis line system.

## Outcome

A written survey was mailed to 290 community stakeholders in Multnomah, Washington, and Clackamas Counties, with a higher than anticipated return rate of 69 percent. The survey showed that stakeholders agree there is a need for a system where a caller will not reach a busy signal, voice mail, or an automated hold, as well as receiving resource information that is current, accurate, and complete. Other findings included having a crisis line that facilitates access by all persons regardless of language, culture, or disability; a crisis line that maximizes the use of current technology; and finally staff that is trained to be effective crisis line workers.

## Objective

Conduct a written survey and focus group for domestic violence survivors in English and Spanish, gathering information from those who have utilized a crisis line.

## Outcome

A written survey was developed in English and Spanish for domestic violence victims/survivors. Surveys were distributed at domestic violence shelters, population-specific domestic violence programs, support groups, and to survivors who were seeking restraining orders. Responses are still being received.

One focus group was conducted with English-speaking survivors and another will take place September 2002. Domestic violence survivors' responses were consistent with the feedback received from the stakeholder focus group.

## Objective

Create a Domestic Violence Resource Directory.

## Outcome

The Domestic Violence Resource Directory will be completed by September 2002.

# **Forensic Academy**

## Department of Oregon State Police

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Contact: Captain Tom Dixon 503.378.3720

Program No: 98-046

Federal Funds Expended: \$24,178

Match Funds Expended: \$0

### **Program Summary**

The Forensic Services Division of Oregon State Police was provided with grant funds to conduct regional Forensic Academies to improve law enforcement's training in crime scene processing, evidence recognition, collection, and preservation.

### **Objective**

Forensic Academy participants will demonstrate improved knowledge of crime scene processing, evidence recognition, collection, and preservation through a 32-hour Academy using lectures and practical/hands-on training in Basic Photography, Latent Print, Forensic Biology, Chemistry, Basic Firearms/Toolmarks, Trace Evidence, and Crime Scene Processing.

### **Outcome**

Forensic Academies were conducted the week of July 30, 2001 to August 3, 2001, in Tualatin and the week of August 20-24, 2001, in Pendleton. There were 30 students in attendance at the Tualatin Academy and 21 students in attendance at the Pendleton Academy. In an effort to measure the incoming expertise of the students, a 50-question pre-test was completed by each student. The overall class average for the pre-test was 69 percent and 70 percent, respectively. At the conclusion of the Academy, a final 60-question examination was given to each student; of which 26 questions were asked during both the pre-test and the final examination. The overall class average for the final examination was 96 percent and 97 percent, respectively. In addition, each officer in attendance was provided with their own evidence collection kit, which was utilized during the Academy hands-on practical scenarios and intended for future use during their assigned shifts and crime scene responses.

# Family-Focused Approach to Juvenile Violence Prevention

## ADAPT

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Contact: Susan Dimock, 541.672.2691 ext. 209  
Program No: 00-020  
Federal Funds Expended: \$96,863  
Match Funds Expended: \$32,289

### Program Summary

The ADAPT Family-Focused Approach to Juvenile Violence Prevention targets male and female youth, aged 17 and younger who have committed delinquent criminal acts and are dually-diagnosed with both chemical dependency and mental illness. The goals of the program are to reduce future criminal involvement, enhance chemical dependency recovery, and improve family functioning. The program uses 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. FFT is delivered by family therapists who work with each youth and their family to change maladaptive behaviors and strengthen positive behaviors. The intervention involves skill training in family communication, parenting skills, and conflict management skills.

### Objective

Two family therapists will provide direct psychotherapeutic and social services to a caseload of 20 concurrent families. The Masters in Social Work (MSW) Clinical Supervisor will provide therapy to an additional two families.

### Outcome

ADAPT chose to use four half-time therapists over two full-time therapists to provide FFT services. By the end of March, the four therapists provided services to a full caseload capacity of 20 concurrent families.

### Objective

Serve 66 youth (and members of their families.)

### Outcome

A total of 69 clients were served. Of the 69, 31 are active clients, 25 successfully completed the program, and 13 did not successfully complete the program.

# Functional Family Therapy

## Clackamas County Juvenile Department

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Contact: Doug Poppen 503.655.8448

Program No: 00-021

Federal Funds Expended: \$99,906

Match Funds Expended: \$22,377

### Program Summary

The Clackamas County Functional Family Therapy (FFT) program targets youth aged 11-18 who are at risk of involvement in delinquent activity or who have committed delinquent acts. The goals of the program are to reduce juvenile crime and recidivism, to reduce illegal substance use, to increase school enrollment and attendance rates, and to increase family functioning. FFT will be the primary intervention delivered by service delivery teams consisting of a FFT trained family therapist and a para-professional parent trainer. Services will be provided at community sites such as schools and churches, and at home. One team will focus on the Hispanic population.

### Objective

Eighty-five percent of at risk youth (non-delinquent) who, along with their families, complete counseling will not be arrested for at least one year after completion of services.

### Outcome

Due to start-up, counseling services were only provided during three months of the grant period. During the three months, two youth completed and 19 youth were active in counseling services. Data for one year after completion of services will be reported in next year's report.

### Objective

Eighty percent of youth with previous delinquent referrals will not be arrested for at least one year after completion of services.

### Outcome

Data for one year after completion of services will be reported in next year's report.

### Objective

Eighty percent of the youth will remain in or re-engage, in school for at least six months after FFT counseling services are completed.

### Outcome

Of the two that have completed counseling services, both (100 percent) remained in school.

### Objective

Eighty-five percent of families will improve their youth to adult interactions and problem-solving skills as measured by pre- and post- testing.

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## **Functional Family Therapy**

Clackamas County Juvenile Department

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### **Outcome**

All the families (100 percent) showed improvement in their youth to adult interactions as demonstrated by their post-test results.

### **Objective**

Eighty-five of the youth will not be referred to the Juvenile Department for a felony person-to-person crime within one year of completion of the program.

### **Outcome**

Data for one year after completion of services will be reported in next year's report.

# Homestead Girls Program

Homestead Youth and Family Services

Contact: Elisa Doebler-Irving 541.276.5433

Program No: 00-022

Federal Funds Expended: \$119,148

Match Funds Expended: \$39,717

## Program Summary

The Homestead Girls Program targets girls between the ages of 12 and 18 at risk of involvement in juvenile delinquency. The program offers early, in-home intervention for at risk girls utilizing the Functional Family Therapy (FFT) model. In addition to receiving FFT from a trained therapist, a skills-trainer will also be part of the treatment team to assist families in securing the basic resources needed to strengthen the family. The goals of the program are to strengthen and stabilize the family unit by increasing each member's life management and coping skills, to enhance parenting skills, to promote effective family communication and functioning, and to reduce future criminal involvement.

### Objective

Girls who receive treatment will have 50 percent fewer contacts with the juvenile and police departments and re-arrests or subsequent referrals, in the year following treatment than in the year before entering the program.

### Outcome

Counseling services were provided for approximately five months of the grant period due to start-up. Tools are being developed to obtain recidivism data and will be included in next year's report.

### Objective

Improve individual functioning as measured by the Problem Oriented Screening for Teens (POSIT), Outcome Questionnaire (OQ), and Youth Outcome Questionnaire (YOQ) pre- and post- testing.

### Outcome

Six youth and families have completed therapy and pre- and post- therapy assessments. Eighteen youth are currently active in counseling. Data from these six families indicate that individual and family functioning has improved in several domains such as substance abuse, physical and mental health, social skills, peer skills, and aggressive behavior. OQ scores for the girls and their parents, parents' Family Assessment Measure III (FAM) scores, and parents' YOQ scores fell within the "normal" range, upon completion of therapy.

### Objective

Improve family/ relationship functioning as measured by the FAM III; pre- and post- testing.

### Outcome

Six youth and families have completed therapy and post-therapy assessments. Eighteen youth are currently active in counseling. Data from these six families indicate that individual and family functioning has improved in several domains. For example, OQ scores for the girls

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## Homestead Girls Program

Homestead Youth and Family Services

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and their parents, parents' FAM III scores, and parents' YOQ scores all dropped below the clinical level, upon completion of therapy.

### **Objective**

School dropout rate for participants will be 50 percent lower than comparable populations.

### **Outcome**

No formal data has been gathered. Tools are being developed; a comparison group and local data are being analyzed.

### **Objective**

Reduce participant substance abuse problems, as determined by arrests and self-reporting, by 50 percent. Results will be used against a comparison group.

### **Outcome**

No formal data has been gathered. Tools are being developed; a comparison group and local data are being analyzed.

### **Objective**

Reduce unplanned participant pregnancies. Results will be used against a comparison group.

### **Outcome**

No formal data has been gathered. Tools are being developed; a comparison group and local data are being analyzed.



# Youth Turnaround Project

## Jackson County Health and Human Services

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Contact: Carin Niebuhr 541.774.7807  
Program No: 00-023  
Federal Funds Expended: \$116,633  
Match Funds Expended: \$38,876

### Program Summary

The Jackson County Youth Turnaround Project targets male and female youth, aged 6 to 17 who have, or whose parents/guardians have, substance abuse issues and who are at risk of involvement in juvenile crime or who have committed delinquent acts. Priority is given to chronic offenders – those who have committed four or more crimes. The goals of the program are to reduce juvenile crime, especially violent crime, among high-risk youth, to increase youth functional behavior in areas which impact juvenile crime, and to improve family functioning. The Jackson County Integrated Family Court will screen all referrals. A team including family drug court judges, a case manager, probation officers, and Functional Family Therapy (FFT) therapists will develop a comprehensive service plan for each referred youth. Youth and their families will receive FFT and wraparound services including alcohol and drug treatment, mental health services, and case management.

### Objective

Fifty youth and their families will participate in FFT.

### Outcome

A total of 27 youth have participated in FFT.

### Objective

Forty families will complete FFT.

### Outcome

Eight families completed FFT.

### Objective

The recidivism rate of chronic juvenile offenders (committing four or more crimes) will be reduced by 20 percent, from 85 percent to 65 percent.

### Outcome

Of the 14 chronic offenders, the recidivism rate for the program year to date is 38 percent. Of the 11 offenders with less than four previous charges, 23 percent have had a new charge against them.

### Objective

Eighty percent of high-risk non-offender participants will not commit a crime during the program year.

### Outcome

Of the three non-offenders, none have committed crimes during the program period to date.

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# Youth Turnaround Project

## Jackson County Health and Human Services

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### **Objective**

Sixty percent of youth participating in the program that are enrolled in school will show improvement in school attendance.

### **Outcome**

Of the 18 participants enrolled in school, 15 (83 percent) demonstrated improvement in school performance; 67 percent (12) improved in school attendance, 72 percent (13) demonstrated improvement in behavior and 78 percent (14) improved their academic performance (youth may have demonstrated improvement in more than one area).

### **Objective**

Eighty percent of families completing Functional Family Therapy will show improvement as measured by the Family Post Service survey.

### **Outcome**

A total of 88 percent of families demonstrated improvement in family functioning as assessed through standardized pre-and post-testing.

### **Objective**

Seventy percent of families will show improvement on the Family Self-Sufficiency Scale developed by Jackson County.

### **Outcome**

A total of 89 percent of families demonstrated improvement on the Family Self-Sufficiency Scale.

### **Objective**

Seventy-five percent of youth receiving service in one of four designated service areas will show improvement in that service area.

### **Outcome**

Data is currently being collected, therefore results are unavailable.

# Multisystemic Therapy Treatment Foster Care

Multnomah County Department of Community Justice

Contact: Deena Corso 503.988.3955

Program No: 00-024

Federal Funds Expended: \$39,495

Match Funds Expended: \$9,664

## Program Summary

The Multnomah County Multisystemic Therapy Treatment Foster Care program targets male and female youth, aged 11 – 16 who have been adjudicated, are on probation, have been identified as high to medium risk to re-offend and who have alcohol and drug problems or are gang-involved. The goals of the program for participating youth are to reduce out-of-home placements, reduce recidivism rates, reduce drug and alcohol use, reduce gang-related delinquent behavior, and to improve family functioning. The program uses Multisystemic Therapy (MST) as the primary intervention. MST trained therapists work with each youth to design individualized interventions in accordance with MST treatment principles that address specific needs of the youth and family. The program adds to existing MST services a MST-tailored Treatment Foster Home program. The Foster Home program will allow MST therapists to move a youth from the family home in crisis situations without interrupting MST counseling for the youth and his/her family.

### Objective

To provide 50 youth/families with MST treatment annually.

### Outcome

A total of 43 youth/families were provided MST program services: 26 completed MST services, 17 were still in the program. Fourteen of the 26 youth (58 percent) who completed the program, did so successfully or with partial success. Successful completion is defined as completing 75-80 percent of the goals set by the youth and their family and no out-of-home placement; partially successful completion is defined as achieving at least 60 percent of set goals and no out-of-home placement.

### Objective

To provide 25 youth with short-term MST Treatment Foster Care annually.

### Outcome

Due to a delay in start-up, Treatment Foster Care services were provided for six weeks of the grant period. A total of three youth were placed in MST Treatment Foster Care; two youth successfully completed their time in Treatment Foster Care and one youth ran away after five days.

### Objective

To provide 30 youth with alcohol and drug specific MST services.

### Outcome

A total of 28 youth received alcohol and drug specific MST services.

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# Multisystemic Therapy Treatment Foster Care

Multnomah County Department of Community Justice

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## Objective

To provide 20 youth with MST services through the Self Enhancement, Inc. (SEI) gang involvement program.

## Outcome

A total of 15 youth were provided with MST services through SEI.

# LISTOS Alternative Learning, ¡Poder! Program

Oregon Council for Hispanic Advancement

Contact: Steffeni Mendoza-Gray 503.228.4131

Program No: 00-025

Federal Funds Expended: \$42,154

Match Funds Expended: \$16,688

## Program Summary

The main purpose of the LISTOS Alternative Learning program ¡Poder! is to reduce high-risk behaviors associated with youth violence among 15-18 year olds, within the Portland Latino community, who have dropped out of high school. The major components of the program include: alternative education curricula, intensive and culturally competent case management, life skill improvement classes, positive youth development programs, and home visitation.

### Objective

Provide 15 Latino youth, ages 15-18, with intensive case management services.

### Outcome

Fifteen youth were identified and received intensive case management services. Fourteen of the 15 youth identified for intensive case management services remain in the program. These 14 youth are free of juvenile justice involvement and/or negative contact with probation/ parole officers. The other youth returned to a public school and program services were terminated.

### Objective

Provide 15 Latino youth with Life Skills classes and positive youth development programs.

### Outcome

Fifteen youth received Life Skills classes and positive youth development programs. Fourteen of the 15 youth completed job applications, seven completed resumes, and seven participated in mock interviews.

### Objective

Provide 15 Latino youth with bilingual academic and English as a Second Language (ESL) instruction.

### Outcome

Fifteen youth were enrolled for two or more months and had at least one grade level increase in reading, writing, and math or one level increase in ESL as determined by the IDEA Proficiency Test (IPT).

# Project SUPPORT

Oregon Department of Education

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Contact: John Pendergrass 503.378.3600 x2362  
Program No: 00-026  
Federal Funds Expended: \$0  
Match Funds Expended: \$0

## Program Summary

Project SUPPORT (Service Utilization to Promote Positive Outcomes) provides support and services to Oregon Youth Authority (OYA) probation youth ages 12-18 with a special education disability or a mental disorder. Each youth is paired with a Transition Specialist (TS), who works intensively to connect the youth with school, work, and community-based services, and residential services. The Transition Specialist's caseload will consist of approximately 10-14 youth with 25-30 youth per year by each TS. Services will be provided in the Northeast and Southwest regions of the state.

### Objective

Complete a barrier/support needs assessment for probation youth in local communities.

### Outcome

A needs assessment was conducted in one of the two regions where services will be provided. Stakeholder participants included: probation officers and regional probation supervisors, Union/ Baker Education Service District staff, Transition Specialists, Workforce Investment Act staff, and foster care parents/ residential care providers. In addition, six probation youth were interviewed on their perception of needs and barriers to remain uninvolved with the juvenile justice system.

### Objective

Transition Specialists will maintain a caseload of 10-14 youth and serve approximately 25-30 youth per year.

### Outcome

This program did not commence until January 1, 2002. Due to delays in grant start-up no youth were served between January 1, 2002 and June 30, 2002.

### Objective

Program participants will engage in employment and/ or education activities within four months of entry into the program at least 70 percent of the time.

### Outcome

This program did not commence until January 1, 2002. Due to delays in grant start-up no youth were served between January 1, 2002 and June 30, 2002.

### Objective

Participants will engage in community service agencies defined by unique needs of each individual (e.g. mental health, alcohol and other drug services, foster care, etc.) within four months of entry into the program at least 70 percent of the time.

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# Project **SUPPORT**

Oregon Department of Education

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## **Outcome**

This program did not commence until January 1, 2002. Due to delays in grant start-up no youth were served between January 1, 2002 and June 30, 2002.

## **Objective**

Sixty percent of participants will not commit a new crime that will result in incarceration and further involvement with OYA.

## **Outcome**

This program did not commence until January 1, 2002. Due to delays in grant start-up no youth were served between January 1, 2002 and June 30, 2002.

## **Objective**

Forty percent of participants will not commit a new crime that will result in incarceration or further involvement with OYA or adult corrections one year after exit from the program.

## **Outcome**

This program did not commence until January 1, 2002. Due to delays in grant start-up no youth were served between January 1, 2002 and June 30, 2002.

## **Objective**

Each transition specialist will develop a community resource guide for targeted services appropriate for probation youth within each community.

## **Outcome**

Due to grant start-up delays, the guide has not yet been developed.

# Home Works

Youth Contact, Inc.

Contact: Judy R. Harris (503) 640-4222

Program No: 00-027

Federal Funds Expended: \$114,306

Match Funds Expended: \$22,326

## Program Summary

The Youth Contact Home Works program targets youth ages 12 – 17 that have three or more risk factors on the Oregon Juvenile Crime Prevention Screen Assessment. The goals of the program are to prevent or reduce juvenile crime, improve family functioning, and improve school performance. The program uses Multisystemic Therapy (MST), an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The MST approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. MST is delivered by family therapists using a home-based model of service delivery. The major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems.

### Objective

Ninety percent of clients with no previous involvement in the juvenile justice system will not have become involved in the justice system for six months post-treatment. Eighty-five percent of clients with previous juvenile justice system involvement will have no further arrests for six months post-treatment.

### Outcome

Twenty-two youth have completed treatment. Data for six months post-treatment will be reported in next year's report.

### Objective

Ninety percent of enrolled youth will participate in a regular activity with at least one supportive community system such as church, volunteer work, recreation, etc., by the end of treatment.

### Outcome

A total of 90 percent (20 of 22) of clients participated in a regular activity with at least one supportive community system.

### Objective

For 90 percent of clients served, parent/ client will report on the Treatment Adherence Measure (TAM) form that client is abstaining from or has reduced use of substances by the end of the treatment.

### Outcome

All 22 parents/ clients (100 percent) reported that the youth is abstaining from or has reduced substance use at the end of treatment.

*(Continued on next page)*



# Home Works

Youth Contact, Inc.

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## Objective

Eighty percent of eligible clients who are referred to program will be effectively engaged, defined by attending two or more sessions, in treatment services.

## Outcome

All 23 clients and their families have been effectively engaged in treatment.

## Objective

Eighty-five percent of parents will report that services are helpful and that they have used what they learned in treatment (based on the client satisfaction survey).

## Outcome

Of the 10 returned surveys, all parents reported that services are helpful and that they have used what they learned in treatment.

## Objective

Eighty-five percent of families will reduce conflict as indicated by parent's report on client satisfaction survey.

## Outcome

Of the 10 returned surveys, all parents reported they have reduced family conflict.

## Objective

School enrollment and attendance records will demonstrate that 80 percent of enrolled clients will increase or maintain school attendance or enroll in an academic program (if not enrolled at intake) by the end of treatment.

## Outcome

A total of 81 percent (18 of 22 clients) increased or maintained their school attendance or enrolled in an academic program.

## Objective

Ninety percent of clients will have parent(s) involved in school meetings, activities, or school-based counseling sessions by the end of treatment.

## Outcome

All 22 parents were involved in a school-based activity.

# North Coast Regional Drug Task Force (NCRDTF)

## Tillamook County Sheriff's Office

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Contact: Sheriff Todd Anderson 503.815.3345

Program No: 01-001

Federal Funds Expended: \$110,000

Match Funds Expended: \$193,550

### Program Summary

The North Coast Regional Drug Task Force provides investigative and technical expertise beyond that of individual law enforcement in the four northwest counties of Columbia, Clatsop, Tillamook, and Lincoln. The grant funds a portion of two sheriff deputy investigators, a police detective, and a deputy district attorney from the four counties to 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 and prosecutes individuals operating these labs; and provides training and information to local organizations and schools.

### Objective

Decrease growers use of public and private forest land for the cultivation of marijuana by locating and destroying 3,500 marijuana plants.

### Outcome

A total of 1,273 marijuana plants were located and destroyed during the grant year. The events of September 11<sup>th</sup> may have played a significant role in the low number of plants located and seized. Historically, the majority of marijuana grows located have been during the month of September.

### Objective

Ensure the safety of children by documenting 20 cases of child neglect and/or endangerment and referring to the appropriate agencies and making 100 arrests for selling drugs within 1,000 feet of a school.

### Outcome

Forty-eight referrals were made to Services to Children and Families, 18 arrests were made for Child Neglect I and 31 arrests for Recklessly Endangering the Welfare of a Minor. In addition, 92 arrests were made for selling dangerous drugs within 1,000 feet of a school.

### Objective

Impact the manufacture and distribution of methamphetamine by seizing and destroying 10 methamphetamine labs and making 40 arrests for the manufacturing of narcotics.

### Outcome

A total of 36 labs and dump sites were located and destroyed and 44 arrests were made for manufacturing a controlled substance.

*(Continued on next page)*

# North Coast Regional Drug Task Force (NCRDTF)

## Tillamook County Sheriff's Office

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### **Objective**

Disrupt illegal activity associated with drug trafficking by conducting 50 searches and making 550 narcotics arrests.

### **Outcome**

A total of 191 searches were conducted, which included consent searches, search warrants and probation searches. A total of 604 arrests were made on various narcotics charges, not including methamphetamine charges, and 142 convictions were handed down.

### **Objective**

Provide current information and training regarding controlled substances to community members and organizations by conducting 45 educational presentations to citizens and students/youth.

### **Outcome**

During the grant year 28 power point presentations were provided to various community groups and businesses with a total of 1,012 attendees. Another 21 presentations were provided to 1,214 students and youth groups. In addition, information was provided through a countywide radio program.

# South Coast Interagency Narcotics Team (SCINT)

## Coos County Board of Commissioners

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Contact: Julie Simpson 541.396.3121

Program No: 01-002

Federal Funds Expended: \$175,000

Match Funds Expended: \$105,102

### Program Summary

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 of landlords, law enforcement personnel, and citizens. SCINT also partners with local schools, state agencies, and youth-oriented organizations to ensure the safety of children. This is done by the presentation of prevention curriculum to students and youth groups, participation in a court ordered DUII/Drug Diversion class, and referring children to appropriate services who are located where drug activity is taking place.

### Objective

Implement SCINT's modified version of the Pathfinder program/drug education program to six Coos County middle schools.

### Outcome

A total of three schools were provided with the Pathfinder curriculum. The six week course used skills training and problem-solving exercises to help students strengthen social and self-management skills, develop ways to set goals, promote assertiveness, and resist peer pressures. Specific classes included team building, communication, stress management, anger management, problem solving, choices and consequences, and motivation.

### Objective

The Drug House Abatement (DHA) Facilitator will conduct one to two training sessions for approximately 50 to 200 landlords, property managers, and law enforcement personnel. SCINT will enforce local drug house ordinances and evict arrested narcotics offenders.

### Outcome

Four training sessions regarding rights and responsibilities, proper screening techniques, and eviction procedures were provided to approximately eight landlords and 105 law enforcement officials. In addition, the DHA Facilitator sent 58 letters to landlords notifying them of criminal activity in their rentals, resulting in four evictions. SCINT also continued to provide one-on-one advise and information to landlords or property owners, when requested.

### Objective

Conduct information sharing meetings every three weeks, which will be attended by at least 15 investigators from SCINT's member agencies.

### Outcome

Information sharing meetings were held every two weeks and attended by 15 to 25 investigators.

*(Continued on next page)*

# South Coast Interagency Narcotics Team (SCINT)

## Coos County Board of Commissioners

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### **Objective**

Assist state, federal, and local agencies by making referrals to Services to Children and Families (SCF) for all drug and safety contacts where children reside.

### **Outcome**

SCINT assisted over 40 agencies and task forces and made 25 referrals to SCF for 50 children residing in homes with criminal drug activity.

### **Objective**

Provide 25 drug educational talks and training to at least 165 law enforcement officers.

### **Outcome**

SCINT personnel and the DHA Facilitator provided 30 public talks to 2,703 public housing tenants and administrators, city council members, students, businesses, public service organizations, and neighborhood citizens. In addition, 641 individuals from law enforcement attended 13 training sessions.

### **Objective**

Deter future narcotics activity by generating 400 cases resulting in 250 to 300 arrests during the grant year. In addition, SCINT will seize \$500,000 to \$2 million worth of illegal narcotics.

### **Outcome**

From a total of 311 cases: 69 cases are still open, 237 cases are pending grand jury, three resulted in acquittals, and no charges were filed in two cases. A total of 274 arrests resulted in 66 convictions. Over \$4.6 million worth of drugs were seized during the grant year.

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

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Contact: Sheriff Les Stiles 541.383.4393

Program No: 01-003

Federal Funds Expended: \$110,000

Match Funds Expended: \$86,457

## Program Summary

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 grant funds a portion of five positions from the three teams who coordinate inter-agency 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.

### Objective

Increase the eradication of indoor and outdoor grow operations from the previous year by 10 percent.

### Outcome

A total of 16 marijuana grow operations were shut down and 745 marijuana plants were seized during the year, a 1.5 percent increase in seized plants for the same period the previous year.

### Objective

Disrupt methamphetamine distribution at the street level and through area and regional distributors by increasing the number of labs seized from the previous year by 300 percent.

### Outcome

A total of 15,305.82 grams of methamphetamine were seized and 41 labs were dismantled during the grant period, compared to 12 labs seized in the previous year (242 percent increase).

### Objective

Maximize the utilization of federal and state asset forfeiture laws.

### Outcome

A total of \$68,106 in assets was seized during FY 2001. The passage of Measure 3, which requires a conviction prior to forfeiture of property or assets, effectively ceased asset forfeitures for the first two quarters of the grant period.

### Objective

Monitor and investigate Rave parties and the distribution of Ecstasy.

### Outcome

Two investigations were initiated, one involving the importation of Ecstasy from another state. No Ecstasy was seized during the grant period.

# **Southern Oregon Regional Task Force (SORT)**

## **Josephine County Sheriff's Office**

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Contact: Deputy Linda Templin 541.474.5151

Program No: 01-004

Federal Funds Expended: \$300,000

Match Funds Expended: \$134,049

### **Program Summary**

The Southern Oregon Regional Task Force is comprised of three task forces in Douglas, Jackson and Josephine Counties. The goal of the task force is to investigate, arrest, and prosecute narcotics offenders. This is accomplished through training to member agencies, participating in joint investigations, coordinating interagency and intelligence sharing efforts, and providing educational and drug awareness presentations to community members.

#### **Objective**

Decrease/disrupt individual drug offenders, organizations, and illegal activities associated with drug use and trafficking within the region by pursuing 60 violators with Western States Information Network (WSIN) Class 1 classification and performing 350 searches.

#### **Outcome**

Initiated 125 Class 1 violators and performed 691 searches.

#### **Objective**

Collect, evaluate, and disseminate intelligence and coordinate efforts among law enforcement agencies in three counties while leveraging resources among multijurisdictional task forces. Coordinate 150 criminal cases involving investigators from other local, state, and federal agencies. Submit 600 WSIN/Department of Justice subject reports and 500 Narcotics Activity reports.

#### **Outcome**

Coordinated 176 cases with other agencies. Submitted 416 WSIN/Department of Justice subject reports and 735 Narcotics Activity reports to the Drug Enforcement Section of Oregon State Police.

#### **Objective**

Curtail drug traffickers by seizing 30 methamphetamine labs.

#### **Outcome**

A total of 86 methamphetamine labs were seized during the grant period.

#### **Objective**

Coordinate and refer 75 cases of child neglect and endangerment. Document 25 cases of illegal drug activity within 1,000 feet of a school.

#### **Outcome**

Initiated 105 cases of child neglect/endangerment and 34 cases of drug activity within 1,000 feet of a school.

*(Continued on next page)*

## **Southern Oregon Regional Task Force (SORT)**

### **Josephine County Sheriff's Office**

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#### **Objective**

Present 100 educational programs regarding reliable and accurate controlled substances information to 3,000 citizens or staff. Participate in 100 meetings with public or private agencies to identify drug-related problems.

#### **Outcome**

Presented 71 educational programs to 2,001 people. Attended 256 meetings with other agencies to identify and discuss drug-related problems.



# Mid-Willamette Valley Task Force (MWVTF)

## Marion County District Attorney's Office

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Contact: Dale W. Penn 503.588.5222

Program No: 01-005

Federal Funds Expended: \$136,550

Match Funds Expended: \$69,565

### Program Summary

The Mid-Willamette Valley Task Force provides support to five interagency teams: Interagency Narcotics Enforcement Team in Lane County, Marion Area Gang & Narcotics Enforcement Team, Valley Interagency Narcotics Team in Linn and Benton Counties, Polk Interagency Narcotics Team, and Yamhill Interagency Narcotics Team. Law enforcement agencies in the region determined that a weakness in their drug enforcement strategy was insufficient punishment for narcotics manufacturing and distribution. To address this issue grant funds support a special prosecutor, who works under the direction of the United State's Attorney's Office, to prosecute significant drug dealers and manufacturers in Federal Court. The Prosecutor assists the interagency teams in preparing cases which qualify for successful Federal prosecution. The grant also provides partial funding of four local prosecutors to pursue cases in the state system that do not qualify for Federal prosecution.

### Objective

The U.S. Attorney's Office will pursue federal prosecution and incarceration of 25 manufacturers and distributors to reduce the number of narcotics networks in the region.

### Outcome

A total of 38 defendants were federally charged by the U.S. Attorney's Office.

### Objective

The U.S. Attorney's Office will obtain 20 convictions with an average federal prison term length of 60 months.

### Outcome

A total of 11 defendants were convicted and sentenced to federal prison. An additional five defendants previously convicted were also sentenced to federal prison during this reporting period for a cumulative average length of 81.9 months.

### Objective

Four subtask forces will employ local prosecutors to select 200 cases for investigation and prosecution.

### Outcome

A total of 673 cases were referred to local prosecutors for task force investigation and prosecution.

### Objective

Local prosecutors and subtask force commanders will meet monthly to exchange case data, intelligence, identify networks, and coordinate activities to enhance interagency cooperation and intelligence sharing.

*(Continued on next page)*

## **Mid-Willamette Valley Task Force (MWVTF)**

### **Marion County District Attorney's Office**

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#### **Outcome**

Interagency cooperation and intelligence sharing was enhanced by monthly meetings with local prosecutors and subtask force commanders.

#### **Objective**

One subtask force will employ officers on an overtime basis on cases that extend beyond standard law enforcement shifts. Ten arrests will be completed because of the overtime worked to reduce the narcotics supply and hamper narcotics distribution in Polk County.

#### **Outcome**

Overtime work resulted in 21 arrests.

# Regional Organized Crime Narcotics Team (ROCN)

## Regional Organized Crime Narcotics Team

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Contact: Captain Alan Orr 503.234.8892

Project No: 01-006

Federal Funds Expended: \$140,000

Match Funds Expended: \$74,399

### Program Summary

The Regional Organized Crime Narcotics task force identifies, targets, and removes major narcotics traffickers and organizations through investigation, arrest, prosecution, and conviction. ROCN is able to achieve this goal through shared management of resources and joint operational decision making in Portland Metro and surrounding areas. Grant funds currently support the task force Director and the Prosecutor.

### Objective

Conduct multijurisdictional investigations and prosecutions that disrupt or close 15 methamphetamine, heroin, crack cocaine, Ecstasy, and marijuana distribution networks.

### Outcome

There were 36 cases opened within the ROCN region.

### Objective

Emphasize and promote interagency cooperation among all federal, state, and local agencies engaged in organized crime and drug law enforcement by conducting four collaborative operation cases and 20 agency assists.

### Outcome

A total of four cases were shared operations and ROCN assisted other agencies in 26 cases.

### Objective

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.

### Outcome

ROCN opened four cases that involved money laundering or currency transfers and arrested 23 suspects that were Federally prosecuted.

### Objective

Conduct or facilitate three narcotics investigative training opportunities for officers assigned to ROCN.

### Outcome

ROCN officers attended two Oregon Narcotics Enforcement Association (ONEA) training conferences, the annual Western States Information Network conference, the Law Enforcement Data System workshop, the Organized Crime Drug Enforcement Task Forces conference, and the Project North Star RCG-Pacific conference.

# Eastern Oregon Regional Drug Task Force (EORDTF)

## Eastern Oregon Regional Drug Task Force

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Contact: Sgt. Doug Evans 541.523.5848

Program No: 01-007

Federal Funds Expended: \$109,590

Match Funds Expended: \$68,003

### Program Summary

Eastern Oregon Regional Drug Task Force includes four smaller task forces that provide narcotics operations in eight counties, six of which border Washington, Idaho, or Nevada. Because of the considerable geographical area EORDTF covers, the majority of which is rural, coordination and cooperation among all law enforcement agencies is critical. The task force's goal is to continue fighting the war on drugs by targeting street- to mid-level drug dealers, locating and dismantling methamphetamine labs, seizing indoor and outdoor marijuana grow operations, and closing down drug smuggling organizations.

### Objective

Facilitate cooperation between law enforcement agencies in the identification and seizure of methamphetamine labs.

### Outcome

A total of 70 lab sites were seized during the grant year.

### Objective

Encourage and facilitate the sharing of manpower assets by the involved agencies. Encourage the shared use of equipment throughout the region.

### Outcome

A total of 1,124 man-hours were shared with other departments/agencies. The following types and quantities of equipment were shared with other entities:

Narcotics dogs/handlers	1
Undercover vehicles	19
Bodywire sets	4
Raid/surveillance van	8
Lab Site equipment	12
National Guard Helicopters	4
Night Vision Goggles	5
Spotting Scopes	2

### Objective

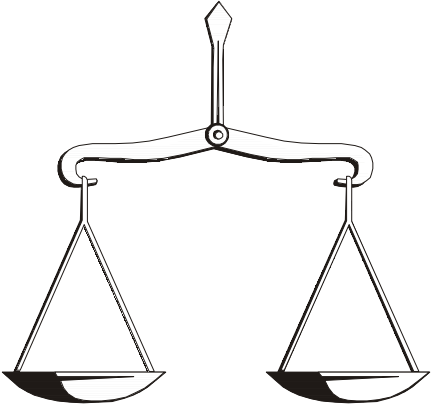
Facilitate educational training to students and adults pertaining to the problems and identification of drug use.

### Outcome

Member units facilitated 47 presentations to schools, businesses, and local organizations about identifying drug use and drug activity.

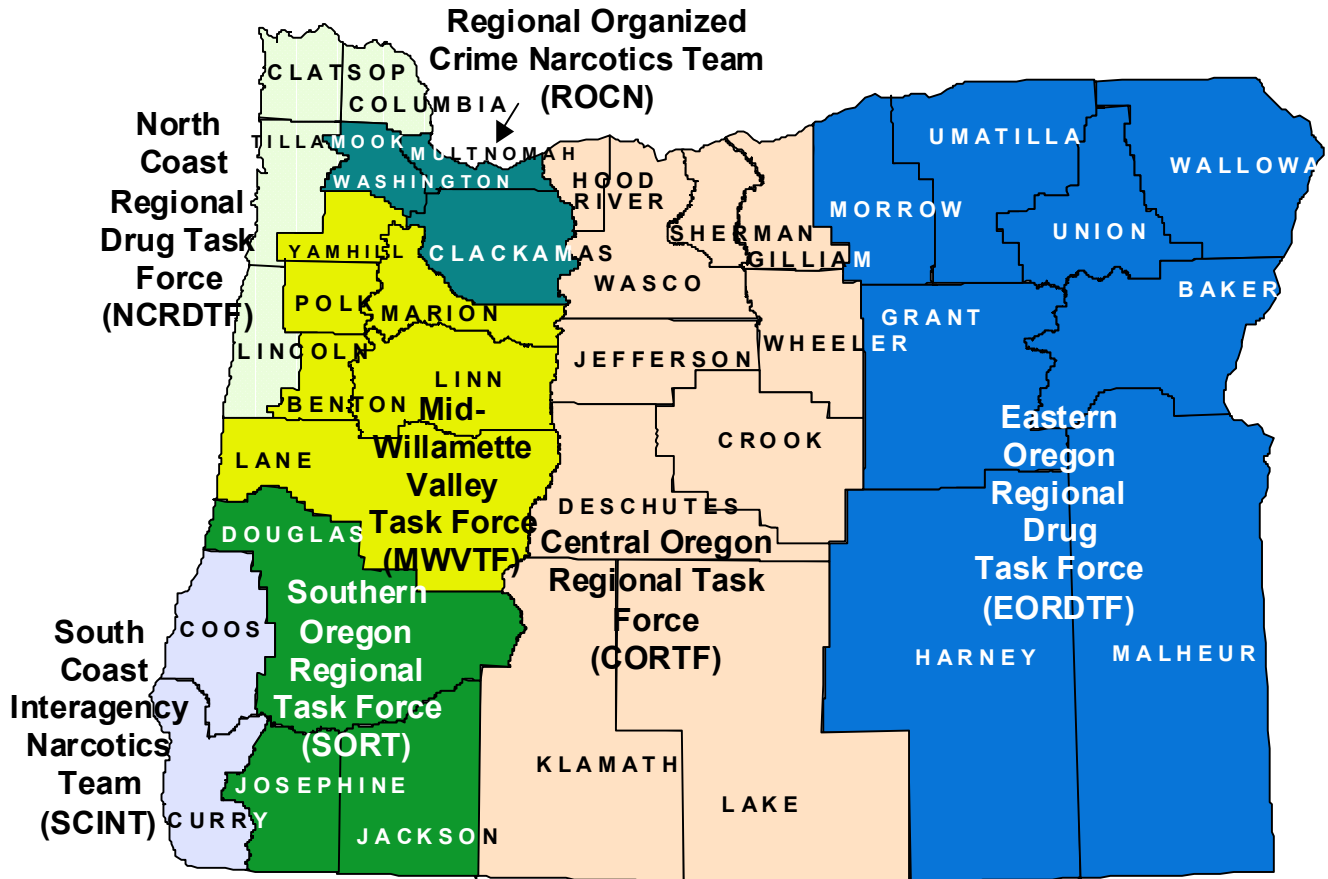
# Program Performance Data Appendix

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**Multijurisdictional  
Narcotics Task  
Forces**

# Oregon Regional Narcotics Task Forces



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.

The multi-agency task forces receiving Byrne grant funds have prepared narcotics seizure information for Oregon State Police’s Analytical Support Unit since January 1996. The information is summarized and returned to agencies in monthly, quarterly, and annual reports. However, summaries are not comprehensive of all narcotics activity throughout Oregon because not all municipal, county, state, or federal law enforcement narcotics information is included. In addition, summarized information is not a good indication of the activities or effectiveness of a task force. The following data offers a preliminary understanding of possible narcotics trends within Oregon.

# Task Force Accomplishments

The data presented on the next three pages summarize the narcotics charges and seizures from the task force regions. The individual task forces provide an event report for each occurrence of a narcotics event.

A narcotics event is defined as an incident where narcotics, or narcotics related money or equipment is seized, bought, or found. In short: if a narcotics related item is removed from the streets, it is reported as an event.

The data is entered into a database for additional analysis to determine drug trends and movement.

## Miscellaneous

<b>Case Information</b>	<b>CORTF</b>	<b>EORDTF</b>	<b>MWVTF</b>	<b>NCRDTF</b>	<b>ROCNC</b>	<b>SCINT</b>	<b>SORT</b>	<b>Total</b>
Other Agency Assists	26	42	198	23	16	39	259	<b>603</b>
Cases Federally Adopted	11	2	16		15		18	<b>62</b>
State Search Warrants Served	57	47	177	40	18	57	188	<b>584</b>
Federal Search Warrants Served	2	1	5		25			<b>33</b>
Subjects Contacted	405	466	1,301	366	80	168	998	<b>3,784</b>
Narcotic Related Events	301	361	927	280	136	101	806	<b>2,912</b>

### Weapons

Used/Intended to Use	1		1	1				<b>3</b>
Immediately Available	36	13	57	17	4	6	32	<b>165</b>
Pistols	24	13	119	14	21	4	63	<b>258</b>
Rifles	16	5	97	15	10	9	76	<b>228</b>
Shotguns	14	8	37	2	5	4	3	<b>73</b>
<b>Total</b>	<b>54</b>	<b>26</b>	<b>253</b>	<b>31</b>	<b>36</b>	<b>17</b>	<b>142</b>	<b>559</b>

### Contact Was 1st Time Drug Offender

Yes	125	40	207	72	10	3	83	<b>540</b>
No	181	216	417	120	19	10	299	<b>1,262</b>
Unknown or No Contact Made	67	120	530	139	118	109	582	<b>1,665</b>

### Contact Was Employed

Yes	92	71	163	32	7	13	56	<b>434</b>
No	199	236	482	214	21	22	213	<b>1,387</b>
Unknown or No Contact Made	82	99	509	85	119	87	695	<b>1,676</b>

### Contact Was on a Previous Drug Probation

Yes	75	80	250	97	8	8	181	<b>699</b>
No	220	224	321	87	14	5	163	<b>1,034</b>
Unknown or No Contact Made	78	102	583	147	125	109	620	<b>1,764</b>
<b>Total</b>	<b>373</b>	<b>406</b>	<b>1,154</b>	<b>331</b>	<b>147</b>	<b>122</b>	<b>964</b>	<b>3,497</b>

# Charges Filed Against Drug Offenders

## Charges Filed Against Drug Offenders

Charges by Gender	CORTF	EORDTF	MWVTF	NCRDTF	ROCN	SCINT	SORT	Total
Male	559	606	1,448	466	104	220	1,176	<b>4,579</b>
Female	226	248	537	155	14	121	401	<b>1,702</b>
<b>Total</b>	<b>785</b>	<b>854</b>	<b>1,985</b>	<b>621</b>	<b>118</b>	<b>341</b>	<b>1,577</b>	<b>6,281</b>

### Charges by Race

Caucasian	516	639	1,427	442	66	301	1,401	<b>4,792</b>
African American	26	15	40	4	7	1	3	<b>96</b>
Hispanic	141	189	498	165	45	27	163	<b>1,228</b>
Native American	85	9	9	2			1	<b>106</b>
Asian			1					<b>1</b>
Unknown/Other	17	2	10	8		12	9	<b>58</b>
<b>Total</b>	<b>785</b>	<b>854</b>	<b>1,985</b>	<b>621</b>	<b>118</b>	<b>341</b>	<b>1,577</b>	<b>6,281</b>

### Charges by Age Status

Adult	779	847	1,944	583	118	341	1,480	<b>6,092</b>
Juvenile	6	7	41	38			97	<b>189</b>
<b>Total</b>	<b>785</b>	<b>854</b>	<b>1,985</b>	<b>621</b>	<b>118</b>	<b>341</b>	<b>1,577</b>	<b>6,281</b>

### Charges by Type of Drug

Cocaine	36	49	141	202	22		26	<b>476</b>
Cocaine (Crack)	9	2	16		8		3	<b>38</b>
Methamphetamine	558	556	1,217	201	30	240	958	<b>3,760</b>
Heroin (Tar)		22	46	27	4	13	33	<b>145</b>
Heroin (Powder)			24					<b>24</b>
Marijuana	165	177	435	150	44	72	488	<b>1,531</b>
MDMA	3		3		8		22	<b>36</b>
LSD							2	<b>2</b>
Psilocybin Mushrooms	7		16	13		13	8	<b>57</b>
Other	7	48	87	28	2	3	37	<b>212</b>
<b>Total</b>	<b>785</b>	<b>854</b>	<b>1,985</b>	<b>621</b>	<b>118</b>	<b>341</b>	<b>1,577</b>	<b>6,281</b>

### Charges for Drug

#### Offenses by Type of

Manufacturing	155	95	255	77	11	80	333	<b>1,006</b>
Distributing	258	277	665	216	55	92	387	<b>1,950</b>
Possessing	372	482	1,065	328	52	169	857	<b>3,325</b>
<b>Total</b>	<b>785</b>	<b>854</b>	<b>1,985</b>	<b>621</b>	<b>118</b>	<b>341</b>	<b>1,577</b>	<b>6,281</b>

### Other Charges and Actions

#### Accompanying Drug Charges

Endangering Welfare of Minor	74	59	100	25	6	44	163	<b>471</b>
W/in 1,000 Ft. of School	39	28	80	82	1	11	67	<b>308</b>
1st Degree Child Neglect	44	15	131	13	1	27	24	<b>255</b>
Children Services Referrals	33	41	47	51	1	33	163	<b>369</b>
<b>Total</b>	<b>190</b>	<b>143</b>	<b>358</b>	<b>171</b>	<b>9</b>	<b>115</b>	<b>417</b>	<b>1,403</b>



## Drug Seizures

Grams	CORTF	EORTF	MWVTF	NCRDTF	ROCN	SCINT	SORT	Total
Cocaine	848	685	11,826	882	4,892		352	<b>19,485</b>
Cocaine (Crack )	12	1	26		20		20	<b>79</b>
Hashish	10	2	32		16		6	<b>66</b>
Heroin (Powder)			106		25	1		<b>132</b>
Heroin (Tar )		69	1,452	44	620	15	329	<b>2,529</b>
Marijuana	186,552	20,558	92,978	22,913	286,874	2,597	56,092	<b>668,564</b>
Methamphetamine	12,078	27,581	56,556	7,704	883	1,593	14,037	<b>120,432</b>
MDMA	17						8	<b>25</b>
Opium	1						241	<b>242</b>
Psilocybin	20		1,773	238		235	169	<b>2,435</b>
<b>Total Grams</b>	<b>199,538</b>	<b>48,896</b>	<b>164,749</b>	<b>31,781</b>	<b>293,330</b>	<b>4,441</b>	<b>71,254</b>	<b>813,989</b>

### Units

LSD							2	<b>2</b>
MDMA			16		20,952		1,028	<b>21,996</b>
Marijuana Plants	904	10,119	1,594	1,789	654	492	2,201	<b>17,753</b>
<b>Total Units</b>	<b>904</b>	<b>10,119</b>	<b>1,610</b>	<b>1,789</b>	<b>21,606</b>	<b>492</b>	<b>3,231</b>	<b>39,751</b>

## Precursor Chemicals (not always reported)

### Methamphetamine Labs

Active	5	13	28	8		2	11	<b>67</b>
Boxed/Stored/Inactive	16	27	78	9	5	8	66	<b>209</b>
<b>Total Labs</b>	<b>21</b>	<b>40</b>	<b>106</b>	<b>17</b>	<b>5</b>	<b>10</b>	<b>77</b>	<b>276</b>

### Grams

Ephedrine	17	5,723		945			40	<b>6,725</b>
Epsom Salts								<b>0</b>
Iodine	1		9,191		16,575		6,804	<b>32,571</b>
Pseudo-Ephedrine		299	7,285		71,081		326	<b>78,991</b>
Red Phosphorous			3,254				1,470	<b>4,724</b>
Sodium Hydroxide								<b>0</b>
Unknown/Other			86,165				22,964	<b>109,129</b>
<b>Total Grams</b>	<b>18</b>	<b>6,022</b>	<b>105,895</b>	<b>945</b>	<b>87,656</b>	<b>0</b>	<b>31,604</b>	<b>232,140</b>

### Liters

Acetone							11	<b>11</b>
Diluted Meth Solution			42					<b>42</b>
Hydriotic Acid			907					<b>907</b>
Hydrochloric Acid								<b>0</b>
Meth Oil	1	3						<b>4</b>
Muriatic Acid								<b>0</b>
Nitric Acid								<b>0</b>
Pseudo-Ephedrine Solution								<b>0</b>
Sulfuric Acid								<b>0</b>
Unknown Precursor Liquid							1	<b>1</b>
<b>Total Liters</b>	<b>1</b>	<b>3</b>	<b>949</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>965</b>

## Parallel Program

### Jackson County

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Contact: Carin Niebuhr 541.774.8200  
Program No: 00-012  
Federal Funds Expended: \$146,514  
Match Funds Expended: \$48,838

### Program Summary

The purpose of the Parallel Program is to address the need for transitional comprehensive treatment services for 76 adult offenders aged 18-25 released from state or local correctional facilities to parole or post-prison supervision. The primary goals of the program are to continue and complete substance abuse treatment initiated in the correctional facility to ensure compliance with conditions of probation and parole and to provide community life supports which support present and future crime-free self-sufficiency. In addition to substance abuse treatment, the program targets health services, mental health services, career development employment, education, and crime-free housing. The majority of the funds are used for specialized correctional caseload and contractual services in community-based treatment, case management, and urinalysis testing.

### Objective

Seventy offenders will be targeted to receive reach-in services in order to begin development of a comprehensive transitional treatment plan prior to release.

### Outcome

Fifty-one of the 70 offenders targeted (73 percent) were enrolled in the reach-in component of the program in the initial 11 months.

### Objective

Of those receiving reach-in services, 80 percent will enter and become actively involved in the Parallel Community Treatment Program.

### Outcome

Forty-eight of the 51 offenders (94 percent) who received reach-in services, entered and became actively involved in the Parallel Community Treatment Program. Three of the 51 offenders (six percent) completed assessment and received reach-in services, but never enrolled in community-based treatment services. These offenders were either not released in Jackson County, committed new crimes upon release to the community and had their probation revoked before starting the program, or were released to the military on AWOL status.

### Objective

One hundred percent of offenders enrolled in the community-based Parallel Program will have completed the development of their comprehensive transitional treatment plan within 30 days from the date of entry into the program.

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## Parallel Program

### Jackson County

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#### Outcome

Ninety-two percent (44 of 48 offenders) who have been enrolled in the program for at least 30 days as of June 30, 2002, have completed the development of their comprehensive transitional treatment plan.

#### Objective

Eighty percent of offenders who have completed the transitional treatment plan will receive services identified in the plan. The identified services may include housing, employment assistance, or educational services.

#### Outcome

All 44 offenders (100 percent) needing services were enrolled and served in the appropriate level of treatment services as identified in the comprehensive transitional treatment plan.

Of the 29 offenders who identified needing housing assistance, 24 (83 percent) had a housing assessment, received assistance in securing housing, and are currently living in stable drug-free housing. Twelve offenders received transitional housing placements directly from this program. They have been placed in the Parallel House (male), the Knight's Inn Apartments (female), or other community housing projects.

All 30 of the offenders who indicated needing assistance in employment and/or educational services have received assistance; 16 offenders are employed, and 12 have accessed educational services.

All eight offenders needing mental health services were enrolled in the Oregon Health Plan and directly linked to mental health providers within the community.

#### Objective

Sixty-five percent of offenders will successfully complete the community-based treatment program.

#### Outcome

Of the 51 offenders enrolled in the program, seven (14 percent) have been identified as unsuccessful completions, three (six percent) as successful completions, and the remaining offenders (41 or 80 percent) are actively involved in the program.

#### Objective

The recidivism rate for program graduates will be reduced to 30 percent.

#### Outcome

This outcome will be measured one year following successful program completion.

# Recovery Mentor Program

## Tualatin Valley Centers

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Contact: Tom Brewer 503.880.1481

Program No: 00-013

Federal Funds Expended: \$83,462

Match Funds Expended: \$27,821

### Program Summary

Washington and Clatsop County Community Corrections, in collaboration with Tualatin Valley Centers, 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.

### Objective

Ninety percent of referred participants will become actively engaged in services.

### Outcome

Of the 83 total participants enrolled in the Recovery Mentor Program, 79 (95 percent) became actively engaged in treatment services, defined as having no more than three missed clinical appointments in the first six months of treatment. The county breakdown included 54 of 55 engaged in Washington County and 25 of 28 in Clatsop County.

### Objective

Program participants will achieve 80 percent of their transition goals within six months of entering the program. The transition goal categories established in the offender's treatment plan include substance abuse treatment, mental health treatment, and employment and housing services.

### Outcome

Achievement of transition goal data was collected for the 38 participants (24 in Washington County and 14 in Clatsop County) that had been in the program for at least six months as of June 30, 2002, or whose case has been closed. Of those 38 participants, 20 (53 percent) achieved at least 80 percent of their transition goals. The county breakdown included 16 of 24 from Washington County and four of 14 from Clatsop County.

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## Recovery Mentor Program

### Tualatin Valley Centers

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#### Objective

\*Eighty percent of enrolled participants will become employed or enter vocational training.

#### Outcome

A total of 32 of the 38 enrolled participants (84 percent) obtained employment or entered into vocational training (22 of 24 in Washington County and 10 of 14 in Clatsop County).

#### Objective

\*Ninety-five percent of participants will obtain safe housing within the first 30 days of the program.

#### Outcome

A total of 36 of 38 enrolled participants (95 percent) obtained safe housing within the first 30 days of the program; all 24 participants from Washington County obtained safe housing while 12 of the 14 from Clatsop County obtained housing.

#### Objective

\*Eighty percent of participants referred for mental health services will actively engage in those services.

#### Outcome

Of the fourteen participants who were referred for mental health treatment, 86 percent (12) engaged in mental health services.

#### Objective

\*Eighty percent of participants with medical insurance (private or OHP) will obtain a primary care physician.

#### Outcome

Twenty-six of 38 participants (68 percent) were enrolled in the Oregon Health Plan (OHP). Of those 26 enrolled in OHP, 18 (69 percent of the OHP patients and 47 percent of the participants) obtained a primary care physician.

#### Objective

\*Eighty percent of participants will participate in family treatment and will report improved communication on the survey conducted by the external evaluator, RMC Research.

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\*For objectives 3-7, data is only available for the 38 participants (24 in Washington County and 14 in Clatsop County) that had been in the program for at least six months as of June 30, 2002, or whose case had been closed. Data for the remaining 45 participants has been lost in the grantee's Access database. Program officials are currently in the process of re-entering the data.

# Recovery Mentor Program

## Tualatin Valley Centers

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### Outcome

Family treatment participation improved for 15 of the 38 participants (39 percent). These results were determined through a combination of counselor input, family and client input from individual sessions, and follow-up telephone calls. RMC Research is currently developing a survey/questionnaire to determine increased family participation in measurable terms.

### Objective

Maintain a recidivism rate of less than 10 percent for participants, as measured at one year and two years after completion of the program. This is compared to a baseline recidivism rate of 25 percent for Clatsop and 32 percent for Washington counties.

### Outcome

Outcome data will be reported at a later date. The performance measure for this objective is to review the Law Enforcement Data System (LEDS) for new felony convictions of positively discharged clients at one and two years post program completion.

### Objective

Ninety percent of program completers will satisfy parole and post-prison supervision requirements as determined by the supervising authority compared to a baseline average of 73 percent for Washington and 65.5 percent for Clatsop counties.

### Outcome

Of the 83 participants enrolled in the program, 53 participants (64 percent) are still actively involved. The remaining 30 (36 percent) cases have been closed; 10 (33 percent) participants successfully completed the program and met parole and post prison supervision requirements, and 20 (67 percent) were unsuccessful completions.

# New Life Program

## Umatilla County

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Contact: Kurt A. Lewis 541.276.7824 x 241

Program No: 00-014

Federal Funds Expended: \$129,894

Match Funds Expended: \$43,299

### Program Summary

The New Life Program addresses the need for enhanced treatment services and will provide services to 75 to 85 adult offenders released from state or local correctional facilities to parole or post-prison supervision. The primary focus is to ensure continuity of treatment services within the community and compliance with conditions of parole or post-prison supervision, which should result in increased employment levels and positive case closures among offenders. This holistic approach addresses the offender's substance abuse and criminality issues in a specialized program targeting community treatment, mental health, and disability services. The program targets other areas such as parenting skills, establishing or reestablishing linkage to culture or ethnic heritage, comprehensive job development skills training, housing, and other ancillary needs. The majority of the funds are used for contractual services in community-based treatment, urinalysis testing, job skills development, and GED services.

### Objective

One hundred percent of offenders being released to parole or post-prison supervision will be assessed for program participation. This pre-treatment/pre-release planning begins six months prior to release.

### Outcome

All 516 offenders released to parole or post-prison supervision were assessed for program participation.

### Objective

Seventy percent of the 100 to 120 offenders targeted for participation (70 to 84 offenders) will enter and become actively involved in community-based treatment services.

### Outcome

Of the 70 to 84 offenders targeted for program participation, 60 offenders entered and became actively involved in community-based treatment services.

### Objective

Seventy percent of those participating in this program will successfully complete community-based treatment services. A relapse prevention plan is developed five months after treatment services have begun, and offenders are assessed to determine if continued services are needed beyond program completion. In this case, offenders would be referred to the appropriate agencies and Community Corrections would work in collaboration with these agencies to ensure that the relapse prevention plan is effective.

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# New Life Program

## Umatilla County

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### Phase I

Offenders are involved in Phase I of the community based treatment program for 90 days. This phase requires group participation by the offender three nights per week and individual counseling and mandatory participation in self-help programs three times per week.

### Phase II

This phase requires group participation by the offender two times per week for the second 90 days for men and 120 days for female offenders; this allows for a separation of gender specific issues. This phase continues to focus on enhancing the offender's cognitive development with an emphasis on the traditional aspect of alcohol and drug treatment.

At this point offenders will be assessed and will either be recognized as successful completions or it may be determined that further treatment is necessary. In this case their successful completion is based on successful completion of the providers' additional recommendations. These requirements may extend program involvement from six to nine months.

## Outcome

Seventeen percent (11 offenders) successfully completed community-based treatment services; and 15 percent (10 offenders) were unsuccessful. A total of 37 offenders are still actively involved in the program. Of these offenders, 17 are currently in Phase I of the treatment program, 10 offenders are in Phase II, and 10 offenders received jail sanctions due to program non-compliance issues and have returned to the residential treatment portion of the program before they can continue with community-based treatment services. The remaining two offenders have either moved outside of the county or their probation and parole sentence has expired and their cases have been terminated.

## Objective

One hundred percent of offenders participating in the program who are unemployed will be referred to extensive job skills development and placement services.

## Outcome

All 37 program participants who were unemployed were referred to extensive job skills development and placement services. The remaining 23 offenders obtained full-time employment upon entry to the New Life Program.

## Objective

Seventy-five percent of the offenders who have successfully completed community-based treatment and job skills development and placement services will have obtained full-time employment upon program completion. This is compared to the average baseline data in Umatilla County of 42 percent.

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## New Life Program

### Umatilla County

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#### **Outcome**

One hundred percent of the 11 offenders obtained full-time employment following successful completion of community-based treatment and job development and placement services.

#### **Objective**

One hundred percent of offenders participating in the program will submit to weekly urinalysis testing.

#### **Outcome**

One hundred percent of offenders (60 program participants) submitted to weekly urinalysis tests (1,443). All offenders tested a minimum of twice a week during program involvement. In addition, offenders may also be asked to submit to random testing as a condition of probation and parole.

#### **Objective**

Seventy percent of those offenders participating in the program will test negative for the use of a controlled substance. This compares to baseline data of 46 percent.

#### **Outcome**

Eighty-eight percent (53 of 60 participants) tested negative for the use of a controlled substance.

#### **Objective**

The recidivism rate among offenders in Umatilla County successfully completing this program will be reduced to 10 percent as compared to the average baseline data of 17 percent.

#### **Outcome**

This objective will not be measured until one year following successful program completion.

#### **Objective**

Eighty percent of those successfully completing program services will receive a positive case closure at the end of parole and post-prison supervision. This is compared to baseline data of 48 percent.

#### **Outcome**

All program participants are still on parole and post-prison supervision. This goal will be measured when those successfully completing program services are off supervision.

# Redirections Program

## Yamhill County

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Contact: Keith Urban 503.434.7527  
Program No: 00-015  
Federal Funds Expended: \$93,296  
Match Funds Expended: \$25,751

### Program Summary

The Redirections Program uses a multisystemic treatment approach for male offenders from an intensive, cognitive-behavioral therapeutic community treatment program to transition services which covers vocational, housing, chemical dependency treatment, and probation supervision. The primary goals of the program are to reduce the current re-arrest rate for program graduates, to increase the number of jail treatment program graduates completing outpatient follow-up treatment, increase drug-free housing opportunities for offenders, and to provide targeted vocational assistance to offenders. The majority of the funds are used for specialized correctional caseload and contractual services in community-based treatment and housing, case management, urinalysis testing, vocational training, and reach-in services. Reach-in services are provided to all program clients.

### Objective

One hundred percent of offenders being released to parole or post-prison supervision will be assessed for program participation. The process begins 60 to 90 days prior to release to the community. In addition, transitional goals will be identified on a community-based treatment plan prior to release from the jail treatment program.

### Outcome

All 80 offenders released to parole or post-prison supervision were assessed for program participation.

### Objective

Seventy-five percent of offenders completing program treatment will engage in community-based treatment following release. Engagement is defined as being referred to outpatient counseling program, enrolling in community-based treatment, signing community-based treatment plan, and not leaving treatment prior to completion without agency agreement. Community-based treatment consists of three group counseling sessions per week initially, plus individual sessions, supervision sessions with the dedicated probation officer, and urinalysis monitoring.

### Outcome

Forty-five of 80 offenders (56 percent) entered and became actively involved in community-based treatment services.

### Objective

Sixty percent of enrolled offenders will complete community-based treatment or be actively involved with treatment at review.

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## Redirections Program

### Yamhill County

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#### Outcome

Sixty-two percent (36 of 58 offenders) completed or were still involved in community-based treatment June 30, 2002. Thirteen offenders (23 percent) left treatment against advice or never began treatment; four offenders (seven percent) were referred to other treatment programs; two offenders (three percent) were incarcerated; two offenders (three percent) moved from the area; and one (two percent) offender's discharge status is currently under review.

These transitional program services include a continuation of treatment services within the community along with providing mental health services, safe and drug-free housing, and employment.

Twelve of the 19 offenders (63 percent) identified as needing mental health services received services from the county mental health department or private providers.

Sixteen of the 23 offenders (70 percent) indicating needing assistance in securing housing received it and are currently living in stable drug-free housing. The remaining seven offenders did not receive assistance due to a lack of community resources or lack of follow-up by the offender.

#### Objective

A total of 15 offenders without safe and drug-free housing will obtain safe and drug-free housing through the Redirections Program within 30 days of release.

#### Outcome

Fourteen offenders were housed through Redirections. One offender was re-admitted after violating house rules initially, making a total of 15 admissions.

#### Objective

Ninety percent of offenders who have enrolled in the community-based treatment program will receive vocational assistance.

#### Outcome

Forty-five of the 58 offenders (78 percent) who have enrolled in the community-based treatment program have been identified as needing vocational assistance including job search and resume development. All of these offenders were referred to other vocational and employment agencies since the program was unable to initiate a viable contract within the community. Of these referrals, five of the offenders obtained full-time employment. Thirteen offenders obtained employment directly out of the institution without further assistance.

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## **Redirections Program**

### Yamhill County

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#### **Objective**

The recidivism rate among offenders successfully completing this program will be reduced to seven percent one year after program completion, as compared to the average baseline data of 10.2 percent for new offense arrests for those completing jail treatment only. Recidivism rate is determined by arrests for new crimes only.

#### **Outcome**

This objective will not be measured until one year following successful program completion. Of the 58 offenders enrolled in the program, seven (12 percent) have been arrested for new crimes, but only one of the arrested offenders had completed the program. Of the seven arrestees, two remain in treatment and will be counted in this long-term outcome.

# Law Enforcement Data System (LEDS) Public Safety Data Warehouse

Department of Oregon State Police

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Contact: David C. Yandell 503.378.3054

Program No: 98-056 and 99-048

Federal Funds Expended: \$181,506

Match Fund Expended: \$60,434

## Program Summary

Current criminal justice information systems were created autonomously and cannot adequately communicate and share information. Although these information systems gather data on many of the same offenders, often overlapping the same information, data within those autonomous systems are stored in different formats and have numerous meanings, dependent upon the agency from which they are collected. Attempting to analyze the criminal history of an offender or the effectiveness of a particular program or practice within the criminal justice community requires gathering data from several state agencies to evaluate the process. Once gathered, these data must be transformed and merged to a standard format for use in analysis. The Public Safety Data Warehouse (PSDW) will serve as the central repository of criminal justice information and will enable analysis of criminal justice programs and policies to be done across agencies in considerably less time than currently possible.

### Objective

Revise draft scope and charter document to reflect input received by the PSDW Steering Committee. Complete the approval/signature process involved with the scope and charter document.

### Outcome

Revisions to the scope and charter document were made and signatures obtained. The formal approval process was completed.

### Objective

Define the participant agencies business requirements for the Public Safety Data Warehouse.

### Outcome

Interviews with all phase one agencies were scheduled and completed. The business requirements information collected will be used to obtain an understanding of what the users of the Data Warehouse expect from the project.

# **Criminal Justice Information Standards (CJIS) Interoperability Research**

Department of Oregon State Police

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Contact: John A. Tawney 503.378.3720

Program No: 99-044

Federal Funds Expended: \$40,000

Match Funds Expended: \$52,302

## **Program Summary**

This program provides consulting services, hardware and software to allow CJIS to address program goals. As needed, this would involve consulting services to study information systems security issues and technologies, researching guaranteed delivery of data via the Internet, developing a strategy for universal access to information, and receiving assistance in technical areas such as data exchange design and electronic commerce. Concepts and approaches identified may be validated through multi-agency pilot projects. The specific research/pilot project agenda will be in support of projects identified in the Oregon Criminal Justice Information Technology Master Plan and the State of Oregon Enterprise Technology Plan. The interoperability research grant would provide technical assistance and other resources to enable the CJIS partners to identify and validate technological solutions to their legislative mandate.

## **Objective**

Enable the Criminal Justice Information Standards (CJIS) Program to investigate information systems integration technology approaches and research interoperability implementation issues.

## **Outcome**

Four of the Oregon CJIS agencies: Oregon State Police, Oregon Judicial Department, Oregon Department of Corrections, and the Oregon Youth Authority, developed a partnership to explore a data access solution. The agency requirements were for a web-based data access tool that allows a user to make a single inquiry against the data bases of each partner and return person information from all of them. The tool had to be easy to install, inquiries had to be powerful yet simple to use. The data accessed had to be real time operational data. Current technology alternatives were reviewed. A partnership was developed with the National Institute of Justice and the U.S. Navy Space and Naval Weapons Research organization to pilot a system developed by Templar Corporation. Agreements were negotiated between the Oregon agencies and the Federal partners. Candidate data bases were selected, inquiry and display capabilities and formats were defined, servers were obtained and configured, and an initial version of the pilot software was developed, tested, and a list of needed modifications was prepared.

The prototype was modified to increase functionality and usefulness. Partner agencies began using the capability in May 2002 on a limited basis to serve their internal customers. Some aspects of security are being enhanced as a result of experience gained during the project. The partners are planning a pilot implementation to the agencies' respective user communities, and a formal review of the capabilities provided and the capacity required.

# Law Enforcement Data System (LEDS) Message Switch

Department of Oregon State Police

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Contact: David C. Yandell 503.378.3054

Program No: 99-054

Federal Funds Expended: \$15,113

Match Funds Expended: \$3,395

## Program Summary

The hub or gateway through which all Oregon criminal justice information traffic flows is the LEDS Message Switch. Systems connected to the Switch include NCIC, the National Law Enforcement Telecommunications System (NLETS), the California Law Enforcement Telecommunications System (CLETS), the LEDS Database, Oregon DMV, Oregon Mental Health, Fish and Wildlife, Corrections Data, 34 regional criminal justice information systems, regional message switches, records management systems, and other messaging services supporting Oregon's criminal justice community.

The existing bisync switch was installed in 1990. The manufacturer considers the hardware to be "end of life" and parts availability and the increasing cost of maintenance has become a concern. The present switch is not able to support the new FBI NCIC-2000 communication protocol TCP/IP and is also unable to support the transmission of images (ie: mugshots, fingerprints, etc.).

A decision to replace the existing Message Switch was made and the process for replacement initiated.

## Objective

Define the technical specifications for a new Message Switch including the mandatory and desirable features required by LEDS and the FBI under NCIC-2000.

## Outcome

Completed the development of a formal RFP and procurement solicitation document. A formal procurement will commence in July 2002.

# Law Enforcement Data System (LEDS) NCIC-2000

Department of Oregon State Police

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Contact: David C. Yandell 503.378.3054

Program No: 00-009

Federal Funds Expended: \$155,567

Match Funds Expended: \$0

## Program Summary

The Federal Bureau of Investigation (FBI) maintains a criminal justice information database at the national level similar to the LEDS database system at the state level. On July 11, 1999, NCIC released a new version of their system, referred to as "NCIC-2000". In April of 2001, the Oregon State Police, Law Enforcement Data System (LEDS) entered into a contract with Science Applications International Corporation (SAIC) to produce a functional design specification from which the LEDS database system could be made NCIC-2000 compliant. The completed design specification was delivered to LEDS in October of 2001. In December 2001, the decision was made to complete the required programming work "in-house" using LEDS programming staff in addition to one or two temporary employee programmers. Once completed, LEDS will be able to provide Oregon law enforcement with access to the features and functionality available through NCIC-2000.

## Objective

Using the NCIC provided specifications for NCIC-2000, review programming documentation for the existing LEDS database system to determine what programming changes need to be made in order for the LEDS database to be considered NCIC-2000 compliant.

## Outcome

Hired contractor (SAIC) to develop functional design specification required to modify the LEDS database to become NCIC-2000 compliant. The design specification was delivered in October of 2001.

## Objective

Develop project plan for completing programming changes required to make LEDS database NCIC-2000 compliant.

## Outcome

The project plan was completed in December 2001. In January 2002, LEDS initiates NCIC-2000 activities under the plan and becomes LEDS' "priority one" programming project.







# Overview of Domestic and Family Violence Prevention and Juvenile Violence Prevention Programs

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## EXECUTIVE SUMMARY

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In 2001, 16 juvenile and domestic/family violence prevention programs in Oregon were awarded Edward Byrne Memorial State and Local Law Enforcement Assistance Grant funds. Eight juvenile violence prevention programs and eight domestic and family violence prevention programs were funded October 1, 2001, and successfully completed their first three quarters of the program and evaluation planning and implementation on June 30, 2002. The Criminal Justice Services Division (CJSD) worked with programs during this time and provided evaluation technical assistance and oversight through a subcontract with Program Design and Evaluation Services (PDES) of Health Services within the Oregon Department of Human Services.

CJSD monitors the 16 juvenile and domestic/family violence prevention programs and collaborates with PDES to evaluate their effectiveness. During the first year, all of the programs successfully implemented their interventions and set the stage for good program evaluations by creating detailed Program Descriptions, Logic Models that outline the specific program activities and intended outcomes, and Draft Evaluation Measurement Plans which detail how the outcomes will be assessed.

Additional information about the collaboration between CJSD and PDES and the guidance and technical assistance offered to programs, the evaluation methodology, as well as information about each program are presented in the remaining pages of the Executive Summary. Specific details may be found in the text of the *Annual Report*.

### Background

In 1996, the Criminal Justice Services Division (CJSD) of the Oregon State Police created a partnership with evaluators from 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 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-funded domestic/family violence prevention programs was added. PDES has assisted CJSD in conceptualizing and implementing program evaluations for all of these programs. PDES provides assistance to CJSD and the Governor's Drug and Violent Crime Advisory Board in the selection and management of grantees by monitoring grantee program implementation and evaluation, providing technical assistance to grantee agencies, and by disseminating information regarding grantee progress. This collaboration continues to support Oregon's ability to promote funding and replication of prevention programs known to be effective at reducing domestic/family violence and juvenile violence.

Between October 1, 2001, and June 30, 2002, the CJSD awarded Byrne Grant funds to eight juvenile violence prevention programs and eight domestic violence prevention programs. The total amount awarded during the reporting period was over \$1.6 million ranging from \$55,000 to \$200,000 per program per year. This is a report of the progress of these programs during their first year of funding.

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## **CJSD's Program Evaluation Approach**

CJSD has adopted an enhanced evaluation strategy that focuses on demonstrating program effectiveness. As stated above, CJSD is collaborating with PDES as an external evaluation agency to assist and monitor grantees in conducting their program evaluations. In consultation with PDES, all Byrne grantees are required to participate in a series of evaluation activities. Each grantee is required to hire an external evaluator or work with an internal evaluator, create a Comprehensive Evaluation Plan, and complete a series of specific evaluation steps that will be implemented in a stepwise fashion over the four-year Byrne grant period.

During the first year of the program, grantees are required to develop their capacity to conduct evaluation activities. Capacity building steps include the development of a Program Description, a Logic model, and a preliminary Evaluation Measurement Plan that outlines the program's goals and objectives, along with plans for measurement, data collection, and analysis. During the second year, grantees are required to complete their Evaluation Measurement Plan and conduct a process evaluation. The process evaluation will describe the population served, the quantity and quality of services delivered, and the barriers to program implementation. During the third and fourth years, grantees will focus on program outcomes as well as continued process evaluation. Grantees will develop and implement an outcome monitoring system based on the program goals, objectives, performance indicators, and measurement plans developed in the capacity building phase. Programs with appropriate capacity will also be required to conduct outcome evaluations using an experimental or quasi-experimental design during the third and fourth years of funding.

## **Juvenile Violence Prevention Programs**

The eight juvenile violence prevention programs funded between October 1, 2001, and June 30, 2002, are categorized into two main areas: *model/promising programs* and *innovative programs*. Of the eight programs funded, six are model/promising programs and two are innovative programs.

*Model/Promising Programs* are programs that meet rigorous tests of program effectiveness. They are programs that have shown evidence of a deterrent effect using a strong evaluation design. Essential elements of model/promising programs are:

- Rigorous experimental or quasi-experimental study designs with control or comparison groups.
- Evidence of a statistically significant deterrent effect on violence, serious delinquency, or a risk factor for violence.
- Replication with demonstrated effects and/or evidence that the deterrent effect was sustained for at least one-year post-treatment.

Six model/promising programs were funded. Four of the six programs are implementing Functional Family Therapy – a family-based intervention for youth at risk of or already demonstrating delinquency, violence, or maladaptive acting out behaviors. The remaining two programs are implementing Multisystemic Therapy – an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders and their families.

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The four Functional Family Therapy programs funded are: ADAPT 's Family-Focused Approach to Juvenile Violence Prevention, Clackamas County Juvenile Department's Functional Family Therapy Program, Homestead Youth & Family Services' Marigold Program, and Jackson County Health & Human Services' Youth Turnaround Project. The two Multisystemic Therapy programs funded are: Multnomah County Department of Community Justice's MST Treatment Foster Care Program and Youth Contact's Home Works Program.

*Innovative Programs* are programs that are theory- or principle-based but either have not been evaluated or have been evaluated using a weak (non-experimental) research design. The essential element of an innovative program is that it demonstrates a specific research-based rationale for its expected effectiveness.

Two innovative programs were funded. They are the Oregon Council for Hispanic Advancement's ¡Poder! Program, and the Oregon Department of Education's Project SUPPORT.

### **Domestic and Family Violence Prevention Programs**

The eight domestic/family violence prevention programs funded between October 1, 2001, and June 30, 2002, are categorized as *innovative programs*.

A wide variety of innovative domestic/family violence programs were funded, both in terms of the content of the interventions and the populations they were designed to serve. Some agencies sought to provide domestic violence services to victims of domestic violence where previously there were none (or where those that were available were inadequate). The Coos County Women's Crisis Service has developed and implemented the Enhanced Shelter Services Program, providing basic and enhanced shelter services for women in a rural county of Oregon. The Domestic Violence Coordinator's Office from the Multnomah County Department of Community Justice is conducting the Centralized Domestic Violence Information, Referral, and Crisis Counseling Line Program to develop and implement a domestic violence crisis line in urban Multnomah County. Two hours south, in Lane County, the Lane County Legal Aid Service has a program that benefits survivors of domestic violence and their children. By implementing the Kids First: Safe Alternatives Center, there is now a safe space and specially trained staff who can oversee child visitations and child exchanges.

Mirroring research nationwide that supports the importance of providing services to children who hear or witness domestic violence, Byrne funds support two innovative programs for children. The Lane County Department of Children and Families has developed and implemented the Support Services for Children Witnessing Domestic Violence Program and the Multnomah County Department of Community Justice has started H.E.R.O. for Kids (Hope, Education, Resources, Options for Children Who Witness Domestic Violence).

Two additional domestic/family violence education, advocacy, and legal services programs focus on a specific vulnerable subpopulation: immigrant and refugee women who have experienced domestic violence. The Catholic Charities Immigration Services has implemented the VAWA Immigration Project and the Immigrant and Refugee Community Organization (IRCO) in Multnomah County has started the Domestic Violence Education Program for Immigrant and Refugee Women.

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The eighth domestic/family violence prevention program funded by Byrne this year focuses on domestic violence offenders. Clatsop County Community Corrections developed and implemented the Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program in the northwest Oregon town of Astoria.

### **Conclusion**

Throughout the first year of funding, all 16 of the programs worked closely within their local teams and with CJSD and PDES to rigorously develop a sound program and evaluation plan and implement their respective programs. Both the challenges and successes were many. For all of the sites, CJSD, and PDES, the first year was a time of relationship building, negotiation, staff selection, managing resource issues, and revising plans based on early learnings. Through these collaborative working relationships, all of the sites completed detailed Program Descriptions and Logic Models.

**Table #1. Number, Gender, Race/Ethnicity, and Age Range of Program Participants**

<i><b>Descriptive Characteristics of 2001 Juvenile Violence Prevention Program Participants</b></i>	<i><b>Juvenile Violence Prevention Programs</b></i>							
	ADAPT	Clackamas County Juvenile Department	Jackson County Health & Human Services	Marigold Program	Multnomah County Department of Community Justice	Oregon Council for Hispanic Advancement	Oregon Department of Education <sup>A</sup>	Youth Contact, Inc.
Total Number of Clients Served	69	39	27	33	43	15	-	23
<b>Gender (%)</b>								
Male	67	64	56	0	65	67	-	70
Female	33	36	44	100	35	33	-	30
<b>Age Range (%)</b>								
0-12	1	18	4	0	0	0	-	13
13-18	99	82	96	100	100	100	-	87
<b>Race/Ethnicity (%)</b>								
American Indian/Alaskan Native	4	0	0	13	0	0	-	4
Asian	0	3	0	0	0	0	-	0
Black or African American	0	3	0	0	44	7	-	0
White	89	86	89	83	46	7	-	44
Hispanic	6	8	11	4	10	86	-	26
Multi-racial	1	0	0	0	0	0	-	26

<sup>A</sup> Program in planning and development phase during this period.



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

<i><b>Descriptive Characteristics of 2001 Domestic and Family Violence Prevention Program Participants<sup>A</sup></b></i>	<i><b>Domestic and Family Violence Prevention Programs</b></i>							
	<i>Catholic Charities Immigration Services</i>	<i>Clatsop County Community Corrections<sup>B</sup></i>	<i>Coos County Women's Crisis Services</i>	<i>Immigrant and Refugee Community Organization (IRCO)</i>	<i>Lane County Department of Children and Families</i>	<i>Lane County Legal Aid Service<sup>C</sup></i>	<i>Multnomah County Department of Community and Family Service<sup>D</sup></i>	<i>Multnomah County Department of Community Justice<sup>E</sup></i>
Total Number of Clients Served	228	120	92	69	18	125	-	39
Gender (%)								
Male	20	87	0	0	56	54	-	56
Female	80	13	100	100	44	46	-	44
Age Range (%)								
Under 18	39		0	0	100	46	-	100
18-24	11		32	13	0	16	-	0
25-34	40		22	32	0	20	-	0
35-44	10		25	19	0	15	-	0
45-54	1		20	6	0	4	-	0
55-64	0		1	12	0	0	-	0
65 and over	0		0	19	0	0	-	0
Race/Ethnicity (%)								
American Indian/Alaskan Native	0	2	9	0	0	2	-	0
Asian	1	1	0	46	0	2	-	0
Black or African American	.4	0	0	3	0	2	-	8
White	4	94	84	41	100	88	-	92
Hispanic	95	2	0	10	0	6	-	0
Multi-racial	0	0	5	0	0	2	-	0

<sup>A</sup> May not equal 100 percent due to rounding.

<sup>B</sup> Descriptive statistics are based on 87 active clients. Data for age range is unavailable.

<sup>C</sup> Only parents are included in racial/ethnicity statistics.

<sup>D</sup> Program in planning and development phase; clients will not receive services until year 2.

<sup>E</sup> Children only. Statistical data for the parents not included.

# Domestic and Family Violence Prevention Programs

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# Domestic Violence Education Program for Immigrant and Refugee Women

Immigrant and Refugee Community Organization (IRCO)

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## Program Purpose

The Domestic Violence Education Program for Immigrant and Refugee Women is designed to meet the specific needs of immigrants and refugees, some of whom have survived domestic violence. The program is designed to achieve this by providing: (1) case management and advocacy services, (2) ESL classes focusing on life management skills, legal issues, safety planning and community resources, and (3) law enforcement training to enhance its representatives' 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 victims without adequate services in Oregon. Shelters and support groups available to mainstream domestic violence survivors are 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.

With Byrne funding, the Immigrant and Refugee Community Organization (IRCO) provides English and domestic violence education classes for immigrant and refugee women, case management and advocacy services for immigrant and refugee domestic violence survivors, and training to law enforcement agencies.

The main goals of the program are to:

- Increase the safety and awareness of immigrant and refugee domestic violence survivors.
- Increase immigrant and refugee women's exposure to, and familiarity with, the U.S. law enforcement system and its representatives.
- Enhance the law enforcement system's response to domestic violence in immigrant and refugee communities.

## 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 victim at the time of recruitment. Other groups benefiting from the program through training are law enforcement officers. 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 victims only.

Potential program participants are recruited from a wide variety of sources and methods. They include: 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.

<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*, 25.

# Domestic Violence Education Program for Immigrant and Refugee Women

Immigrant and Refugee Community Organization (IRCO)

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## Program Components

The main components of the Domestic Violence Education Program are English as a Second Language (ESL) and domestic violence education classes for immigrant and refugee women, case management and advocacy services for immigrant and refugee domestic violence survivors, and domestic violence trainings for law enforcement officers. Following is a detailed description of the main program components:

- *ESL/DV classes:* Women enrolled in the ESL/DV classes are advised to attend two 90-minute sessions per week for an eight-week period. Classes are offered in a safe environment either in the IRCO building or at an immigrant community site. Class sizes range from five to 10 students per class and are usually organized and grouped by ethnicity. The curriculum consists of two components: life management skill development and domestic violence education. Each component contains several topics. Under life management, there are topics such as family, home, transportation, health, communication, and budget. Under domestic violence education, there are topics such as women's rights, safety planning, services and resources. Classes are taught by the program Lead Trainer, guest speakers from law enforcement agencies, facilitator/case manager, and volunteers.
- *Case management and advocacy services:* Case management and advocacy services assist clients to successfully access the law enforcement, criminal justice, legal, and social service systems necessary for their safety, self-reliance, and well-being. The program Case Manager works one-on-one with clients to develop safety and case plans. Activities include filing or modifying restraining orders, filing police reports, obtaining assistance from local DA's offices and victim assistance programs, and accessing emergency and supportive social and legal services such as immigration counseling, motel vouchers, client assistance funds, transportation, food, rental assistance, housing, and interpretation services.
- *Law enforcement training:* A survey is 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 are developed based on the results of the assessment. The curriculum focuses on cultural competency building and information sharing on various protocols that police officers need to know in order to better respond to domestic violence calls from immigrant and refugee communities.

## Program Resources

### *Byrne Funding*

The Domestic Violence Education Program receives Byrne funding of \$102,168. IRCO uses most of funding to support the program staff salaries.

### *Program Staff*

The Domestic Violence Education Program is staffed with four regular employees (2.5 FTE) and 15 volunteers. The program Coordinator coordinates the service delivery and evaluation activities. She is responsible for the day-to-day implementation of the program. The Lead Trainer is responsible for the curriculum development and implementation of the ESL/DV classes and the law enforcement training. The Case Manager is responsible for the case management and

# Domestic Violence Education Program for Immigrant and Refugee Women

Immigrant and Refugee Community Organization (IRCO)

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advocacy services to immigrant and refugee domestic violence victims. She also assists the Lead Trainer in curriculum development and teaching ESL/DV classes. IRCO contracts with Multnomah County Human Services, Domestic Violence Program staff as its external evaluator.

## *Collaboration*

The main collaborating agencies for IRCO's Domestic Violence Education Program are: Multnomah County Human Services, Multnomah County Victims' Assistance, the Domestic Violence Unit of Multnomah County Adult and Criminal Justice, local women's shelters, and the Immigration Counseling Services. The program also collaborates with several units or programs within IRCO.

## **Program Logic Model**

Not required for this one-year pilot program. A Logic Model, detailed Program Description, and Evaluation Plan will be completed next grant year.

## **Program Progress**

This program initially received funds for a one-year pilot program to determine the feasibility of reaching its target population. The CJSD Evaluation Team worked closely with the program staff in the development and implementation of the pilot program. Monthly meetings were held between the CJSD Evaluation Team and the program staff to review the implementation activities and progress and to modify program strategies as needed. At the end of the first year, the program demonstrated its ability to provide much needed services to its target population and was therefore awarded continued funding.

- *ESL/DV classes:* The first ESL/DV class began in late February of 2002. As of June 30, 2002, the program recruited 67 immigrant and refugee women for the ESL/DV classes. These women represented the following ethnic groups: Sudanese, Congolese, Bulgarian, Afghani, Laotian, Mexican, Vietnamese, Russian, Ukrainian, Somali, Pakistani and Mien. Participant ages ranged from 18 to 65. Of the 67, six completed the eight-week class and received graduation certificates, 47 were still enrolled in the classes, and 14 dropped out. Pre- and post-assessments indicated that among the participants who had completed the class, there was a significant increase in their knowledge about domestic violence and their comfort level in contacting police when needed.
- *Case management and advocacy services:* A total of 59 women received case management and/or advocacy services. The Case Manager and IRCO volunteers devoted 561 hours to serve these women. Their services included: filing /modifying restraining orders, reporting restraining order violations, assisting women in accessing interpretation, legal and immigration, housing, employment, and education services, and referring women to other resources as needed. As a result of these services, 13 restraining orders or VAWA petitions were filed by the clients, which led to seven abusers being arrested and charged, and two being jailed.
- *Law enforcement training:* Program staff surveyed 27 police precincts in the Tri-County and surrounding areas to gain a better understanding of how law enforcement officers respond to calls of domestic violence incidences in the immigrant and refugee communi-

# Domestic Violence Education Program for Immigrant and Refugee Women

Immigrant and Refugee Community Organization (IRCO)

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ties and to identify the training needs among law enforcement agencies. Thirteen precincts (48 percent) returned the surveys and expressed their interest in receiving training. Trainings have been planned and scheduled for August and September of 2002.

- *Outreach and partnership:* An essential component to successfully launching the ESL/DV classes was to promote the program in the Tri-County communities. Program staff spent many hours designing a brochure titled Women Empowered to Learn. Over 1,000 copies of this brochure and other flyers were distributed to service providers in the Tri-County area or personally delivered by IRCO staff to places such as the Multnomah County Courthouse and the DA's Office. Program staff also made presentations announcing the upcoming ESL/DV classes at the Tri-County Domestic and Sexual Violence Intervention Network, Multnomah County Domestic Violence Council, Washington County Domestic Violence Intervention Council, Communities Against Domestic Violence, Portland State University, and businesses that employ a large number of immigrant women.
- *Program evaluation:* Because this program only received funds for a one-year pilot program, a different evaluation strategy was used for this program. The CJSD Evaluation Team worked closely with the program staff in the development and implementation of the pilot program. Evaluation efforts were focused on data collection to ensure that the questions for the pilot program could be answered at the end of the first year. At the end of the first year, the program demonstrated its ability to provide much needed services to its target population, and was therefore awarded continued funding. Second-year efforts for program evaluation will be focused on building evaluation capacity, completing a detailed Program Description, a Logic Model, and an Evaluation Measurement Plan.

## Issues and Solutions

Early challenges faced by the program's ESL/DV classes were low enrollment and high dropout rate. Originally, program staff planned to recruit ESL/DV class participants mainly from immigrant and refugee domestic violence survivors referred from IRCO's RIFS program and other shelter service programs. Program staff was surprised to find that even though all of IRCO's RIFS clients were offered and encouraged to attend the ESL/DV classes, only a few chose to attend and continued the classes. The low attendance was often due to lack of transportation, inconvenient class locations, or other more pressing issues these women needed to deal with. Program staff used several strategies to address these challenges.

To encourage on-going attendance at the ESL/DV classes an open enrollment was adopted so women in trauma or recovering from trauma can start, stop or rejoin the class whenever they are ready. A certificate of completion will be awarded to them regardless of how long it takes them to complete the classes. Women experiencing trauma or crisis were also encouraged to come to the office to seek support. To make classes more accessible, childcare was offered to women taking classes, and classes were offered both in and outside of IRCO facilities.

Outreach to the specific immigrant and refugee communities was conducted with the help of

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

Immigrant and Refugee Community Organization (IRCO)

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community “gatekeepers” and volunteers. These people were either current or past clients of IRCO programs. They were able to reach the immigrant and refugee women and provide information to those who were interested in taking the ESL/DV classes. Their efforts contributed to the significant improvement in ESL/DV recruitment. Although it is unknown how many of these women have been affected by domestic violence, the awareness and knowledge they gained from attending the classes could be valuable for themselves, their families, and friends in the prevention and intervention of domestic violence in immigrant and refugee communities.



# **Safe Families - Support for Children Witnessing Domestic Violence**

Lane County Department of Children and Families

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## **Program Purpose**

The purpose of the Safe Families - Support for Children Witnessing Domestic Violence program (formerly, Community Safety Net) is to reach out to 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. Over the past number of years, 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.

Activities of the Safe Families program include outreach to potential clients and service providers, treatment and safety planning, support and education groups, individual therapy, and family therapy. Primary services of this program are provided by Looking Glass Youth and Family Services, a non-profit community-based agency, under contract with the Lane County Department of Children and Families (DCF).

The primary goals of the program to:

- 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.

## **Target Population**

The Safe Families - Support for Children Witnessing Domestic Violence program serves children in Lane County who have witnessed domestic violence, their non-offending parents (or caregivers), and relevant family members. Program eligibility criteria for children include: being between the ages of two 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 program, that provides comprehensive wrap-around services for families at risk of child abuse; agencies working with domestic violence issues 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.

# Safe Families - Support for Children Witnessing Domestic Violence

Lane County Department of Children and Families

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## Program Components

The main components of the Safe Families - Support for Children Witnessing Domestic Violence 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 Youth and Family Services (Looking Glass) make recommendations on service options. Based on therapists' recommendations, parents make final decisions on program services for themselves and their children. The following is a detailed description of the main program components:

- *Outreach:* Information is provided to area professionals about the impact of domestic violence on children and the Safe Families program. Currently, therapists at Looking Glass are conducting 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 three- hour individual assessments with referred children and their non-offending parents (or caregivers). Assessments are focused on their emotional and behavioral health and the current level of safety within the family, and future safety issues and concerns.
- *Treatment planning:* After the assessment, therapists develop treatment plans for children and their parents. Each plan contains two to four individualized treatment goals and the following three standard treatment goals:
  - *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.
  - *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.
  - *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 to 20 or more) individual sessions, depending on their needs.

## Safe Families - Support for Children Witnessing Domestic Violence

Lane County Department of Children and Families

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- *Individual therapy for non-offending parents (or caregivers):* Focus is on resolving parents' emotional, mental, and behavioral problems caused by domestic violence that interfere with effective parenting. Duration and frequency of therapy sessions for parents are the same as those for children.
- *Family therapy:* Focus is on improving family communication and functioning by providing therapy for children, parents, and relevant family members together. Duration and frequency of family therapy sessions are the same as those of individual therapy sessions.
- *Children's support and education groups:* These groups consist of eight-week, open-ended and 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-week 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, open-ended and 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."

The children's and parent's support groups both meet for one and one half hours simultaneously. They start by eating dinner together 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.

- *Women's domestic violence therapy groups:* These groups consist of in-depth, closed, 16-week, two-hour sessions for female 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, improving decision-making skills to building healthy relationships with self and others. Topics are delivered through a variety of methods including hand-outs, 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?"

# Safe Families - Support for Children Witnessing Domestic Violence

Lane County Department of Children and Families

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- *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.

There are some general guidelines for therapists to 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 - Support for Children Witnessing Domestic Violence program receives Byrne funding in the amount of \$55,000. Lane County Department of Children and Families (DCF) uses most of the funding to contract with Looking Glass Youth and Family Services (Looking Glass). Byrne funding is used by Looking Glass for 1.1 FTE therapists to enhance support and education groups for children and parents and to provide program services for clients referred by the Lane County DCF. Looking Glass receives additional funding from Oregon Health Plan, Oregon Department of Human Services/Child Welfare Program, Oregon Children's Plan, and private insurance agencies.

### *Program Staff*

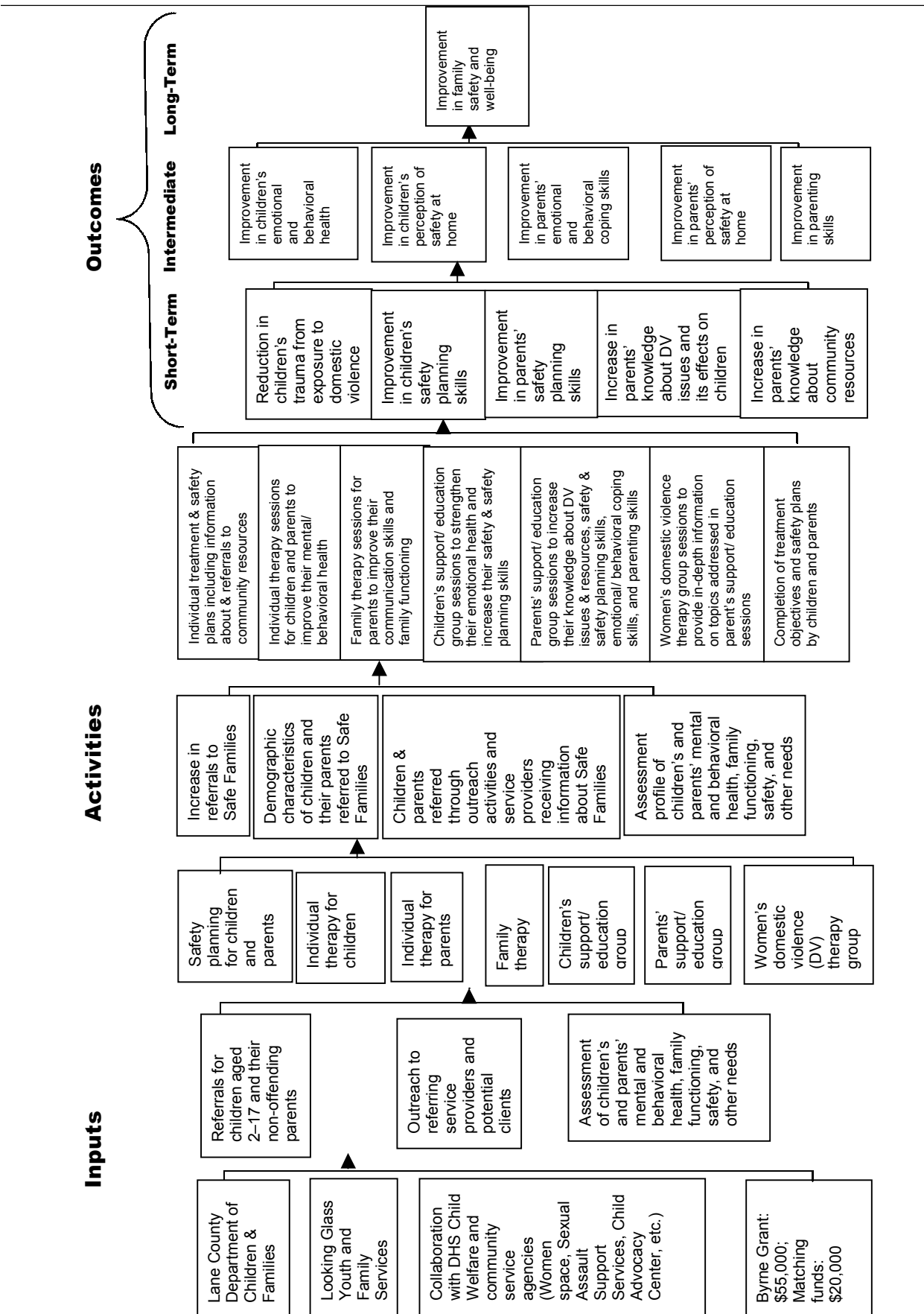
The Safe Families program is operated based on Looking Glass' existing infrastructure. Looking Glass is staffed with more than 28 Master's degree-level therapists. Eight therapists were identified, for a total of 1.1 FTE, to enhance and provide program services for clients referred by the Lane County DCF. These therapists are supervised by a Clinical Supervisor at Looking Glass. The Program Director at the Lane County DCF works with the Clinical Supervisor to establish program policies and procedures and oversee the general operation of the program. RMC Research, Inc. conducts program evaluation under contract with the Lane County DCF.

### *Collaboration*

The main collaborating agencies for the Safe Families program are: the Community Safety Net, a countywide community-based interagency project, that provides comprehensive wrap-around services for families at risk of child abuse; the Department of Human Services/Child Welfare Program; the 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 Services for Children Witnessing Domestic Violence



# Safe Families - Support for Children Witnessing Domestic Violence

Lane County Department of Children and Families

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## Program Progress

The Safe Families program had a late start-up because extra time was needed for the Lane County Department of Children and Families (DCF) to revise the original program proposal, as requested by CJSD. Lane County DCF contracted with Looking Glass Youth and Family Services for delivery of the main program services in February 2002. The two agencies developed policies for program implementation and started delivery of services for clients in April. Efforts of both agencies are currently focused on refining the program services and building evaluation capacity.

- *Clients served:* From April 1 through June 30, 2002, the program served 18 children and nine of their parents. Of the 18 children, eight completed the program and 10 are still in the program. It is anticipated that the program will serve a total of 75 clients in the next program year.
- *Program enhancement:* As a result of Byrne funding, Looking Glass developed and implemented new curricula for both children and parent support and education groups. As described in the Program Component section, the new curricula include knowledge and resources related to domestic violence, safety and safety planning, anger management, and communication with children.
- *Outreach:* Therapists at Looking Glass identified community agencies and professionals who work with potential Safe Families program clients. Therapists made presentations at eight selected agencies about the impact of domestic violence on children and the Safe Families program. Currently, four therapists devote 16 hours a week to outreach activities.
- *Client referral sources:* The program initially planned to use the Community Safety Net as the only referral source of potential program clients. However, due to lack of referrals, the program changed the initial plan and has expanded the client referral sources to include local domestic violence service agencies, health care professionals, area schools, and self-referrals.
- *Program evaluation:* First-year efforts for program evaluation were focused on building evaluation capacity. By working with the CJSD Evaluation Team, the Program Director and an external program Evaluator completed a detailed Program Description and a Logic Model. The main outcomes are: (a) reduction in children's trauma from exposure to domestic violence, (b) improvement in children's and parents' emotional and behavioral health, coping skills, sense of safety at home, and safety planning skills, and (c) increase in parents' knowledge about domestic violence and its effects on children, knowledge about available community resources, and parenting skills. An initial Evaluation Measurement Plan has been developed to measure these outcomes. The plan indicates use of therapists' assessments, treatment plans, and children and parent surveys.

# **Safe Families - Support for Children Witnessing Domestic Violence**

Lane County Department of Children and Families

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## **Issues and Solutions**

As of the end of June 2002, the program encountered two main challenges: lack of referrals for potential program clients from the Community Safety Net and termination of the original contract for program evaluation. As indicated in the Program Progress section, there was lack of referrals for potential program clients from the Community Safety Net, the only originally planned referral source. To resolve this issue, the program has recently expanded the client referral sources to include local domestic violence service agencies, health care professionals, area schools, and self-referrals. The other issue that the program encountered was termination of a contract with the original external program Evaluator in June, due to unsatisfactory services. The program has since contracted with a new external evaluator, RMC Research, Inc. in Portland.

# Kids First Safe Alternatives Center

Lane County Legal Aid Service

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## 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: (a) 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 (b) 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 report<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 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:

- To increase the safety and well-being of child victims of domestic violence.
- To increase the safety and well-being of adult victims of domestic violence.
- To 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.
- To establish accessible, appropriate, and culturally specific supervised visitation and exchange services for underserved populations in Lane County.

## Target Population

The primary target area for Kids First Safe Alternatives Center is Lane County. Supervised visitation or exchange services are provided to: (a) adult victims of domestic violence, (b) child victims of domestic violence, and (c) 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 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 are charged based on ability to pay, on a sliding scale ranging from \$0 to \$25 per visit.

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

<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

## Lane County Legal Aid Service

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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 for themselves or through their attorneys. For those who contact 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 Safe Alternatives Center are: (a) 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 (b) 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: (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 in the order in which they occur:

- *Intake and orientation for parents:* Intake and orientation are conducted by program staff for parents whose initial program eligibility is established, as described in the Target Population section. A small group of trained interviewers conduct 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, program staff's position of neutrality between the custodial and non-custodial or visiting parents, parents' accountability, and potential steps to be taken to promote the safety and welfare of the child. Intake interviews are conducted in a careful manner so that the balance between creating an environment in which the parents understand that they will be respected and ensuring their accountability is very clear.

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 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.

- *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 and scheduling an appointment on a separate day before visits begin.

## Kids First Safe Alternatives Center

### Lane County Legal Aid Service

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The orientation process varies greatly, depending on the age and developmental level of the children. 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.

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 have a choice 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 afternoon and evening on Tuesdays through Fridays and all day on Saturdays. Supervision of visitation is conducted by volunteer visit supervisors. The duration of each visit ranges from 45 minutes to three hours with an average of one and one 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 consistently each visit.

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 to anticipate 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.

## Kids First Safe Alternatives Center

### Lane County Legal Aid Service

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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 occurring 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 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 ending or modifying 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, and 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 is confirmed about the next visit schedule. When the visiting parent is ready to leave, he or she is returned with the personal belongings left outside the visit room and are escorted by a volunteer out of the building.

- *Supervised exchange:* In the supervised exchange program, children are transferred from one parent to the other under supervision without the parents contacting each other. This program has not yet been implemented and is currently under development. Supervised exchange services will be similar in many ways to the supervised visitation program in terms of intake procedures, protocols designed to avoid contact between parents, and safety protocols. It is anticipated that most clients for supervised exchange services will be court-mandated and some clients will receive these services after they complete the supervised visitation program.
- *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. To ensure the safety and well-being of clients, the program collects client information from other service providers for those who signed a release of information. Signing a release of information is generally optional but is required under the following circumstances: when children receiving Kids First services are in a counseling or therapy program and when parents receiving the program services are required by the court order to also attend such programs as batterer intervention, parent education, drug and alcohol treatment, and mental health treatment. Case coordination also involves communicating with parents between their supervised visits

# Kids First Safe Alternatives Center

## Lane County Legal Aid Service

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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 quoted responses 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 allows Kids First to serve many families with very few paid staff members. Volunteers are recruited and trained by the Volunteer Coordinator/Program Assistant 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 working commitment. All volunteers attend 28-hours of classroom training and receive additional on-the-job training. 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.

Currently, 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.

### Program Resources

#### *Byrne Funding*

Kids First Safe Alternatives Center receives Byrne funding in the amount of \$140,915. Most 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 has two paid full-time staff members: the program director and the volunteer coordinator/program assistant. Other staff members include: volunteers and student interns, most of whom served as Visit Supervisors and Site Supervisors, and community professionals who serve as steering committee members and provide in-kind consultation and volunteer training services. A professor from the University of Oregon conducts program evaluation under contract with Lane County Legal Aid Service.

## **Kids First Safe Alternatives Center**

### Lane County Legal Aid Service

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Responsibilities of the Program Director include: developing program resources and materials, training and supervising program staff and volunteers, conducting client intake and screening, assisting in the coordination of client services, maintaining client statistics, budgeting, developing collaborative partnerships, attending meetings of key stakeholders, and helping facilitate steering committee and work group meetings. The Volunteer Coordinator/Program Assistant is responsible for administering the volunteer program by recruiting, screening, training, supervising, and supporting volunteers. The Volunteer/Program Assistant additionally provides assistance to the Program Director by conducting administrative tasks such as answering phones, scheduling supervised visits with parents, Visit Supervisors, and Site Supervisors, and maintaining the filing system for program resources and materials.

#### *Collaboration*

Key stakeholders for Kids First Safety 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 Lane County Legal Aid Service through formal or informal partnership agreements to: provide specific services such as program evaluation, student support, translation of materials, recruitment of Spanish-speaking volunteers; provide client referrals; conduct training or provide cross-training opportunities for staff and volunteers; and serve as steering or advisory committee members.

## Program Logic Model Kids First Safe Alternatives Center

**Longer Term**

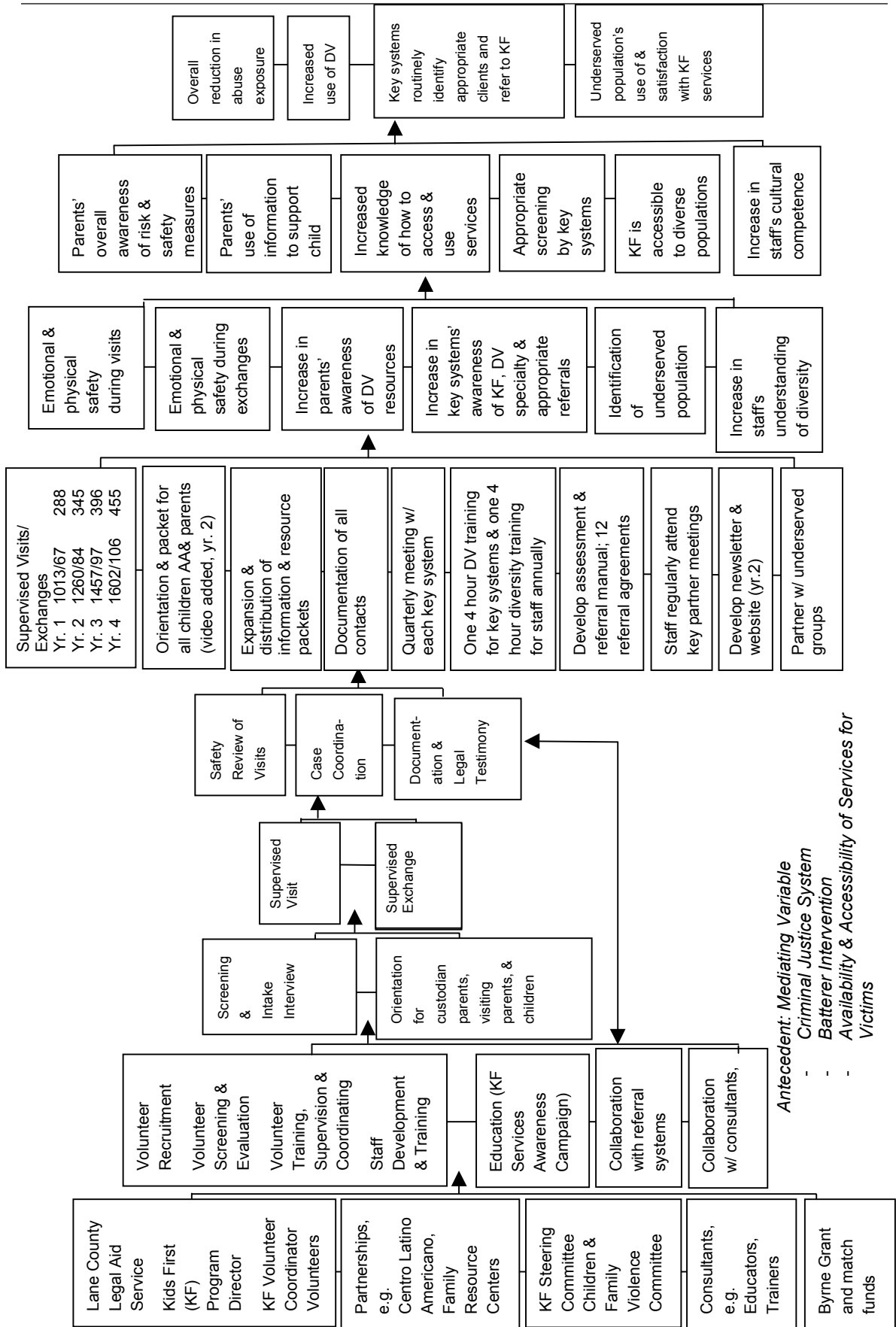
**Intermediate**

**Short Term**

**Outputs**

**Activities**

**Inputs**



**Antecedent: Mediating Variable**

- Criminal Justice System
- Batterer Intervention
- Availability & Accessibility of Services for Victims

# Kids First Safe Alternatives Center

Lane County Legal Aid Service

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## Program Progress

Kids First Safety Alternatives Center has grown rapidly since the award of Byrne funding in October 2001. After the funding, the program hired a full-time Volunteer Coordinator/Program Assistant, expanded the pool of volunteer workers, and moved into a new larger facility. The supervised visitation program is currently operated at full capacity with many clients on a waiting list. Creation of satellite visitation centers is being planned to meet the need of rural Lane County residents. Additional efforts of program staff have been focused on refining program policies and procedures and building evaluation capacity.

- *Clients served:* From October 1, 2001, through June 30, 2002, Kids First provided supervised visitation services for 69 parents and 56 children. A total of 816 supervised visits were provided for them. The supervised visitation program has been operating at full capacity. As of June 30, there were 52 parents and 35 children on the waiting list. The supervised exchange program is currently under development and is scheduled for initiation before the end of this program year. For the next program year, Kids First plans to provide 84 children with a total of 1,260 supervised visits and 75 children with 345 supervised exchanges.
- *Safety of supervised visits:* Of the 816 supervised visits provided as of June 30, none involved any critical incident such as a physical assault, a serious safety threat, or a 911 emergency call. Although psychological assault during the visits was not formally measured, Visit Supervisors reported that at least 90 percent of the visits were “free of harmful conflict” and approximately 80 percent of the visits had no program rules violated. Most of the rule violations were related to parents’ making non-allowable conversation such as discussing inappropriate things with children, asking questions about the other parent, and sharing non-allowable information with children. The formal methods of measuring these violations are currently under development to ensure clients’ safety.
- *Volunteer Program:* The program recruited 35 volunteers and held three 28-hour volunteer training sessions. Staff completed development of a volunteer training manual tailored to Kids First.
- *Move to a new facility:* The program moved in April 2002 from a small, donated facility to the new larger space in a recently closed elementary school. Staff spent considerable time setting up the visit rooms and office space, creating new safety protocols based on the space logistics, and conducting special orientations for existing clients. These efforts resulted in significantly improved space for visits, increased safety for clients, and increased program capacity and visit scheduling flexibility.
- *Program expansion and refinement:* Beginning next year, the program plans to create satellite visitation centers in the rural areas of Lane County. Approximately 30 percent of the 69 parents served this year were rural Lane County residents, and to receive supervised visitation services, the rural residents had to travel up to an hour to the Eugene visitation center.

## Kids First Safe Alternatives Center

### Lane County Legal Aid Service

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In addition to planning for program expansion, staff continue to refine program services. For instance, program policies and protocols have been under revision to meet the need of visiting mothers. As of June 30, mothers comprised 36 percent of the total visiting parents and accounted for 67 percent of the total visits. Before Kids First was started, it was assumed that visiting mothers would account for only 10 to 20 percent of the total visiting parents and visits. Based on this assumption, the original program design was focused on custodial parents rather than visiting parents.

- *Program evaluation:* The Program Manager and the program Evaluator completed development of a program description, a Logic Model, and an initial Evaluation Measurement Plan. Four primary questions selected for program outcome evaluation are: (a) relative to unsupervised or unstructured visits, is the Kids First program safe? (b) what are the barriers to the program, particularly for underserved/diverse populations? (c) who is being referred to the program, by whom, and under which conditions? (d) do clients demonstrate an increase in their wellness during, or at some point following, the program services?

As an initial data collection effort, the program developed and pilot-tested the Visit Process Review Form for the purpose of understanding and improving supervised visitation policies and protocols and assuring delivery of visitation services as intended. By using this form, staff collected data on 65 supervised visits. Preliminary results of data analysis indicated that the visits were conducted as intended and no substantive safety violations were observed. Results also indicated the need for improvement in procedures for feedback to parents in the case of safety violations, and policies and procedures for cancellations and no-show appointments.

### Issues and Solutions

As of the end of June 2002, Kids First Safe Alternatives Center progressed well. Key factors to the program's first-year success include: well-structured program procedures and policies, a comprehensive client intake process, committed volunteers who are trained well and have access to ongoing support and supervision, strong collaboration with community partners, and improved physical space for supervised visitation.

One challenge faced by Kids First was a delay in initiation of the supervised exchange program. This delay resulted from an underestimation of time required to design and move into the new facility, revise safety protocols and procedures, and train volunteers. In addition, the program's priority was to provide more supervised visitation services for clients on the waiting list. It is anticipated that the supervised exchange program will begin before the end of the next program year.



# **VAWA Immigration Project**

## Catholic Charities Immigration Services

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### **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 reach and educate immigrant victims of domestic violence, primarily Hispanics, and victim service providers about victims' rights under immigration law; to provide immigrant victims of domestic violence with legal representation to gain immigration status; and to 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. Immigrant victims 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 legally remain, they must generally have a U.S. citizen or a permanent resident spouse, parent, or adult child file a legal petition on their behalf. Before 1994, if offenders refused to legalize their immigrant spouses, there was nothing that 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 offenders. VAWA also entitles victims to apply for 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 VAWA and other immigration relief options and to assist victims in the legal process of gaining lawful immigration status. The primary goals of the program are to :

- Increase the knowledge and skills of immigrant victims of domestic violence in order to increase their safety.
- Provide victims with full legal representation on immigration matters in order to help them gain a legal immigration status.
- Increase knowledge and understanding of immigration issues and resources among service providers including domestic violence advocates and police.
- Develop and implement a pro-bono training program in which attorneys and interpreters are trained to represent immigrant victims of domestic violence.

### **Target Population**

The target populations of the VAWA Immigration Project are: (a) immigrant victims of domestic violence, primarily Hispanic immigrant women and their children, (b) 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 (c) non-immigration attorneys and interpreters who may potentially work with immigrant victims on

# VAWA Immigration Project

## Catholic Charities Immigration Services

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immigration issues. The VAWA Immigration Project serves all counties in Oregon. The target populations may receive services through various components of the program including: outreach and education, legal representation, and pro-bono training.

Potential clients for legal 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 mostly related to basic legal requirements for gaining lawful immigration status based on domestic violence. The basic legal requirements include 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 is based on more than attempting to obtain lawful immigration status, and the client is 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 for gaining lawful immigration status based on waivers or exceptions to the law.

### Program Components

The VAWA Immigration Project consists of three main components: (a) outreach and education to reach and educate immigrant victims of domestic violence, primarily Hispanics, and victim service providers about victims' rights under immigration law, (b) legal representation to assist victims in the process of gaining lawful immigration status, and (c) a pro-bono training program in which attorneys are trained to represent immigrant victims of domestic violence.

The following is a detailed description of the three main components:

- *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, largely in Spanish, regarding rights under VAWA as well as available services. The program has a toll-free VAWA immigration phone line that allows immigrants 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 on enabling them to recognize immigration issues and laws related to domestic violence and to successfully connect victims with legal service providers. The program is currently conducting approximately one to two hour education sessions both with potential immigrant victims of domestic violence and service providers.

## VAWA Immigration Project

### Catholic Charities Immigration Services

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- *Legal representation:* Eligible immigrant victims of domestic violence receive legal representation services in the process of gaining lawful immigration status. Delivered by two VAWA Specialists, legal representation services include consulting, preparing applications and other forms, corresponding with the Immigration and Naturalization Services (INS), and attending INS interviews and court appointments with the client.

Within a few days of the initial intake session described in the Target Population section, the VAWA Specialists provide eligible clients with initial consultation about the legal procedure, interview them to clarify the nature of abuse, and prepare applications to be submitted to the INS. If needed, the Specialists contact community partners such as the police, district attorney's office, shelters, and mental health therapists to gather supplemental documentation needed for applications. The Specialists submit all applications to the INS, respond to requests from the INS, attend all INS interviews with the client, and eventually represent the client in INS court.

The duration of the representation 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, and approximately three to 10 years or more for the clients who 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.

VAWA permits immigrant victims of domestic violence to self-petition for lawful immigration status without the cooperation of the offenders. There are several additional avenues of immigration relief available for victims of domestic violence. Immigrant victims of domestic violence who are particularly helpful to law enforcement agencies in the prosecution of offenders may be eligible for a newly created "U" Visa. The "U" Visa allows victims to obtain temporary lawful residence that will eventually lead to permanent residence. 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. According to the immigration law, all lawful residents who have been married to a U.S. citizen for less than two years are required to jointly petition with their spouse to remove the condition on their residence. However, in the case of separation due to domestic violence, victims can seek a waiver of this requirement.

# VAWA Immigration Project

## Catholic Charities Immigration Services

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- *Pro-bono training program:* In the pro-bono training program, non-immigration attorneys and interpreters are trained to assist and represent immigrant victims of domestic violence in the legal process of self-petitioning under VAWA. The pro-bono training program is currently under development and training sessions will be organized and administered by the VAWA Specialists.

### **Program Resources**

#### *Byrne Funding*

The VAWA Immigration Project receives Byrne funding in the amount of \$140,903. Most of the funding is used to support two full-time VAWA Specialists.

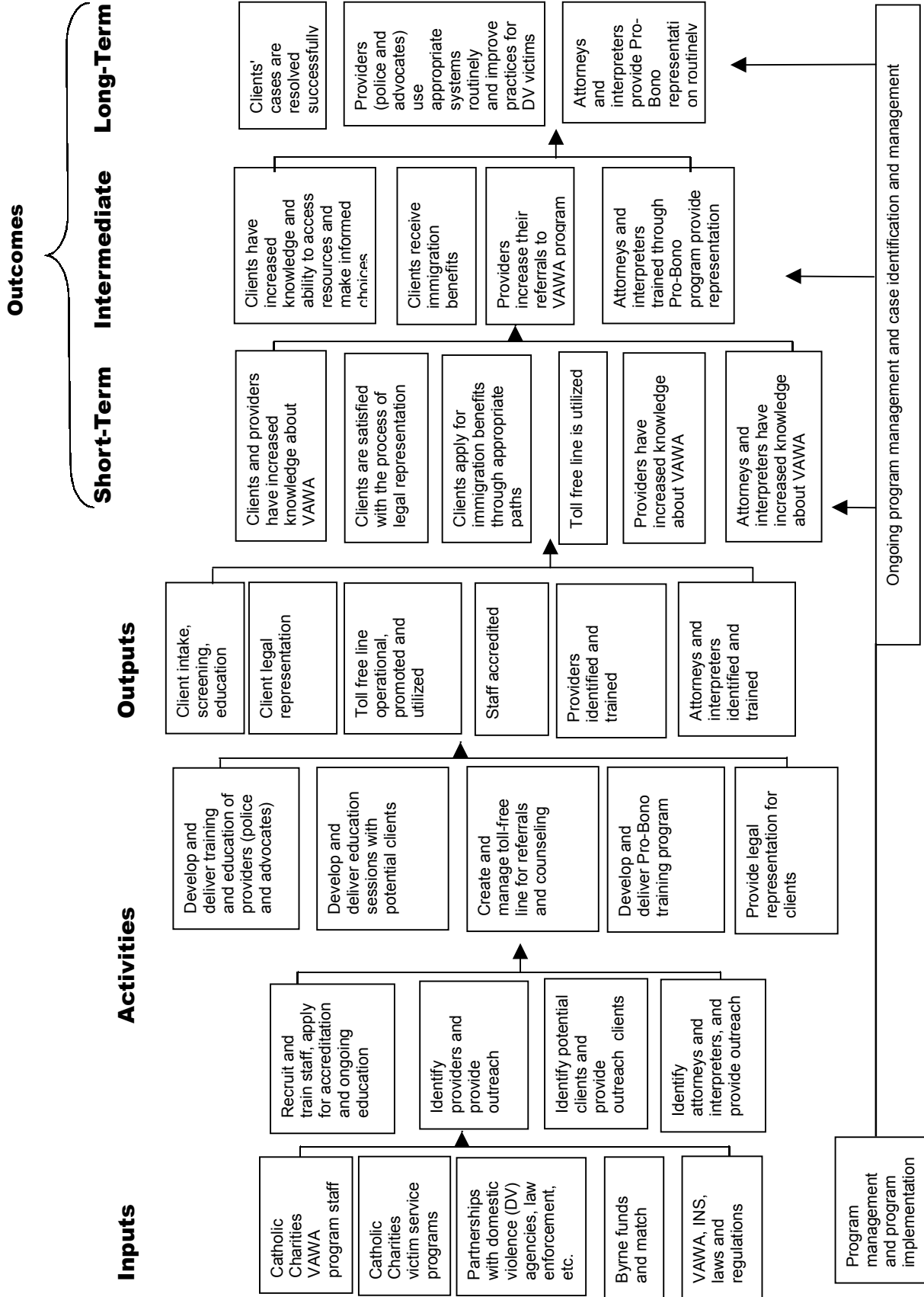
#### *Program Staff*

The VAWA Immigration Project has five primary program staff members: two VAWA Specialists, a senior VAWA Specialist, a Program Manager, and an Administrative Assistant. The two VAWA Specialists are fluent in English and Spanish and have partial accreditation with the Board of Immigration Appeals (the partial accreditation status allows them to represent clients with the INS, including preparation and submission of documentation to the INS on behalf of clients and accompanying them to various INS interviews. Full accreditation allows additional representation in immigration court.) Responsibilities of the two VAWA Specialists include: conducting client intake sessions, providing legal representation services, making presentations to immigration communities and service providers, answering calls on the toll-free VAWA immigration hotline, building partnerships with other community service agencies, and administering the pro-bono training program. The VAWA Specialists receive training and supervision from a senior VAWA Specialist and an attorney Program Manager and receive clerical support by a part-time, multi-lingual Administrative Assistant. A professor from Portland State University conducts program evaluation under contract with 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 a support group; social service agencies including Adult and Family Services and Services to Children 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

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### Program Progress

The VAWA Immigration Project hired two VAWA Specialists in December 2001. The two VAWA Specialists started delivery of legal representation services in April 2002 after they received accreditation to represent clients before the INS. The program has conducted outreach and education activities, as planned, and is currently developing a pro-bono training component. Design of the main components needed for program evaluation has been completed.

- *Legal representation:* As of June 30, 2002, the program provided legal representation services for 202 immigrant victims of domestic violence. Currently, the two VAWA Specialists conduct most of the representation activities. With a partial accreditation status, the Specialists are allowed to attend INS interviews with clients in addition to preparing and submitting clients' applications to the INS. The Specialists continue to receive training from a senior VAWA Specialist and the Program Manager to achieve a full accreditation status that allows attending immigration court with clients. The program is planning to open approximately 125 new cases for legal representation in the next program year.
- *Outreach and education:* The VAWA Specialists began outreach efforts by developing program introduction letters, flyers, and educational materials in both English and Spanish. Program introduction letters and flyers were mailed out to approximately 400 agencies and individuals who have potential contact with immigrant victims of domestic violence. A toll-free VAWA immigration phone line was installed to allow immigrants throughout the state to have easy access to the program and information regarding domestic violence and immigration resources. An education program was initiated in May for immigrants and service providers to increase their knowledge about the VAWA and U.S. immigration law, victims' rights, and services available for immigrant victims. As of June 30, the VAWA Specialists conducted four one- and one-half hour outreach sessions for 26 participants. It is anticipated that in the next program year, approximately 100 immigrants will access the toll-free phone line and 400 immigrants and service providers will attend the education sessions provided by the Specialists.
- *Pro-bono training program:* The pro-bono training program for non-immigration attorneys and interpreters to provide legal representation for immigrant victims of domestic violence is currently under development and is scheduled for initiation in October 2002. The program is planning to educate approximately 30 attorneys and interpreters in the next program year.
- *Program evaluation:* First-year efforts for program evaluation were focused on building evaluation capacity. By working with the CJSD Evaluation Team, the Program Manager and the external Program Evaluator completed a detailed Program Description and a Logic Model. The main outcomes to be expected from the program are: (a) increase in clients' (victims of domestic violence, service providers, and attorneys/interpreters) knowledge about VAWA and domestic violence-related immigration issues and law, (b) clients' satisfaction with program services, (c) improvement in victim clients' ability to access relevant resources and make informed choices, (d) legal representation for immigrant victims by attorneys completing the pro-bono training program, and (e) victim

## **VAWA Immigration Project**

### Catholic Charities Immigration Services

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clients' successful attainment of lawful immigration status. An initial Evaluation Measurement Plan has been developed to measure these outcomes. The methods of data collection indicated in the plan are satisfaction and knowledge surveys, interviews, and focus groups.

#### **Issues and Solutions**

As of the end of June 2002, the VAWA Immigration Project experienced three challenges: delayed initiation of some program activities, low attendance of immigrants at educational sessions, and pending immigration regulations. A few months of transition caused by moving the program office from Portland to Gresham in June resulted in confusion and delays in initiating some of the planned program activities. Delayed activities included mailing out program introduction letters and installing the toll-free VAWA immigration phone line. This issue was resolved after the move was completed. The second issue was that attendance at educational sessions initiated in May has been quite low among immigrants, compared to service providers. The program is currently working to resolve this issue by conducting more active outreach activities. The third issue is related to immigration regulations over which the program has no control. The program currently has approximately 40 clients who are on file to apply for a "U" Visa newly created by the INS. The "U" Visa allows lawful immigration status for victims of domestic violence who assist law enforcement in the prosecution of the offenders. However, the INS has not yet issued regulations for the "U" Visa.

# Enhance Shelter Services

## Coos County Women's Crisis Services

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### 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, this 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 of support and education groups, yoga classes, and a peer buddy system. Program services are provided by Coos County Women's Crisis Services (CCWCS), a non-profit domestic violence shelter program that serves a rural county in Southwest Oregon.

The main goals of the program are to:

- Assist shelter residents with gaining knowledge about community resources and how to obtain them.
- Provide opportunities to practice health and wellness so that shelter residents will have an understanding of the importance of their minds and bodies.
- Increase shelter residents' knowledge about domestic violence.
- Assist women with creating safety plans.

### Target Population

The Enhance Shelter Services program serves women in need of shelter who are fleeing violent relationships in Coos County, Oregon. 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, program participation in the shelter's enhancement activities is voluntary; however, all shelter residents receive case management services.

Potential program participants can be referred through self-referrals or from a community partner such as the Oregon Department of Human Services (DHS)/Child Welfare Division, and DHS Self Sufficiency Division, law enforcement, and alcohol and drug treatment (A&D) programs.

### Program Components

The main components of the Enhance Shelter Services program are: case management, and enhancement activities of a peer network buddy system, yoga classes, a Peer Support Counseling Group, a Mindfulness Group, an It's Not Okay Anymore (INOKA) support group, and access to an athletic facility. The 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,



## Enhance Shelter Services

### Coos County Women's Crisis Services

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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 then 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.

- *Enhancement activities:* Shelter residents are encouraged to participate in enhancement activities that emphasize emotional support, communication skills, and emotional and physical health.
  - *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. This buddy introduces her into the current shelter culture, helps her to become connected, and reduces the feeling of isolation.
  - *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. This group's emphasis is on communication skills and boundary setting. The weekly groups provide instruction and exercises on constructive interaction, self-awareness, communication, problem-solving, loss, counseling, and stress management.
  - *Yoga:* This component is designed to allow clients to reconnect to their bodies, and to provide clients with tools for relaxation and stress reduction. Instructors use the Hatha Yoga stretches and form 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.
  - *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 compliments information from the Peer Support Counseling Group and enhances the peer support network within the shelter.
  - *It's Not OK Anymore (INOKA) support group:* This weekly psycho-educational 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

### Coos County Women's Crisis Services

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- *Athletic facility:* Twice a week, Case Managers accompany women to a local athletic club. At the athletic club, women can swim, participate in water aerobics, and use the exercise equipment. Since this activity takes place outside of the shelter, women only attend when they feel comfortable leaving the shelter.

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 the enhancement activities. For example, clients are asked to observe yoga and try at least the breathing technique 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 funding of \$68,353. Coos County Women's Crisis Services uses most of the funding to hire program staff, and to contract for yoga instructors, a group facilitator, and program evaluators. A small portion of funding is also used to purchase two childcare slots at the Family Center and supplies for the groups. The United Way provides matching funds for this program.

##### *Program Staff*

Two full-time Case Managers, two yoga instructors, a group Facilitator, and a Board member provide program services. Both Case Managers are involved with assessments, case planning, goal setting, safety planning, resource referrals, and advocacy. One of the Case Managers also facilitates the Peer Support Counseling Group. The group Facilitator, a registered nurse, conducts the Mindfulness Group. A Board member volunteers her time to facilitate the INOKA Group. The Program Director supervises the staff, oversees the program, and coordinates evaluation activities. CCWCS contracts with Northwest Professional Consortium (NPC) Research, Inc. to conduct program evaluation.

##### *Collaboration*

The CCWCS Enhance Shelter Services program collaborates with the United Way, local facilitators (yoga instructors and registered nurse), the Bay Area Athletic Club, the Family Center, Jan Black (author of INOKA), and community partners (i.e., Oregon Department of Human Services (DHS)/Child Welfare Division, and DHS Self Sufficiency Division, law enforcement).

# Program Logic Model

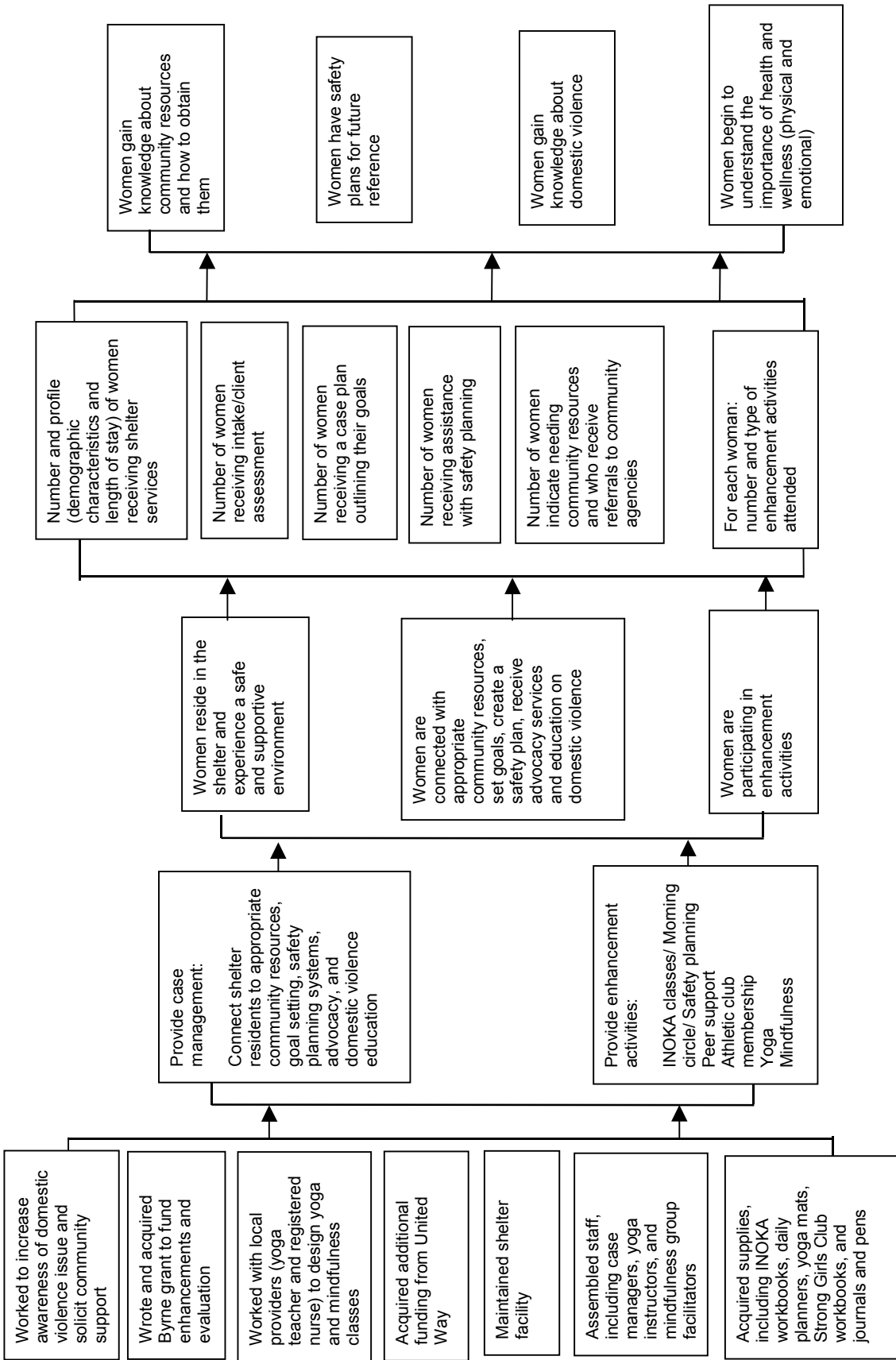
## Enhance Shelter Services Program

**Outcomes**

**Outputs**

**Activities**

**Inputs**



# Enhance Shelter Services

## Coos County Women's Crisis Services

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### Program Progress

The Enhance Shelter Services program has made significant progress in the implementation and streamlining of program services. The program has also fulfilled the evaluation requirements for the first year and is currently working on an Evaluation Measurement Plan.

- *Clients served:* From October 1 through June 30, 2002, there were 92 women sheltered. All of these women received case management services and had opportunities to participate in the enhancement activities of support and education groups, yoga classes, and a peer buddy system. According to the facility manager, who leads a yoga group and is on-site during all of the other groups, more than 75 percent of shelter residents participate in all of the groups during their stay.
- *Implementation of enhancement activities:* On a weekly basis, three different groups (INOKA, Peer Support Counseling Group, and Mindfulness Group) and two yoga classes are offered for shelter residents. Program staff have contributed to the successful implementation of the program. They are supportive of the program and are enthusiastically promoting the program to shelter clients. Group facilitators are also exploring ways to develop a more cohesive program and have started to examine how they can reinforce what clients learn in the various groups.
- *Consistent case management:* Prior to Byrne funding, on-site case management services were not available. A part-time advocate came to the shelter and was providing case management services as needed. With Byrne funding, two full-time Case Managers are at the shelter to provide screening, intake, needs assessment planning, and follow-up services.
- *Evaluation activities:* During the first year, the program has worked with NPC and the CJSD External Evaluation Team to develop a detailed Program Description and a Logic Model. The program has also submitted a preliminary Evaluation Measurement Plan. Data collection instruments are being developed to measure whether the following program outcomes are achieved: (a) women gain knowledge about community resources; (b) women have safety plans; (c) women gain knowledge about domestic violence; and (d) women understand the importance of health and wellness.

### Issues and Solutions

The program encountered three issues during the first year: group scheduling conflicts, underutilized Child Advocate position, and being asked to delay data collection. The program has resolved the first two implementation issues and is working on the evaluation issue.

CCWCS shelter staff have been sharing the group schedule with other case managers and A&D counselors, so that client appointments and meetings can be worked around the groups whenever possible. The second issue was that a full-time Child Advocate was not necessary because there were not always children in the shelter. Case management services are integral to the shelter, and having two Case Managers seemed to be a more efficient use of funding. The Child Advocate position was then changed to another Case Manager position. During times when there are children sheltered, an existing Family Advocate will facilitate children's activities.

## **Enhance Shelter Services**

### Coos County Women's Crisis Services

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Lastly, the program was eager to start data collection this year, but the CJSD Evaluation Team asked them to postpone data collection. Upon reviewing the program description and the logic model, the CJSD Evaluation Team had concerns about the scope of the evaluation and the proposed outcomes. The program has been working with NPC, Inc. and the CJSD Evaluation Team to address these issues in the Evaluation Measurement Plan.

# **Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program**

Clatsop County Community Corrections

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## **Program Purpose**

The Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program is designed to increase the safety of victims of domestic assault and related crimes while providing specialized supervision and services to both felony and misdemeanor domestic violence offenders. Prior to this program, few domestic violence offenders received supervision in Clatsop County. There was not funding to supervise domestic violence offenders convicted of a misdemeanor charge and the few domestic violence related high profile or felony cases that did receive supervision were treated as general needs offenders. This meant that the special needs of domestic violence offenders, and those of their victims and potential victims, were not identified or addressed through community corrections.

With Byrne funding, Clatsop County Community Corrections supervises both felony and misdemeanor domestic violence offenders at an increased level and provides these offenders with enhanced services called the Domestic Violence Package. The Domestic Violence Package is a new set of mandated special conditions or services administered and/or monitored by a specially trained probation and parole officer.

The primary goals of the program to:

- Increase the safety of domestic violence victims.
- Enhance supervision of domestic violence offenders.
- Provide a resource to victims of domestic violence offenders on supervision.
- Respond to violations of offender/victim contact.

## **Target Population**

The program targets misdemeanor and felony offenders (sentenced to formal supervision for the conviction of a domestic violence related crime), their victims, and any current intimate partners (potential victims). The expected number of participants is measured in terms of caseload hours. According to the Oregon Case Management System, every offender placed on supervision is assessed and assigned to one of four levels of supervision: limited, low, medium, or high. Each level of supervision has minimum contact standards including required hours per month of supervision. For example, a high level offender requires 3.6 hours per month to supervise, while a limited level offender requires .4 hours. A full caseload is any combination of high, medium, low, and limited level offenders whose combined workload hours do not exceed 120 hours of work per month. A minimum of 30 misdemeanor cases and 30 felony offenders will be provided increased supervision for the grant period.

The releasing authority (Parole Board, Circuit Court or Local Supervisory Authority) mandates program participation when the offender is placed under formal supervision for a domestic violence or domestic violence related offense. Offenders may be excluded from the program if

# Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program

Clatsop County Community Corrections

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the treatment provider or supervising officer finds the offender is not in need of specialized domestic violence services and would be more appropriate for general caseload supervision. Moreover, offenders may be included into the program, by request from the releasing authority, if further investigation of the offender's case reveals the need for domestic violence services.

## Program Components

The main focus of The Misdemeanor Supervision and Supervision Enhancement Program is the Domestic Violence Package. The Domestic Violence Package consists of enhanced supervision, treatment services, and victim services. Following is a detailed description of the Domestic Violence Package components:

- *Enhanced supervision:* The program enhances the supervision of felony and misdemeanor domestic violence offenders by providing specialized training to the supervising officer, conducting a specialized intake appointment, increasing the level of supervision, monitoring compliance to domestic violence treatment services, and utilizing enhanced polygraph testing of offenders to verify and maintain compliance with supervision. Polygraph services are used for specific issues, history verification, maintenance, and full-disclosure of the behaviors surrounding an assault.
- *Specialized intake:* Once an offender is sentenced to formal supervision and mandated to complete the Domestic Violence Package, a specialized intake appointment is scheduled within 30 days of an offender reporting to the Community Corrections Department. During the intake appointment the conditions of supervision are reviewed, clarification of the court order discussed, assessments scheduled, and referrals to treatment providers completed. Additionally, each offender's level of supervision is overridden (if necessary) to a higher level of supervision so that each offender is placed at a medium or high level of supervision for the first three months. This is done to provide more intensive supervision and assessment from the beginning of the program. This level can then be reassessed depending on the offender's progress.
- *Treatment services:* During intake into the program each offender is referred to the domestic violence treatment provider to undergo a Spousal Abuse Risk Assessment (SARA). Based on the results of the SARA, an offender case plan is developed. Offenders are then required to attend a minimum of 26 batterers group sessions (six months), attend individual counseling sessions on an as-needed basis, complete written paperwork, complete weekly journals, write a letter of accountability and demonstrate an ability to apply the skills and tools learned in treatment. The Supervising Officer attends treatment groups once a month to monitor treatment compliance, improve supervision, and gauge offender veracity. Those offenders not complying with the recommended treatment as determined by the domestic violence treatment provider and the Supervising Officer are sanctioned and/or referred back to the releasing authority. Additionally, mental health counseling, chemical dependency treatment and parenting classes may be mandated but these services are not considered specialized and/or paid for with Byrne funding.

# Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program

Clatsop County Community Corrections

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- *Victim services:* The program seeks to increase the safety of domestic violence victims and potential victims by increasing victims' contact with, awareness of, and input into the criminal justice system, and by reducing violations of no contact orders.
- *Intimate Partner Disclosure Form:* As part of the initial intake appointment each offender is required to complete and sign the Intimate Partner Disclosure Form. This form requires the offender to provide the Supervising Officer with the full name, address, and telephone number of any individual that they are romantically involved with during the period of supervision. Disclosure of this information may be verified by polygraph testing. Further, as a condition of signing this form the offender must disclose to any intimate partners the extent and nature of their domestic violence offenses. The intimate partner will be contacted to verify that the offender has completely disclosed all public information regarding their domestic violence, and if necessary they will also be provided with information about the conditions of the offender's supervision and the community domestic violence resources available to them.
- *Victim contact, information, and referral:* Victims are identified either through court/police records, the Intimate Partner Disclosure Form, or contact they have initiated with Community Corrections. Once identified, the victim is contacted and provided with general information about the conditions of the offender's supervision, a telephone number and name to report any known violations of those conditions, the community resources available, and the no contact policy. Contact between the offender and the victim is not allowed until the domestic violence treatment provider and the Supervising Officer deem it to be safe and appropriate, unless otherwise ordered by the releasing authority. For contact to occur, it is also requested that the victim attend the Victim Waiver Class at the Women's Resource Center, create a safety plan, and sign a Waiver of Liability. The Waiver of Liability states that while contact may be approved there may continue to be a risk of violence that cannot be anticipated. The Supervising Officer monitors all authorized contact and any offensive contact is sanctioned.

The length of the program varies according to the supervision period, which is determined by statute according to the crime of conviction. The period of supervision ranges from 18 months to five years, with risk and supervision level reassessed every six months.

## Program Resources

### *Byrne Funding*

The Misdemeanor Supervision and Supervision Enhancement Program receives \$75,188 of Byrne funding to pay the cost of personnel salaries, contractual services, and travel and training. Contractual services include polygraph testing, domestic violence treatment services, and external evaluation. While the program mandates enhanced polygraph testing and domestic violence treatment services for all offenders in the program, Byrne funding supports payment for only the indigent cases. Further, treatment services other than the domestic violence treatment services are funded through the Oregon Health Plan, private insurance, and fee for service paid by the offender.



# **Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program**

Clatsop County Community Corrections

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## *Program Staff*

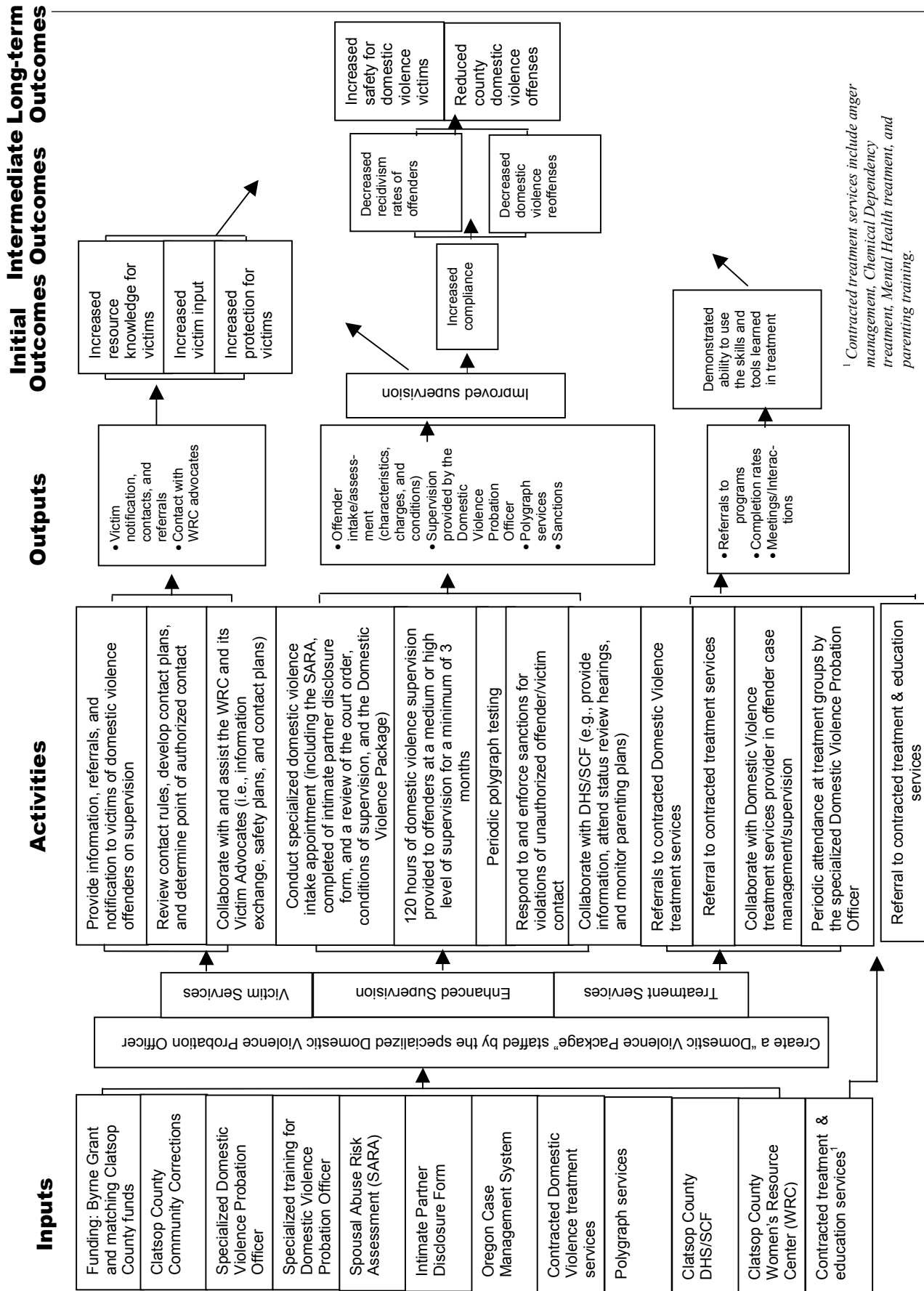
The entire program is operated as part of Clatsop Community Corrections. One specially trained probation and parole officer supervises the entire caseload of domestic violence offenders and the Director of Clatsop County Community Corrections oversees the program and administers the grant. Subcontracted staff provide polygraph testing services, domestic violence treatment services, and an external evaluation of the program. Becky Carter, a licensed polygraph examiner, provides polygraph services, Blaine Brownlow MSW LCSW provides domestic violence treatment services, and RMC Research, Inc. serves as the external program evaluator.

## *Collaboration*

The program follows a community management approach of offender supervision and works with members, professionals, and departments within the community and the criminal justice system to supervise offenders. Collaborative case management is included as part of the Domestic Violence Package's enhanced supervision services. Unlike standard supervision, the Supervising Officer, the treatment services providers, and the polygraph service provider communicate regularly and work together to enhance the quality of supervision provided to offenders. Service providers directly inform the Officer of the offender's progress in treatment, discuss cases, and collaboratively determine when contact with the victim is possible and under what circumstances. To enhance supervision and increase victim protection, the Clatsop County Women's Resource Center (WRC) provides information to and receives information from the Supervising Officer regarding supervised domestic violence offenders or their victims. The WRC also provides victims with advocates, classes, safety plans, and information.

# Program Logic Model

## Misdemeanor Supervision and Supervision Enhancement Program



# Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program

Clatsop County Community Corrections

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## Program Progress

The program has continued to show significant progress in the development of program services and program evaluation activities. While the Supervising Officer, materials, procedures, and tools were ready early in the program's development, full program implementation was delayed due to the difficulty in finding and contracting treatment, polygraph, and evaluation providers. Once contracted, the program reached full implementation quickly and has since continued to improve operations and build evaluation capacity.

- *Clients served:* In total there were 100 clients served from October 1, 2001, to June 30, 2002. This number includes: 67 clients on active supervision with the program, 15 clients who are inactive (absconded, transferred to another state, or are not actively supervised), and 18 offenders who received program services but whose cases have been closed. Cases can be closed under positive (terminated without problem), negative (supervision revoked/referral back to releasing authority) or neutral (transfer, death) conditions. Of these 18 closed cases, nine were negative, seven were positive, and two were neutral. Demographic data collected on the 67 active participants reveals the majority of offenders are white males between the ages of 21-45, convicted of an Assault IV Domestic Violence Class A Misdemeanor.
- *Victim services:* The program played an instrumental role in starting a treatment/counseling group for victims through the offenders' domestic violence treatment provider. Now the program can refer victims to a special treatment/counseling group in addition to other community resource referrals.
- *Training:* The program's Supervising Officer attended six domestic violence trainings in the first 10 months of the program and attends on average five batterers intervention treatment group sessions a month.
- *Program evaluation:* The program is near the end of the first phase of the evaluation plan (building evaluation capacity) and will soon begin process evaluation. With help from the CJSD Evaluation Team, the program has a work plan/timeline, a Program Description, a Program Logic Model, and is about to finalize an Evaluation Plan. The Evaluation Plan will provide a description of the proposed evaluation, objectives, measurement indicators, data collection methods, procedures and tools, and outcomes. Intended program outcomes include: (a) increased resource knowledge for victims, (b) increased victim input, (c) increased protection for victims, (d) decreased recidivism rates of offenders, (e) decreased domestic violence offenses, and (f) demonstrated ability to use the skills learned in treatment.

## Issues and Solutions

- *Program development:* The original program proposal indicated that offenders' level of supervision would be overridden to a minimum of medium status for three to six months. The intent behind the override was to provide a more intensive level of supervision in the beginning and allow the Supervising Officer more time to thoroughly assess the offender. However, after a nine-month period it was determined that six months is more time than needed to assess the offender and "point" them in the right direction. Thus, offenders in

# Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program

Clatsop County Community Corrections

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the program will only be overridden to a medium or high level of supervision for three months. This will eliminate unnecessary time supervising a compliant offender, but will still allow for sufficient time to provide an intensive level of supervision and thorough assessment of the offender.

- *Collaboration:* By the second quarter, it became apparent that several domestic violence cases had related cases with the Juvenile Court and the Department of Human Services (DHS)/ Children, Adults and Families (CAF) involving child custody. Many of these cases were cases in which parental rights would be terminated if the offender or the partner failed to complete their obligations. Additionally, almost all of these cases involved a victim (parent) with a no contact order. The existence of and increase in these overlapping cases has led to increased collaboration between these departments and the program's Supervising Officer. The Supervising Officer now attends court hearings to provide information on the offender's status, monitors compliance to all conditions including those imposed by DHS/CAF and the Juvenile Court, and works with the Court and DHS/CAF to determine if and/or how a no contact order can be modified to meet the various department's requirements and conditions.
- *Caseload size:* Early in the program's implementation, there was a concern regarding a higher than expected number of program participants and the probation officer exceeding the maximum caseload capacity of 120 hours per month of supervision. To address this issue, procedures were developed to manage and limit the number of program participants if necessary. Since the program's inception, the number of offenders on the caseload has ranged from 63 to 86, and the amount of supervision time has ranged from 90 to 150 hours of work. The caseload size has currently stabilized to less than 120 hours of work, without excluding anyone from participation in the program. Caseload size is continuously being monitored.

# **Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids**

Multnomah County Department of Community Justice

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## **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. Recently, there has been increased awareness among community professionals 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. Services of the H.E.R.O. for Kids program include 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 services of this program are provided by Tualatin Valley Centers (TVC), a non-profit community-based agency, under contract with the Multnomah County Department of Community Justice (DCJ).

The primary goals of the 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.

## **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 also be referred to other agencies for more appropriate counseling.

## **Program Components**

The H.E.R.O. for Kids program is built on the principle that children and families respond to short-term, small group interventions that focus on the child's safety, boundaries, and the ability to communicate within the family unit to enhance a sense of safety, empowerment, and anxiety reduction. Specific components of the H.E.R.O. for Kids program are: referral, contact and outreach to non-offending parents (or custodians), intake assessment, psycho-educational

# Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

Multnomah County Department of Community Justice

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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.

The following is a detailed description of the main program components:

- *Referral:* Children who are potentially eligible for the program are referred from three sources: the Domestic Violence Unit of Adult Probation (DVU) of the Multnomah County Department of Justice (DCJ), the Early Intervention Unit (EIU) of DCJ, and the Multnomah County Family Court. These agencies complete referral forms that contain basic family and safe contact information and send the completed forms to Tualatin Valley Centers (TVC), a contract provider of the main H.E.R.O. for Kids program services.

As part of standard case management practice, DVU staff routinely contacts victims of domestic violence to offer voluntary services. If staff find that children were present in the home during the domestic violence event, a referral form for the children will be completed and sent to TVC. The EIU makes referrals for children with delinquent or behavioral problems after screening them for exposure to domestic violence. The Family Court makes referrals for children who are discovered during a court process to have been exposed to domestic violence.

- *Contact and outreach to non-offending parents (or custodians):* After receiving referrals, a case manager at TVC contacts children's non-offending parents (or custodians) 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 which 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 Case Manager schedules an initial face-to-face intake appointment at TVC.
- *Intake assessment:* An initial intake session is administered at TVC by the Case Manager with the parent. During this session, the parent shares his or her story and learns about program services. The Case Manager reviews imminent 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 about 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 basic needs of the family, and ask about their program participation. Following the Case Manager's assessment, a TVC mental health Therapist conducts a clinical assessment for children's emotional and behavioral health by administering the Achenbach's Child Behavior Checklist. The whole 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

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- *Individual case and family action planning:* After 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 treatment plan includes child's treatment goals, service needs, and coordination with other agencies, 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 serious issues, short-term therapy and/or wrap-around services are planned. One common goal for all family action plans is development of a safety plan for each family member.
- *Psycho-educational groups:* Following the intake assessment and case planning, most children are assigned to a psycho-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, and then attend the children's group for the last three weeks. The length of each session is approximately one and one half hours. The main focus of the children's group is on improvement in emotional and behavioral health. The focus of the parents' group is on understanding children's feelings and improving skills to communicate with their children.

Specific activities of the first seven group sessions for children and parents include: 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, watching and discussing a video about not blaming oneself for abusive family relationships, and developing a safety plan. During the last three-week joint group sessions with children, parents share 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 intake assessment and modified, depending upon circumstances, during individual counseling or after week four of psycho-educational group sessions. A finalized safety plan includes written texts describing 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 psycho-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.
- *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 for transportation, childcare, and other needs to remove barriers for children and parents to participate in the program.

# Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

Multnomah County Department of Community Justice

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- *Exit assessment:* Most children and families are ready to exit from the program at the time they complete the 10-week psycho-educational group sessions. At program exit, the Achenbach's Child Behavior Checklist and an exit survey are administered respectively with children and parents to assess changes in children's emotional and behavioral health and success of the program in meeting individual case plan goals and family needs.

## Program Resources

### *Byrne Funding*

The H.E.R.O. for Kids program receives Byrne funding in the amount of \$150,000. The Multnomah County Department of Community Justice (DCJ) uses the majority of the funding to contract with Tualatin Valley Centers (TVC) to provide program services.

### *Program Staff*

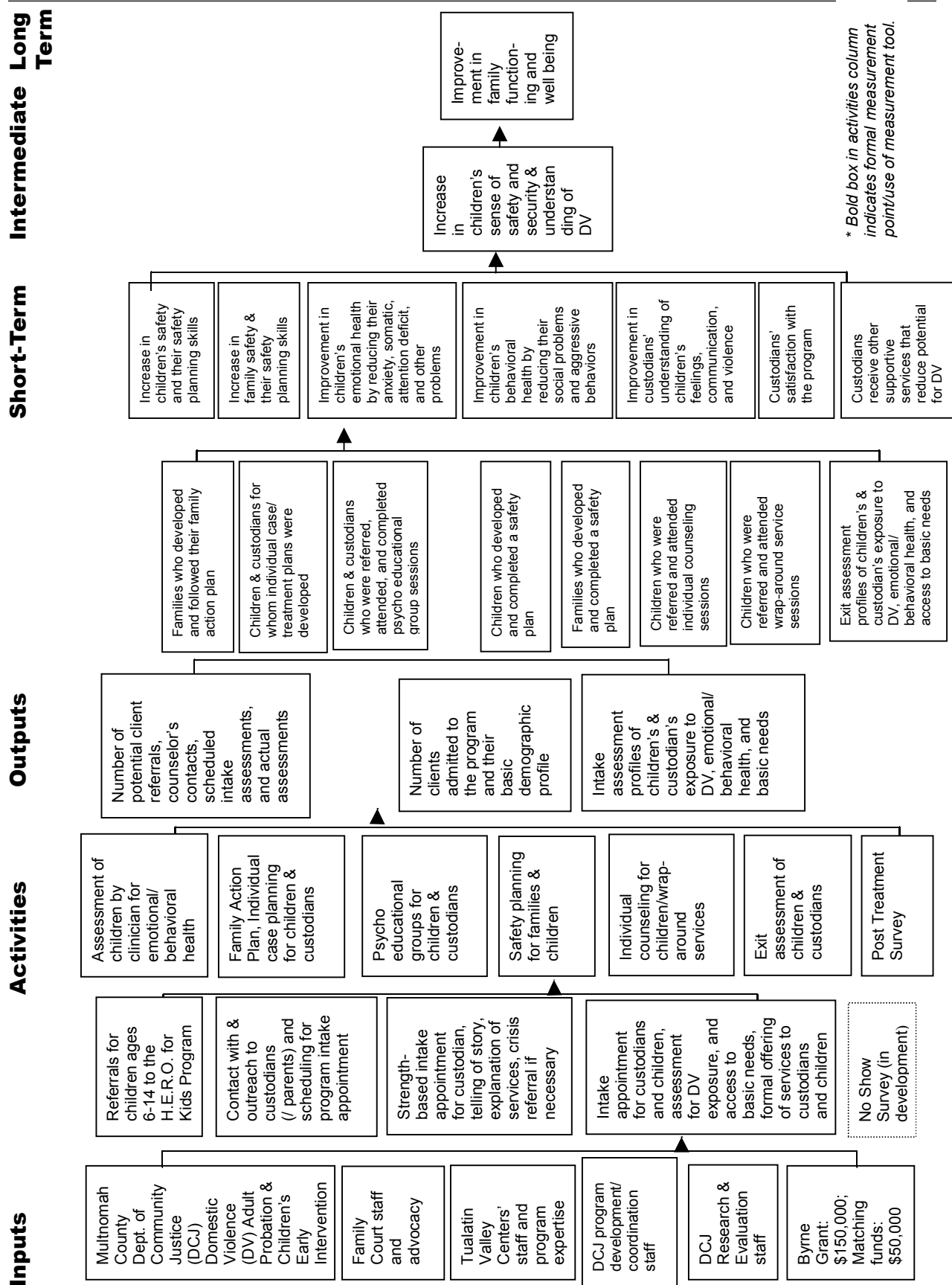
There are two main staff members at TVC who provide the core program services to clients. A Case Manager conducts initial outreach and intake assessment and coordinates service delivery for clients. A mental health Therapist conducts clinical assessments, facilitates psycho-educational groups, and provides individual counseling. The additional program staff include: TVC child and family therapists who provide wrap-around services, a TVC Clinical Supervisor who ensures case planning meets clinical standards, a TVC Service Director who manages program staff, and the Program Coordinator at the Multnomah County Department of Community Justice (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 Department of Community Justice (DCJ), Multnomah County Family Court, and Tualatin Valley Centers (TVC). The Multnomah County DCJ is the main referral source of potential program clients, coordinates and monitors the overall program process, and conducts program evaluation. The Family Court is the additional referral source of potential clients and provides community advocacy for clients. TVC delivers the primary program services for clients 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

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## Program Progress

Multnomah County Department of Community Justice (DCJ) contracted with Tualatin Valley Centers (TVC) in January 2002 for delivery of the main H.E.R.O. for Kids program services. After developing initial policies and procedures for program implementation and hiring the main program staff, the two agencies started delivery of services in March. Since then, efforts of program staff have been focused on delivering and refining the program services and building program evaluation capacity.

- *Clients served:* From March 1 through June 30, 2002, TVC staff conducted initial intake sessions for 39 children with their non-offending parents (or custodians) and were admitted to the program. As of June 30, of the 39 children (and their parents) admitted, seven dropped out of the program and 32 were still in the program. (None completed the program because the average duration of services per client is four months but the program was in operation for less than three months.) The program is planning to serve approximately 100 children and their parents in the next program year.
- *Client outreach:* The program developed initial procedures to contact and make outreach to potential clients, as described in the Program Components section. Following the procedures, TVC staff were able to conduct initial intake assessments for approximately 40 percent of children referred by the Multnomah County DCJ. As of June 30, the Multnomah County DCJ provided TVC staff with contact information for 116 children who were potentially eligible for the program. TVC staff were able to contact non-offending parents of 100 children by telephone. During the contact, parents were informed of the H.E.R.O. for Kids program and were asked for consent to participate in the program. TVC was able to gain consent from and make intake appointments with parents of 78 children. Initial intake assessments were conducted for 39 children with their parents who showed up for their appointments.
- *Profile of children at intake:* A preliminary analysis of intake assessment data indicates that the 39 children who entered the program experienced exposure to domestic violence and were having some emotional and/or behavioral problems. Approximately 80 percent of the 39 children have been exposed to violence in the home for more than two years; 50 percent have intervened in domestic violence events; 30 percent have been injured in those events; 60 percent have experienced verbal abuse; 60 percent have experienced physical abuse. Data collected from parents at intake indicated that approximately 40 percent of the 39 children were experiencing sleep disturbances; 70 percent were having moderate anxiety; 40 percent had problems with appropriate social behavior; 20 percent had adult attachment issues; 20 percent had hurt animals, and 40 percent were having academic problems.
- *Program enhancement:* The program originally proposed to engage half of children only in safety planning and assign the other half to psycho-educational groups. The original proposal has been changed to engage all children in safety planning as well as in psycho-educational groups. This change was due to the realization that there is no clear distinction between children who only need safety planning and those who benefit from participation in psycho-educational groups.

# Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

Multnomah County Department of Community Justice

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- *Program evaluation:* First-year efforts for program evaluation were focused on building evaluation capacity. By working with the CJSD Evaluation Team, the Program Coordinator and a program Evaluator from the DCJ's Research and Evaluation Unit completed a detailed Program Description and a Logic Model. In the process of developing these documents, the new program goals stated in the Program Purpose section have been developed so that they may be more closely aligned with current theories and program components.

Additionally, the program developed an initial Evaluation Measurement Plan and designed and implemented the main data collection tools and database. According to the Evaluation Measurement Plan, the main outcomes are: (a) improvement in children's emotional and behavioral health, (b) increase in children's and family's sense of safety and safety planning skills, and (c) increase in parents' communication skills and empathy for their children. To measure outcome (a), the program has already developed and administered the main data collection instruments for parents and children: structured program intake and exit surveys and the Achenbach's Child Behavior Checklist. Data collection tools for outcomes (b) and (c) will be developed and implemented in the next program year.

## Issues and Solutions

As of the end of June 2002, the program experienced two minor issues: (a) many parents not showing up for their initial program intake appointments and (b) more complex intake assessments than originally expected. As noted in the Program Progress section, TVC staff were able to make initial intake appointments with parents for 78 children but parents of only 48 children showed up for their appointments at TVC. To resolve this issue, the program is currently developing written protocols for contact with parents who do not show up for their appointments. The second issue is related to administration of intake assessment sessions. At the beginning of program implementation, the Case Manager and the mental health Therapist conducted intake assessments with parents and children together in one session at one appointment. It was soon realized that this practice was very complex and challenging. The program immediately resolved this issue by breaking the session into two sessions at two separate appointments.

# Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

Multnomah County Department of County Human Services, Domestic Violence  
Coordinator's Office

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## Program Purpose

The purpose of the Centralized Domestic Violence Information, Referral, and Crisis Counseling Line program 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 Washington, Clackamas, and Multnomah 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 needs of domestic violence victims 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 now 16 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 System Assessment*, the need for improved access for both victims and professionals, less fragmentation, and the need for centralized information and referral was repeatedly mentioned.

The IRC program will include planning, development, and implementation activities for a centralized domestic violence information, referral, and crisis counseling line. These activities will be conducted by Multnomah County Department of County Human Services through the Domestic Violence Coordinator's Office.

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.

## Target Population

The IRC will serve domestic violence victims/survivors and professionals involved in domestic violence intervention in Washington, Clackamas, and Multnomah counties. When the IRC is fully implemented, it is anticipated that there will be a centralized, single access telephone number 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 will take place in three phases. The following is a detailed description of the main program components:

- *Planning and development*: In Phase I/Year 1, the program has been focused on evaluating the region's needs and current services, gathering information to guide the redesign process, and developing a redesign and implementation plan for the IRC.

# Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

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- *Best practices research:* Program staff have been gathering information about existing programs around the country and have been researching 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 country. Both systems appear to be promising domestic violence IRC models. Program staff will conduct site visits to both programs.
- *Technology assessment/plan:* A technology consultant was hired to develop a written technology plan that includes (a) an assessment of victim services agencies' technology capacity and needs of domestic violence victim service agencies; (b) recommendations for telephone technology and computer hardware, software, and networking; (c) estimates of the resources needed to purchase, install, and maintain the system; (d) an implementation plan for installing, training, and testing the technology, including recommendations for implementation priorities as funding becomes available; and (e) evaluation criteria for monitoring the performance of the system's technology.
- *Assessment of the needs of victims and professionals:* Information on current crisis line system functioning and input from victims and professionals was obtained through (a) five focus groups with professional stakeholders and one focus group with English-speaking survivors of domestic violence; (b) 16 stakeholder interviews with program coordinators/directors of domestic violence victim service agencies; and (c) mailed surveys to 290 community stakeholders in the Tri-county region. Written surveys have also been developed for victims/survivors in English and Spanish.
- *Inventory of domestic violence-related information and referral resources:* A domestic violence resource database will be developed that contains more thorough, accurate and up-to-date information. Inclusion/exclusion criteria and information components have been developed. Core resources in the database will 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 will contain the organization name, contact information, detailed description of services provided, days and hours of operation, eligibility criteria or service requirements, intake procedures, language services available, and information on ADA accessibility. By the end of the program's first year, a paper version of the information and referral (I&R) database will be available for community partners.
- *Redesign and implementation plan:* Based on information gathered from the first year, a redesign and implementation plan will be completed. The redesign plan will specifically address and seek consensus on (a) simplified access to services through a single access phone number; (b) involvement of stakeholders, including victims and providers; (c) interpreters/appropriate services for non-English callers; (d) cultural competence and access for victims from specific populations; (e) maintenance of up-to-date information and referral information; (f) training requirements for staff and volunteers; (g) on-going coordination of crisis lines; (h) appropriate technology and resources to purchase and maintain it; (i) confidentiality and safety of callers, staff and volunteers; and (j) development of interagency agreements as needed.

# Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

Multnomah County Department of County Human Services, Domestic Violence  
Coordinator's Office

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- *Implementation:* The redesigned IRC will be implemented in stages based on the level of funding and resources available. In Phase II/Year 2, activities will build on Phase I/ Year 1 and will focus on start-up, testing and implementation of components of a new IRC model at the Portland Women's Crisis Line (PWCL). IRC components will then be phased in at other agencies operating 24-hour domestic violence crisis lines. It is expected that Phase II will include:
  - *Testing of parts of the model system at PWCL:* The Portland Women's Crisis Line will act as the primary crisis line to begin testing the components of the IRC model. These components include a shared I&R database with accurate and detailed information, current shelter space information, 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 referral source before disconnecting from the call), improved access for culturally specific communities, and increased capacity to respond to calls during peak times.
  - *Formalization of interagency agreements:* Successful implementation of the redesign plan will require significant agreement among the existing eight crisis lines and victim services agencies regarding call handling procedures, referrals, and information sharing. Development of protocols and interagency agreements will assure that all significant providers will participate in the implementation, that the victims/survivors will not "fall through the cracks", and that there will be a consistent response from these stakeholders.
  - *Training of staff and volunteers:* Curriculum and training will be developed for existing and new crisis line staff and volunteers. Staff and volunteers will receive training on how to use the new technology, crisis intervention, suicide prevention, active listening, empathy, and resources available.
  - *Development of shared, computerized resource database:* The I&R database will be expanded and transferred to a shared, computerized format (such as web-based or CD-ROM). Existing information will be updated, and on-going research on new resources for inclusion in the database will occur. A system will also be developed for ongoing maintenance and updates.
  - *Resource development:* Additional funding will be sought to supplement local and Byrne grant funding for the initial staffing, purchase of crisis line equipment, and I&R technology. Staffing, contracting, and equipment costs for Phases II and III will depend on the redesign and technology plans developed in Phase I.
  - *Purchase and installation of new equipment and technology:* Based on the technology plan recommendations, the most essential crisis line equipment and I&R technology will be purchased. These purchases will include software program/database for caller tracking, internet-capable computers, and maintenance and hosting of a database server.

# Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

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By the end of Phase II, core components of the centralized IRC will be in operation. In Phase III and in years 3 and beyond, the program will continue implementation, make needed modifications, and seek long-term funding for sustaining the centralized IRC. At the completion of Phase III, it is expected that the IRC system capacity will increase from 20,000 calls annually to 30,000 calls.

## Program Resources

### *Byrne Funding*

The Centralized Domestic Violence Information, Referral, and Crisis Counseling Line project receives Byrne funding of \$110,868. The Multnomah County Department of County Human Services (DCHS) uses most of its funding to hire staff and consultants who conduct planning, development, and evaluation activities. DCHS contracts with the Portland Women's Crisis Line for an Analyst, and Netsystems and Designs for a technology consultant who will be developing a technology plan. A focus group Facilitator was also hired, and a small amount of Byrne funding will be used to purchase network equipment for the existing crisis lines. Additional funding for this program comes from Multnomah County general funds, the Portland Police Bureau, and the Soroptomists.

### *Program Staff*

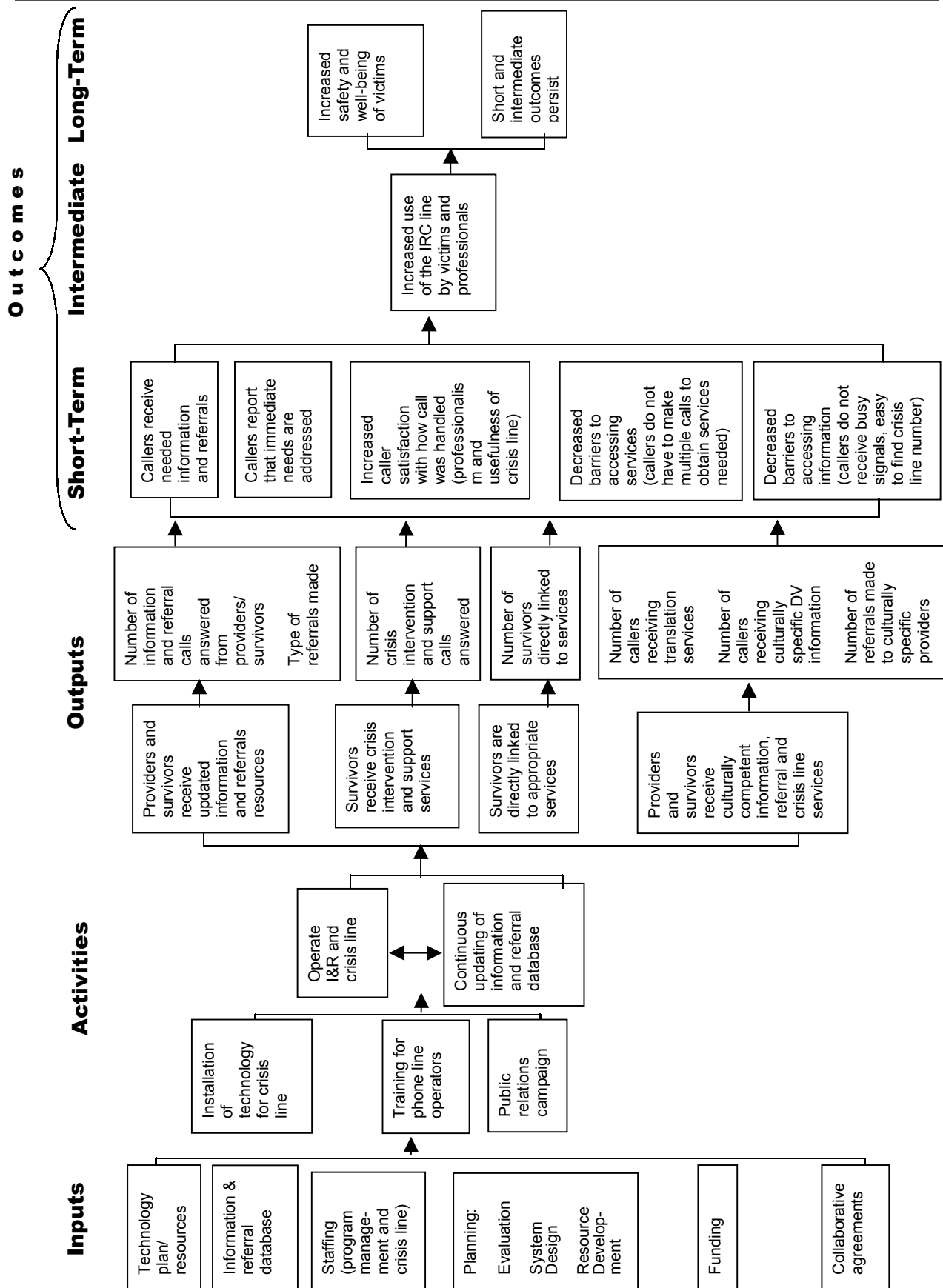
The program has a "core team" who are responsible for planning and carrying out the grant activities. "Core team members" consist of a program development specialist (PDS), PWCL Analyst, and evaluation staff. Additional team participants are the domestic violence Coordinator, the PWCL Executive Director, and a staff member from the Domestic Violence Coordinator's Office (DVCO). As the program's lead staff person, the PDS coordinates, facilitates, and participates in all aspects of the grant. During the first year, specific responsibilities included researching IRC best practices, interviewing domestic violence shelter and program directors, developing the program's work plan, contracting for a technology consultant, and staffing the IRC Advisory Board. The PWCL Analyst collaborates with the program team to develop baseline data about the agency's crisis line calls; reports PWCL call data to the team; assists in the development of a regional resource directory; and participates in redesign and planning meetings. The domestic violence Coordinator provides grant management oversight, including supervision of the DCHS program staff. The PWCL Executive Director provides supervision to the PWCL Analyst and participates in the IRC Advisory Committee. The DVCO staff member provides technical assistance on contracting and will assist in analyzing the existing crisis line system. Evaluation activities are conducted by an internal evaluator, data analyst, and an external evaluation consultant from Program Design and Evaluation Services (interagency research and evaluation partnership between Multnomah County Health Department and Oregon Department of Human Services).

### *Collaboration*

The primary partners in this program are the Multnomah County Family Violence Coordinating Council (FVCC) and the Portland Women's Crisis Line. Collaborating agencies also include the Portland Police Bureau, the Tri-county Domestic and Sexual Violence Intervention Network, and Clackamas Women's Services

# 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

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## Program Progress

During Phase I, the program has made significant progress in gathering information on current system functioning, researching IRC best practices and models, obtaining stakeholder and survivor input for the new system, and establishing baseline data for assessing the effectiveness of system changes. Program staff are currently focused on developing a redesign and implementation plan based on information gathered within the first year. This plan will be finalized by the end of the first year of Byrne funding.

- *Stakeholder and survivor involvement:* Perceptions of current system functioning and recommendations for changes to the current domestic violence crisis line system was obtained from stakeholders and survivors through focus groups, interviews, and surveys. An advisory board was also established and include members from the Multnomah County Family Violence Coordinating Council's Information and Referral Committee, and representatives from victim services agencies in Clackamas and Washington Counties. The advisory board has met to review documents, provide input on proposed strategies, and help define standards or protocols. In Year 2, program staff will continue working with stakeholders to reach consensus on an IRC model and interagency agreements needed to implement the model.
- *Identification of needs:* Information gathered from the first year have confirmed and expanded the problems to be addressed in developing a regional IRC. In addition to increased capacity, improved services for populations with specific needs, better information and referral, and streamlined access to services, the model IRC system will also need to address improved communication and information sharing among shelters and crisis lines, advocacy for callers, more information about non-shelter options and services, training for IRC staff, and increased publicity about domestic violence and where to call for help.
- *Evaluation activities:* In addition to a Program Description and a Logic Model, the program has submitted an Evaluation Plan. The Evaluation Plan describes the collection of data for developing the redesign and implementation plan, for monitoring program implementation, and for evaluating the effectiveness of system changes. The program will conduct pre- and post- implementation surveys to assess changes in stakeholders'/ survivors' satisfaction and perceptions of crisis line functioning. A significant portion of the first year evaluation efforts were focused on gathering baseline data and formative information from stakeholders and survivors through focus groups, surveys, and interviews. In addition to stakeholder/survivor survey and focus group data, baseline data will also include telephone call data from PWCL and other crisis lines. New call sheets have been developed for compiling statistical information that includes callers' issues, busy days/hours, and types of referrals callers are seeking. During the months of April to June 2002, the revised call sheet was implemented at PWCL. Improved phone data collection will be addressed in Phase II as the program works on standardizing and computerizing data collection.

# Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office

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- *Baseline data on satisfaction/perceptions of system functioning:* The *Survey about Tri-county Domestic Violence Crisis Lines* was received from 198 providers (69 percent response rate) from domestic violence victim services programs, social services programs, police, probation, and District Attorneys' offices in Multnomah, Clackamas and Washington Counties. Respondents were asked about their satisfaction with the existing crisis lines, and perceptions about crisis line functioning and effectiveness. The following are key findings:
  - 46 percent of the providers "agreed" that it is very easy to reach a live person at the crisis lines.
  - 32 percent of the providers "agreed" that a caller rarely got a busy signal.
  - 61 percent of the providers "agreed" that callers were treated respectfully and professionally.
  - 59 percent of the providers ranked the crisis lines as "fairly effective" or "very effective" in giving information about options and referrals to services.
  - 35 percent of the providers ranked the crisis lines as "fairly effective" or "very effective" in helping clients access services.
  - 27 percent of the providers "agreed" or "strongly agreed" that they were very satisfied with the domestic violence crisis lines in the Tri-county area.
  - 75 percent of the providers "agreed" or "strongly agreed" that a centralized domestic violence crisis line is essential to improve the overall domestic violence intervention system.

## Issues and Solutions

Two major implementation issues have been identified: the technology costs and the lack of infrastructure within nonprofit domestic violence victim services agencies. Program staff are working on addressing both of these issues. As mentioned in the Program Components section, program staff will work on resource development in the second year. Based on preliminary cost estimates, full implementation of the IRC is projected to cost about \$350,000 annually. As specific sources of additional funding have not been identified, the program has developed staged implementation strategies based on level of funding/resources available. The second issue is that nonprofit victim services agencies will need time, funding, and training to develop infrastructure and technical expertise to implement the IRC technology. Currently, the program is exploring the feasibility of locating a database server at Multnomah County for the first year of operation to get the system operating while allowing time for nonprofit infrastructure challenges to be addressed. The need for training has also been integrated into the program's work plan, with training on the new technology to be developed in the second year.

# Juvenile Violence Prevention Programs

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# Family-Focused Approach to Juvenile Violence Prevention

## ADAPT

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### Program Purpose

Founded in 1971 in Douglas County, 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.

In Douglas County, juveniles account for one-third of all arrests. Fifty-six percent of these arrests are for behavioral crimes and 10 percent are arrested for crimes against persons (acts of violence). Data from the Douglas County Juvenile Department suggests that 41 percent of juveniles committing behavioral and violent crimes will re-offend. Furthermore, alcohol and drug abuse in combination with a diagnosable mental health condition are often significant contributing factors. Douglas County juvenile authorities estimate 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 in order 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:

- Decrease violent and non-violent dysfunctional behavior(s).
- Decrease alcohol and drug dependency.
- Decrease mental health incidents and crises.
- Decrease out-of-family placements.
- Increase engagement in school.
- Improve family functioning.

# Family-Focused Approach to Juvenile Violence Prevention

## ADAPT

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### Target Population

The ADAPT Family-Focused Approach to Juvenile Violence Prevention targets male and female youth, aged 17 and younger who have committed delinquent criminal acts or who have been deemed at risk of violent behavior and are dually-diagnosed with both chemical dependency and mental illness. Both violent and at-risk youth are included in the target population. This includes youth reported by the Douglas County Juvenile Department as serious status 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 subpopulation 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.

Eligibility criteria for the program include: (a) dual-diagnosis (substance abuse in the presence of a second mental health disorder), (b) evidence of, or risk for, violent behavior, (c) age between 13 and 17, (d) parents or guardians willing to participate, and (e) residence in Douglas County. Potentially eligible clients and their families are referred primarily from the Douglas County Juvenile Department, the Circuit Court, 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 assessment and treatment, Functional Family Therapy, and continuing care relapse prevention. Initially, clients receive a dual-diagnosis assessment covering alcohol and drug and mental health status. Next, the client receives a 12-week extensive chemical dependency treatment component combined with mental health stabilization, including medication management when indicated. The client then receives 12-weeks of Functional Family Therapy (FFT). At the completion of the FFT component, clients receive continuing care for relapse prevention as needed. The following is a detailed description of the main program components:

- *Alcohol and drug assessment and treatment:* Assessments are conducted for alcohol and drug and mental health status. Treatment is typically three months in duration and consists of two to three contacts per week for youth and one contact per week for parents. Activities include one family education group per week attended by youth and parents and one to two individual sessions per week for youth with an alcohol and drug counselor. These sessions typically cover individual chemical dependency issues, mental health issues, and relapse prevention.
- *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

# Family-Focused Approach to Juvenile Violence Prevention

## ADAPT

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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), an 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 therapists 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, 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

# Family-Focused Approach to Juvenile Violence Prevention

## ADAPT

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- 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.
- *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.
  - *Continuing care:* The alcohol and drug treatment component continues during and after the FFT component. If the youth maintains sobriety, the continuing care component is typically one individual session per week. This component focuses on fine-tuning individual relapse prevention plans and on the development of community support systems.

### Program Resources

#### *Byrne Funding*

The ADAPT Family-Focused Approach to Juvenile Violence Prevention program receives Byrne funding of \$200,000. ADAPT uses Byrne 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 state alcohol and drug agency.

#### *Program Staff*

The ADAPT Family-Focused Approach to Juvenile Violence Prevention program has a service delivery staff of eight. There are four FFT Therapists, a Court Coordinator, two alcohol and drug Counselors, and a Program Director. The four 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 four 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 Court Coordinator serves as the program's representative to the court, coordinates referrals from the court, and reports to the court on client progress. The two alcohol and drug Counselors provide the initial alcohol and drug assessment and treatment for clients as well as ongoing relapse prevention counseling. 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 Douglas County Juvenile Department, Douglas County Circuit Court, Douglas County Public School System, Mercy Hospital, and Mercy Behavioral Health. ADAPT, Douglas County Juvenile Department, and Douglas County Circuit Court have participated in a

# **Family-Focused Approach to Juvenile Violence Prevention**

## ADAPT

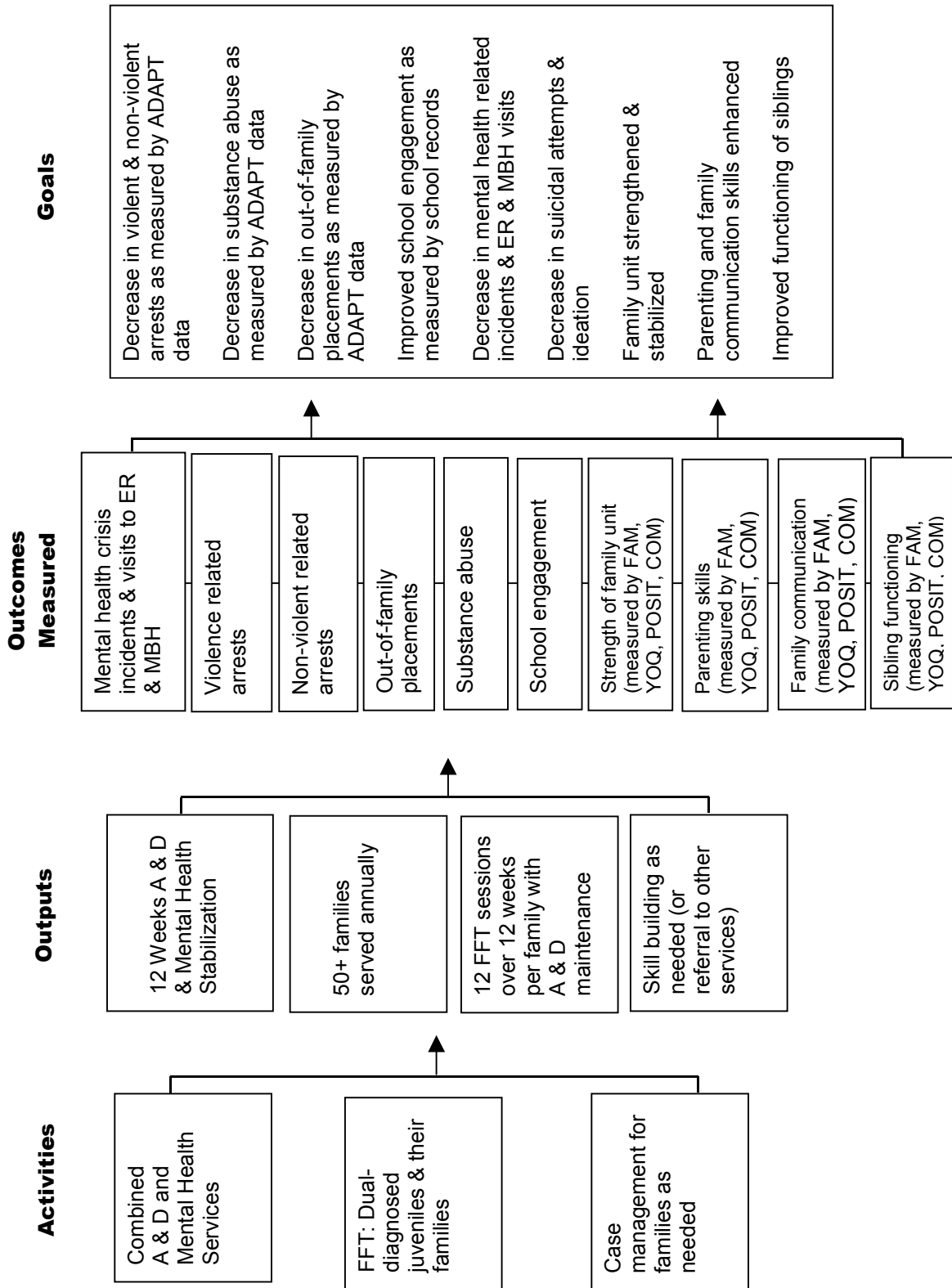
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three-year effort to create and sustain the Douglas County Family Law Advisory Committee. This multi-agency planning group is comprised of over one dozen organizational members and has met regularly to develop models to improve modalities for intervening with families of high-risk violent juvenile offenders. The Juvenile Department, the Circuit Court, and the Public School System are key collaborative partners involved in identifying target families and referring them into ADAPT's FFT program. Mercy Hospital and Mercy Behavioral Health provide emergency and inpatient evaluation and behavioral health treatment for youth in Douglas County. Mercy provides psychiatric consultation by a Board certified child and adolescent psychiatrist and psychological evaluation by a licensed clinical psychologist to youth identified and referred by ADAPT for their services. They provide stabilization of youth that pose a risk to themselves or others and coordinate closely with ADAPT's FFT program to insure continuity of care for the families.



# Program Logic Model

## Family-Focused Approach to Juvenile Violence Prevention



# Family-Focused Approach to Juvenile Violence Prevention

## ADAPT

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### Program Progress

The ADAPT Family-Focused Approach to Juvenile Violence Prevention program made significant progress during the reporting period. The program effectively completed all start-up tasks, made good progress toward FFT site certification, and successfully completed all evaluation capacity steps outlined in the Byrne Comprehensive Evaluation Plan for grantees.

- *Clients served:* From October 1, 2001, through June 30, 2002, the program served 69 families. Of the 69 families served, 31 families were receiving services at the end of June, 25 families had successfully completed the program, and 13 families had failed to successfully complete the program. There were 44 families on a waiting list for service.
- *Program implementation:* Initial start-up tasks completed include: (a) advertising, interviewing, and hiring FFT therapists, (b) purchasing computers and diagnostic tools for use by FFT therapists, (c) creating and distributing pamphlets and literature to educate families and community partners about the program, (d) developing a referral process in conjunction with the program's primary referral sources, and (e) modifying the existing alcohol and drug treatment program to work in concert with the new FFT program in a manner that insures treatment fidelity to the FFT model.
- *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. Site certification tasks completed during this reporting period include: (a) submission of a site certification application, (b) a one day on-site implementation visit from FFT Inc. that included meetings with stakeholders, information sessions, a review of the client referral process, and an overview of FFT training for Therapists, (c) a one day on-site training in the Clinical Services System, a software developed by FFT to support and guide therapists in organizing and adhering to the model, (d) a three-day clinical training on-site by the developer of FFT that covered the core constructs, phases, assessment, and intervention techniques of FFT, (e) weekly telephone supervision by a trained FFT Clinical Consultant on individual cases and model adherence, (f) eight days of training for the lead therapist at FFT Inc. that included intensive, hands-on training and supervision working with actual clients while observed from behind a mirrored window, and (g) three two-day on-site follow-up training sessions to cover specific implementation and training issues.
- *Program evaluation:* The program submitted a Program Description and a Logic Model as required by the Byrne Comprehensive Evaluation Plan. The program identified an external evaluator and several evaluation meetings were held with the evaluator to determine evaluation outcomes, data needed for evaluation, and procedures to collect necessary data. Data collection forms were created and piloted. Meetings were held with staff to explain the importance of evaluation requirements and to attempt to increase

# Family-Focused Approach to Juvenile Violence Prevention

## ADAPT

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staff support for data collection activities. An initial Evaluation Measurement Plan was submitted. The main outcomes proposed for the program in the plan are: (a) a decrease in violent and non-violent arrests, (b) a decrease in substance abuse, (c) a decrease in mental health crises, (e) a decrease in suicidal attempts and ideation, (f) a decrease in out-of-family placements, (g) improved school engagement, (h) a strengthened and stabilized family unit, (i) improved parenting and family communication skills, and (j) improved sibling functioning.

### Issues and Solutions

The biggest challenge ADAPT faced involved the agency decision to move from a peer group model to a family model of treatment. In addition, the agency began to address dual diagnosis issues within the program. The agency made these changes because they recognized that family therapy is best practice. However, the agency found that moving to a best practices model of family treatment within a chemical dependency arena is complicated and is complicated even further with a focus on dual diagnoses. The change impacted five distinct system levels: the therapist level, the in-house agency system level, the state system level, the community level, and lastly, the family level. The following summarizes the impacts of the change of these five levels. The first level of change was the Therapist. It was necessary to coax the Therapists into moving from a model that focuses on group and individual work to a family therapy model. Therapist's attention often gravitates toward an "identified client" and the focus of the FFT model is on a balanced alliance with all family members. Secondly, adapting the agency in-house assessment process, paper work, financial system, and file system to the family model proved laborious and detailed. Thirdly, creating program modifications that adequately meet state alcohol and drug Oregon Administrative Rules (OAR) standards and also meet the guidelines for FFT treatment fidelity was challenging. Fourthly, building trust and confidence with community partners as the agency moved from "traditional" chemical dependency treatment to family therapy and dual diagnosis work was critical to insuring the program's ability to provide integrated services to the families. Finally, at the family level, it was challenging to involve parents with their youth in treatment.

Two key factors helped the program to meet these challenges. The first was the quality of the therapists on the team. Therapists were highly skilled and quick to develop FFT specific treatment skills. A second key factor was with quality of the FFT Inc. training system. The agency found the FFT trainers and their particular FFT clinical supervisor to be highly skilled and of great help in learning how to effectively use the FFT model.

# Functional Family Therapy

## Clackamas County Juvenile Department

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### Program Purpose

The Clackamas County Juvenile Department is responsible for the management of Clackamas County youth who are under 18 years of age and have committed a crime. In addition, the Department 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. The Juvenile Department counselors 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 Clackamas County 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.
- Reduce school drop-out rates.
- Improve the level of family functioning.
- Reduce juvenile violence.

### Target Population

The Clackamas County Functional Family Therapy program targets male and female youth 11-18 years old who have at least two risk factors when assessed on the Oregon Juvenile Crime Prevention Risk Assessment. Youth living in rural communities and Hispanic youth who meet the above criteria receive priority. To be eligible to participate in the program youth should have a family member willing to participate in therapy, should not be in imminent risk of out-of-home placement, and should not be involved in concurrent family treatment.

All youth are screened for eligibility using the Oregon Juvenile Crime Prevention Risk Assessment and must show a risk factor in two of the five domains. Referrals to the program come from the Juvenile Department, schools, other agencies, and directly from families. Referrals

# Functional Family Therapy

## Clackamas County Juvenile Department

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from the Juvenile Department are prioritized for entry and are automatically eligible for the program. If the youth is referred from the Juvenile Department, the Juvenile Crime Prevention Risk Assessment is completed there. If the youth is referred from schools, families, or other agencies, the Risk 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 assessment domains to determine likely eligibility. At intake, families who have not yet been given the Risk Assessment do so at that time. A weekly meeting is dedicated to staffing and assigning the referrals.

### Program Components

FFT is a proven, nationally recognized best practice and has been successfully replicated for 25 years. It is a multi-systemic, multi-technique, 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 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, 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), an 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

## Functional Family Therapy

Clackamas County Juvenile Department

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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, 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.
- *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.

# Functional Family Therapy

## Clackamas County Juvenile Department

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### **Program Resources**

#### *Byrne Funding*

The Clackamas County Functional Family Therapy program receives Byrne funding of \$200,000. Clackamas County Juvenile Department uses Byrne funds for personnel salaries, evaluation activities, and FFT site certification. Clackamas County Juvenile Department contracts with Parrott Creek Child and Family Services for FFT 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*

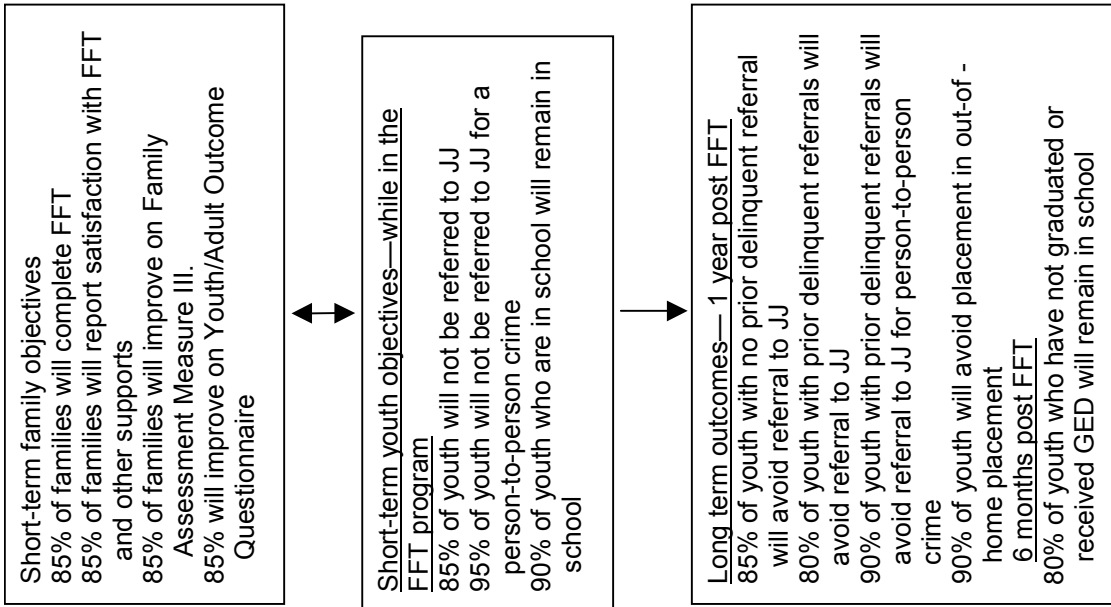
The Clackamas County Functional Family Therapy program has a service delivery staff of four. There are three FFT therapists, and a Program Director. The three FFT therapists all have Master's degrees. They provide direct service to families using the FFT model and carry caseloads of up to 12 families. One of the four 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. Program evaluation services are contracted to the Director of the Regional Research Institute for Human Services at Portland State University.

#### *Collaboration*

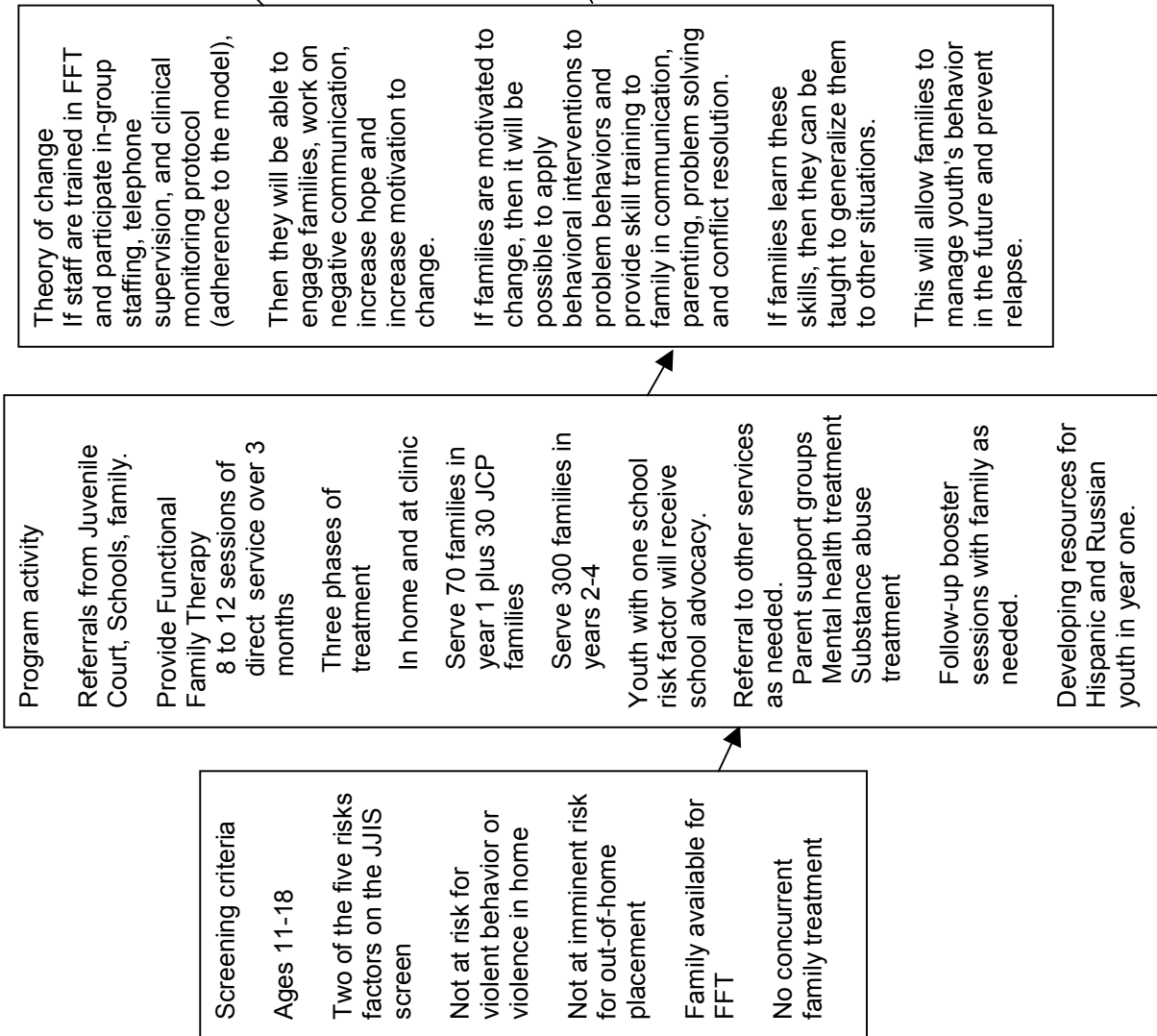
The key community partners for the Clackamas County Functional Family Therapy program are the Clackamas County Juvenile Department, Parrott Creek Child and Family Services, and the Public School System. The key stakeholder and collaborative partner involved in identifying target families and referring them into the FFT program is the Clackamas County Juvenile Department. In addition, the program consults with community partners such as Todos Juntos and the Russian Oregon Social Services (ROSS) to provide culturally effective services.

## Program Logic Model Functional Family Therapy

### Outcomes



### Goals





# Functional Family Therapy

## Clackamas County Juvenile Department

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### Program Progress

The Clackamas County Functional Family Therapy program had a late start-up but made good progress during the reporting period. The program completed all start-up tasks, made good progress toward FFT site certification, and successfully completed all evaluation capacity steps outlined in the Byrne Comprehensive Evaluation Plan for grantees.

- *Clients served:* From October 1, 2001, through June 30, 2002, the program served 38 families. Of the 38 families served, 19 families were receiving services at the end of June, two families had successfully completed the program, and 17 families had failed to successfully complete the program. There were two families on a waiting list for service.
- *Program implementation:* Initial start-up tasks completed include: (a) advertising, interviewing, and hiring FFT therapists, (b) purchasing computers and diagnostic tools for use by FFT therapists, (c) creating and distributing pamphlets and literature to educate families and community partners about the program, and (d) developing a referral process in conjunction with the program's primary referral sources.
- *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. Site certification tasks completed during this reporting period include: (a) submission of a site certification application, (b) a one day on-site implementation visit from FFT Inc. that included meetings with stakeholders, information sessions, a review of the client referral process, and an overview of FFT training for therapists, (c) a one day on-site training in the Clinical Services System, a software developed by FFT to support and guide therapists in organizing and adhering to the model, (d) a three day clinical training on-site by the developer of FFT that covered the core constructs, phases, assessment, and intervention techniques of FFT, (e) weekly telephone supervision by a trained FFT clinical consultant on individual cases and model adherence, (f) eight days of training for the lead therapist at FFT Inc. that included intensive, hands-on training and supervision working with actual clients while observed from behind a mirrored window, and (g) three two-day on-site follow-up training sessions to cover specific implementation and training issues.
- *Program evaluation:* The program submitted a Program Description and a Logic Model as required by the Byrne Comprehensive Evaluation Plan. The program identified an external evaluator and several evaluation meetings were held with the evaluator to determine evaluation outcomes, data needed for evaluation, and procedures to collect necessary data. The external evaluator helped narrow the scope of the program goals to establish realistic outcome reporting. An initial Evaluation Measurement Plan was submitted.

# **Functional Family Therapy**

## Clackamas County Juvenile Department

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### **Issues and Solutions**

The program faced a number of challenges in beginning FFT. The program had a slow start due to communication problems. The start of the program was delayed until December because Clackamas County Commissioners had not approved acceptance of grant funds. Communication problems also delayed FFT training for some of the staff. The program initially planned to use therapists from the residential program as FFT therapists and thought they had approval to do so from FFT Inc. At the initial implementation meeting with FFT Inc., the program learned that these therapists could not work both as residential therapists and FFT therapists without violating the fidelity of the FFT model. Two new FFT therapists were subsequently hired but they were not able to attend FFT Inc. training until March, at the end of the second quarter. Consequently, there were only four clients at the close of the second quarter. Another communication problem the program encountered was with their principal referral partner, the Juvenile Department. In the third quarter, the program received a number of inappropriate referrals. A number of referrals were sent for families when the youth was about to be placed outside the home. When placement opened up, the youth was no longer available for counseling or even closure. As a result, the program has a very low success rate to date. To resolve this problem, FFT therapists have made presentations to Juvenile Department staff about criteria for appropriate referral. Program Directors at both agencies are monitoring the referral process closely.

# **Marigold Girls Program**

## Homestead Youth and Family Services

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### **Program Purpose**

In October 2001, Homestead Youth and Family Services in Pendleton, Oregon, received funding to establish a new in-home family therapy program for at-risk adolescent girls in Umatilla County. This grant award provided Homestead with the funds necessary to launch the Marigold program, which uses Functional Family Therapy (FFT) to address the needs of Umatilla County's 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.

The purpose of Homestead's Marigold 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.

### **Target Population**

The Homestead Marigold program targets adolescent girls between the ages of 11 and 18 who exhibit at least two risk factors on the Juvenile Crime Prevention Risk Assessment. To be eligible to participate in the program, girls should reside in Umatilla 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, girls should not be at imminent risk of out-of-home placement and should not be involved in concurrent family treatment.

# Marigold Girls Program

## Homestead Youth and Family Services

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Referrals to the program come from two primary sources: the County Juvenile Services Division and local middle and high schools. In addition to these primary sources of referrals, a smaller number of referrals come from social service and mental health agencies, as well as directly from families. Once a referral has been made, the Marigold program Case Manager places a call to the parents and confirms that the girl resides in Umatilla County and is between the ages of 11 and 18. The case manager collects information regarding the reason for the referral and completes the Juvenile Crime Prevention Risk Assessment with the parent.

### Program Components

The Homestead Marigold program has two major components: Functional Family Therapy and case management. The FFT model consists of three phases: engagement and motivation, behavior change, and generalization. The focus of Phase 1, engagement and motivation, 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. During Phase 2, behavior change, 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 the final phase, generalization, the Therapist helps the family apply positive behavior change techniques to additional situations and potential problems that could arise in the future. Concurrent with FFT, the Marigold program also provides case management services to participating families. The Case Manager helps families in crisis with the goal of stabilizing the family so that they may focus on the therapy. 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 skills, and conflict management skills in order to change maladaptive behaviors and strengthen positive behaviors. Following the FFT model, the Marigold program 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. 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), an 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

## Marigold Girls Program

### Homestead Youth and Family Services

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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, 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.
- *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 childcare assistance. The Case

# Marigold Girls Program

## Homestead Youth and Family Services

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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 program. At this point, the therapists determine with families whether they have any needs with which the Case Manager can help.

### **Program Resources**

#### *Byrne Funding*

The Homestead Marigold program receives Byrne funding of \$200,000. Homestead uses Byrne 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.

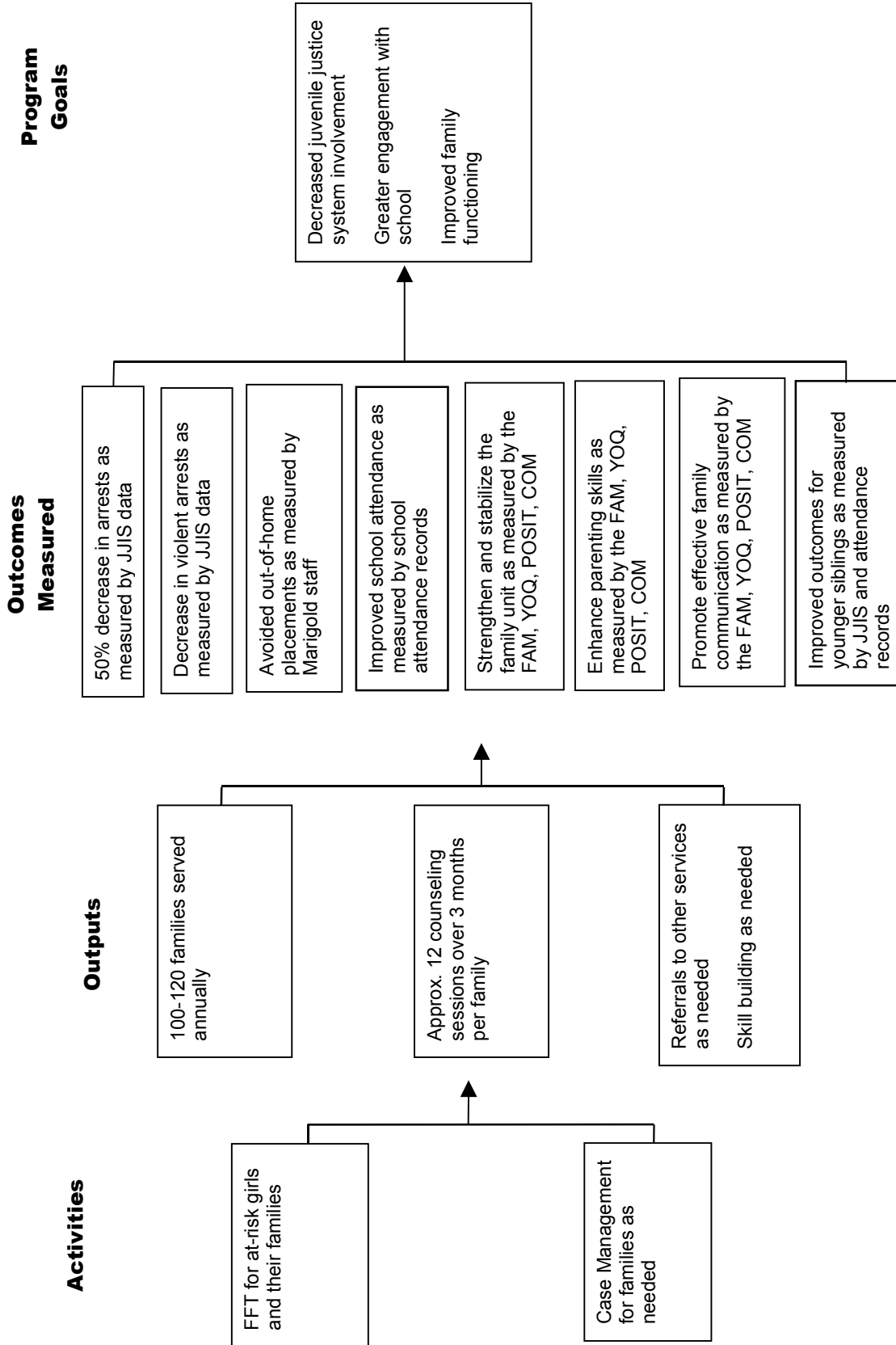
#### *Program Staff*

The Homestead Marigold program has a service delivery staff of four. 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 12 families. The Case Manager provides transition services to families at the completion of their FFT. The Program Director provides overall supervision and also carries a reduced (three to five family) caseload. The Program Director 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.

#### *Collaboration*

The key stakeholders for the Marigold program include the Umatilla County Commission on Children and Families, the Community Resource Team, 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 program and currently make referrals to the program. The Commission on Children and Families provided \$35,000 for start up 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



# Marigold Girls Program

## Homestead Youth and Family Services

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### Program Progress

The Homestead Marigold program made good progress during the reporting period. The program completed all start-up tasks, made good progress toward FFT site certification, and successfully completed all evaluation capacity steps outlined in the Byrne Comprehensive Evaluation Plan for grantees.

- *Clients served:* From October 1, 2001, through June 30, 2002, the program served 33 families. Of the 33 families served, 18 families were receiving services at the end of June, six families had successfully completed the program, and nine families had failed to successfully complete the program. There were no families on a waiting list for service.
- *Program implementation:* Initial start-up tasks completed include: (a) advertising, interviewing, and hiring FFT therapists, (b) purchasing computers and diagnostic tools for use by FFT therapists, (c) creating and distributing pamphlets and literature to educate families and community partners about the program, (d) publicizing the program through the local newspaper and radio stations, community resource fairs, and meetings at partnering agencies and (e) developing a referral process in conjunction with the program's primary referral sources.
- *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. Site certification tasks completed during this reporting period include: (a) submission of a site certification application, (b) a one day on-site implementation visit from FFT Inc. that included meetings with stakeholders, information sessions, a review of the client referral process, and an overview of FFT training for therapists, (c) a one day on-site training in the Clinical Services System, a software developed by FFT to support and guide therapists in organizing and adhering to the model, (d) a three day clinical training on-site by the developer of FFT that covered the core constructs, phases, assessment, and intervention techniques of FFT, (e) weekly telephone supervision by a trained FFT clinical consultant on individual cases and model adherence, (f) eight days of training for the lead therapist at FFT Inc. that included intensive, hands on training and supervision working with actual clients while observed from behind a mirrored window, and (g) three two-day on-site follow-up training sessions to cover specific implementation and training issues.
- *Program evaluation:* The program identified an external evaluator and several evaluation meetings were held with the evaluator to identify and refine expected program outcomes; identify measurement tools; create data collection, management, and analysis procedures; and outline a timeline for evaluation activities in concordance with the Byrne Comprehensive Evaluation Plan requirements. The program submitted a Program Description and a Logic Model as required by the Byrne Comprehensive Evaluation Plan and developed an initial Evaluation Measurement Plan.



# Marigold Girls Program

## Homestead Youth and Family Services

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### Issues and Solutions

The program faced a number of challenges in beginning FFT. Marigold did not reach its recruitment goals during the first year due to difficulty accessing school staff, the low number of girls who become involved with the juvenile justice system, and misconceptions about Marigold services. The Marigold program had difficulty forging relationships with area schools and did not receive sufficient referrals from schools. School personnel were concerned that a referral to Marigold would violate student confidentiality. The local County Juvenile Services Division referred girls to Marigold but the number of girls getting in trouble and entering the juvenile justice system each year proved limited. Although this referral source provided the program with a steady stream of families, the numbers were not large enough, due to the relatively small population base, for the program to reach and remain capacity. Some agencies did not refer girls to Marigold because they perceived their situations as too severe. These agencies believed that the FFT model would encourage these families to focus solely on their FFT therapy and to postpone other needs such as drug and alcohol counseling. This reservation about the level of severity appropriate for Marigold resulted in the program not getting referrals for some families it would be willing to serve. A second challenge faced by the program was gaining comfort with the FFT model. The therapists spent the year learning the FFT model and breaking old habits learned from previous therapeutic models. A third challenge faced by the program was managing program data. Marigold struggled with the required FFT data collection system, which contained programming errors. Staff members had technical problems with their computers, which at times made it difficult for them to enter data into the FFT Clinical Services System database. A fourth challenge the program faced was providing services to a diverse community. Umatilla County is a rapidly diversifying community, and Marigold faced the issue of how best to provide culturally appropriate services. Last, the program faced the challenge of integrating case management into the FFT model. Marigold struggled with balancing the need to provide case management with the need to stay true to the FFT model. The FFT model does not include case management and case management may in some instances conflict with the goals of the FFT model. To resolve these problems, the Marigold program plans an aggressive outreach to referral sources in year two, is working closely with FFT Inc. to solve database problems, plans to transcend language barriers in diverse populations by using a bi-lingual family member during therapy, and has modified its Case Management component in order to address FFT's concerns, by having the case manager become involved with families later in the process as families enter the generalization phase (Phase 3) of therapy. At that point, the focus of therapy is how to sustain the positive changes families have made and how to deal with any problems that may arise in the future. This phase seemed to be a logical point at which to provide case management services. However, Marigold has decided to continue providing case management services early on to any families who may have needs severe enough to impede the therapeutic process.

# Youth Turnaround Project

## Jackson County Health & Human Services

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### Program Purpose

The Oregon Progress Board ranks Jackson County sixth among Oregon counties in the number of juvenile crimes committed over a 10-year period of time. In that group of high-crime counties, Jackson County is the only urban county with a long-standing high crime rate. In surveying the population of juvenile offenders within this large offender population, there is particular concern for chronic juvenile offenders who have committed four or more crimes. Eighty-five percent of chronic juvenile offenders commit new crimes in contrast to only 37 percent of the general juvenile offender population. The Youth Turnaround Project was developed to target high-risk juveniles, both offenders and pre-offenders with the goal of delivering services that will impact juvenile crime behavior, functional family behavior, and youth behavior correlated with juvenile crime. The program gives priority to chronic juvenile 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 in Jackson County's highest risk families. The program provides intensive, family centered services including Functional Family Therapy and intensive case management for youth ages 10 to 17 at high risk for juvenile delinquency or recidivism who are currently being served through Integrated Family Drug Court, KARE (Jackson County's juvenile crime prevention program), 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.

### 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 should reside in Jackson County, have an available family to participate in therapy, should not be in 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 (Jackson County's juvenile crime prevention program). Youth referred through the Integrated Family Drug Court 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). Youth referred through the juvenile department range from status offenders (runaways, truants, alcohol, to-

# Youth Turnaround Project

## Jackson County Health & Human Services

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bacco, 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 Assessment screen 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 (IFDC). FFT is an empirically grounded highly successful family intervention program for dysfunctional youth. The FFT clinical model has three phases: allowing clinicians to maintain focus in the context of considerable family and individual dysfunction. Each phase includes specific goals, assessment foci, and specific techniques for intervention. 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:

- *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), an 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 communica-

# Youth Turnaround Project

## Jackson County Health & Human Services

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tion, 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, 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.
- *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 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 the FFT therapist 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 of the facts 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 Court Coordinator coordinates IFDC team

# Youth Turnaround Project

## Jackson County Health & Human Services

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members, attends weekly IFDC team meetings to review the progress of youth, attends IFDC hearings, participates in courtroom processes, and provides information to the judge as needed.

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 once weekly to once 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 funding of \$197,757. Jackson County Health and Human Services uses Byrne 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 review and provide input on all levels of program evaluation and with FFT Inc. for site certification and staff training.

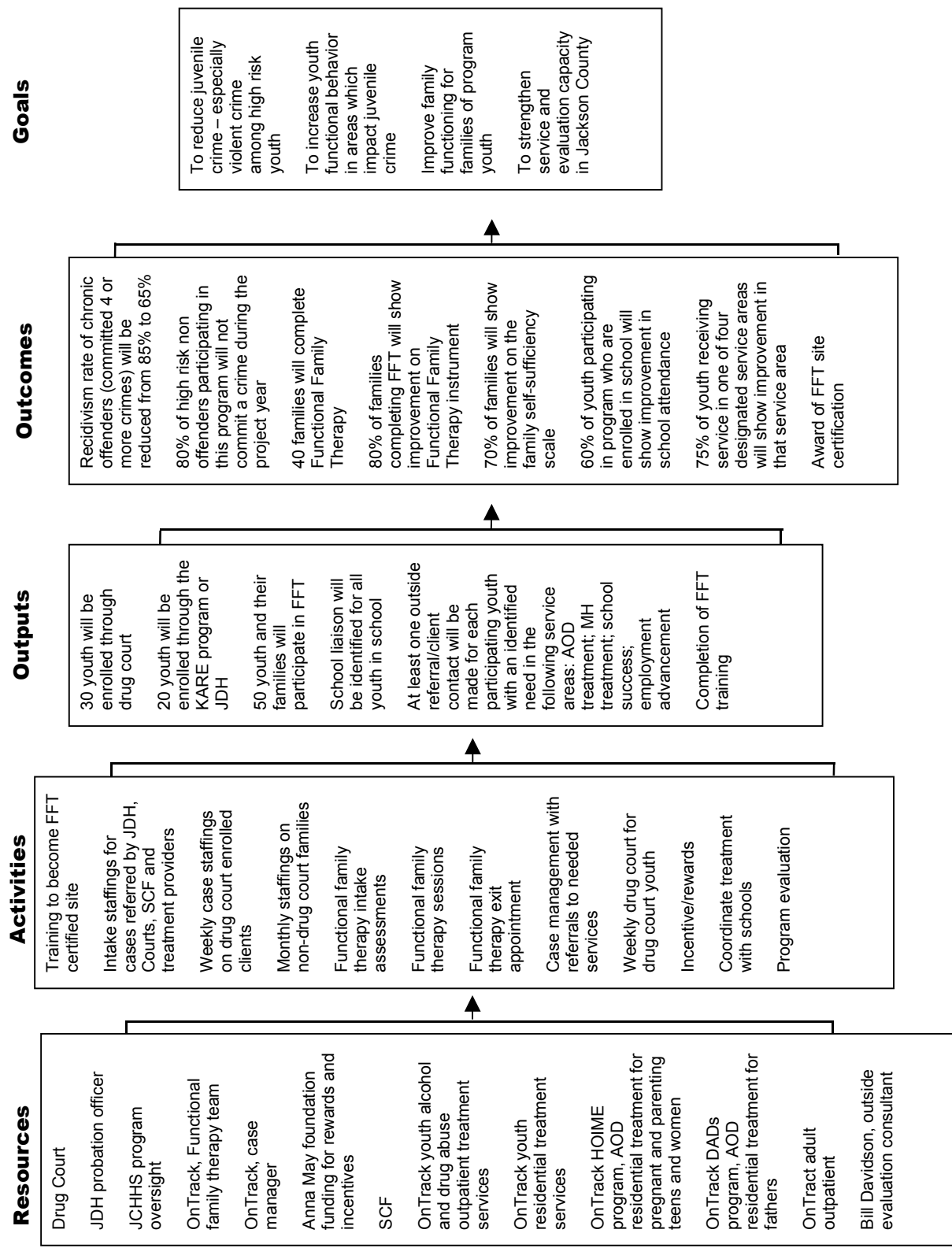
#### *Program Staff*

The Jackson County Youth Turnaround Project has a service delivery staff of seven. There are four FFT Therapists, a Clinical Supervisor, a Case Manager, and a Program Director. The four 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 four 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 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 oversight, 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 and Human Services, the district attorney, the KARE program, the public schools, and OnTrack, Inc. Jackson County has developed a strong collaborative human service/family court system, which supports countywide service integration. Community Justice, OnTrack, Jackson County Health and 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



# Youth Turnaround Project

## Jackson County Health & Human Services

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### Program Progress

The Youth Turnaround Project had a slow start-up. The program began in late October and enrollment was slow until January due to the holiday season and a federal drug court training in December for the judges and some key program partners. However after the initial start-up, the program made good progress during the reporting period. The program completed all start-up tasks, made good progress toward FFT site certification, and successfully completed all evaluation capacity steps outlined in the Byrne Comprehensive Evaluation Plan for grantees.

- *Clients served:* From October 1, 2001, through June 30, 2002, the program served 27 families. Of the 27 families served, 15 families were receiving services at the end of June, eight families had successfully completed the program, and four families had failed to successfully complete the program. There were seven families on a waiting list for service. All youth involved in the program were considered to be high risk according to one or more of the following parameters: (a) current charges against the youth, (b) dependency cases involving the youth and/or their parents, (c) current drug-related charges against their parents, or (d) identified as at-risk in three of five Juvenile Crime Prevention Risk Assessment domains.
- *Program implementation:* Initial start-up tasks completed include: (a) advertising, interviewing, and hiring FFT therapists, (b) purchasing computers and diagnostic tools for use by FFT therapists, (c) creating and distributing pamphlets and literature to educate families and community partners about the program, and (d) developing a referral process in conjunction with the program's primary referral sources.
- *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. Site certification tasks completed during this reporting period include: (a) submission of a site certification application, (b) a one day on-site implementation visit from FFT Inc. that included meetings with stakeholders, information sessions, a review of the client referral process, and an overview of FFT training for therapists, (c) a one day on-site training in the Clinical Services System, a software developed by FFT to support and guide therapists in organizing and adhering to the model, (d) a three day clinical training on-site by the developer of FFT that covered the core constructs, phases, assessment, and intervention techniques of FFT, (e) weekly telephone supervision by a trained FFT clinical consultant on individual cases and model adherence, (f) eight days of training for the lead therapist at FFT Inc. that included intensive, hands-on training and supervision working with actual clients while observed from behind a mirrored window, and (g) three two-day on-site follow-up training sessions to cover specific implementation and training issues.

# Youth Turnaround Project

## Jackson County Health & Human Services

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- *Program evaluation:* The program submitted a Program Description and a Logic Model as required by the Byrne Comprehensive Evaluation Plan. The program's external evaluator provided input and guidance on the program description, logic model, and evaluation plan. An initial Evaluation Measurement Plan was submitted. Juvenile justice staff provided recidivism data in a timely manner. A database was developed for the program to track client data not captured by the FFT Clinical Services System.

### Issues and Solutions

The program faced several challenges in its initial year. The Youth Turnaround Project did not reach its recruitment goals during the first year due to some start up issues and a change in the target population definition. Because of the holidays and a Federal drug court training attended by the judges and key team members, drug court was held only once in December and then not resumed until the second week in January. Also in March, the target population was changed from youth ages seven to 17 to youth ages 10 to 17 to maintain fidelity with the FFT model. Because the drug court did not have capacity to see 50 youth ages 10 to 17, referral sources were expanded to include juvenile justice and KARE. Recruitment from these sources is more time consuming since less leverage exists with families as compared with the leverage provided by the IFDC. However, even with these challenges, recruitment has increased in the fourth quarter and the program expects to meet its enrollment objectives in year two. Another challenge identified was the need to streamline the process from referral to program enrollment for youth referred through the drug court. To resolve this issue, the program held a retreat for all relevant partners to discuss and problem solve the timeliness of the referral to program entry process. Several changes were made to the communication process to insure that team members have all relevant information when deciding whether or not the youth and family should be accepted into FFT. Finally, referred youth and their families themselves have presented a challenge to the program team. Due to the highly complex nature of the youth, their presenting problems, and their family systems, the program team determined that the team clinical supervisor should attend drug court staffings to provide clinical input.



# Multisystemic Therapy Treatment Foster Care

Multnomah County Department of Community Justice

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## Program Purpose

In October 2001, the Multnomah County Department of Community Justice received funding to enhance its existing Multisystemic Therapy (MST) program and evaluate its effectiveness. This grant provided the Multnomah County Department of Community Justice with the funds necessary to add a Treatment Foster Care component to their MST program and to perform a rigorous and extensive evaluation of the MST program and the effects of the Treatment Foster Care component.

The Multnomah County MST program began in 1998 in an effort to decrease recidivism and increase family functioning with targeted high- and medium-risk juvenile probationers. 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 Multnomah County MST program did not experience the results that would be expected based on numerous national studies. Over the first three years of the program, the County found that 25 percent of MST youth re-offended at six months, compared to 33 percent of all youth in the juvenile justice system at 12 months. This is a substantially lower improvement than national statistics suggest should result from MST. The primary purpose of the Multnomah County Multisystemic Therapy Treatment Foster Care program is to enhance 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 during treatment. The Treatment Foster Care component will allow the program to place the youth out of the home temporarily during MST without disrupting treatment. 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 will be 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 gang-related delinquent behavior by youth participating in the MST program.

# Multisystemic Therapy Treatment Foster Care

Multnomah County Department of Community Justice

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- Reduce out-of-home placements to Oregon Youth Authority correctional facilities for youth participating in the MST program.
- Reduce out-of-home placements for youth participating in the MST program.

## Target Population

The Multnomah County Multisystemic Therapy Treatment Foster Care program targets medium- to high-risk juvenile probationers, ages 12 to 17, who are at risk of immediate out-of-home placement due to the youth's behavior(s). Additionally, to be eligible to participate in the program, a youth must have a significant substance abuse issue and/or be 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 MST Therapists and MST Program Administrator at a formal screening. At that meeting, the JCC discusses the family's strengths and needs, the youth's and family's legal and social history, the 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, and if the parent(s) is/are willing to participate in MST services, then the referral is accepted and services generally begin within a week.

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, 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 to 80 percent of his/her overarching goals for treatment and not be placed out of the home 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. Additionally, the biological parents are afforded the opportunity to talk with and learn from the TFC foster parents. Once the youth is returned to his/her parental home, the foster parent often remains a support for both the youth and the biological parents.

The following is a detailed description of the main program components:

- *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

## Multisystemic Therapy Treatment Foster Care

Multnomah County Department of Community Justice

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the family as well. The entire family participates in the MST program and MST involvement typically lasts between four and six 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. 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 conjointly 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 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 indigenous social support networks with friends, extended family, church members and so forth.

# Multisystemic Therapy Treatment Foster Care

Multnomah County Department of Community Justice

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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:

- 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 mechanisms 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 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 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.

# Multisystemic Therapy Treatment Foster Care

Multnomah County Department of Community Justice

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- *Treatment Foster Care:* Foster care provides MST youth a safe placement out of their parents' homes when it is clinically appropriate to do so for a brief (one to four weeks) period of time. This resource 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 family becomes part of the MST team, attending weekly MST meetings and clinical staffings. While a youth is in their home, they will also participate in counseling sessions with the youth's family.

## Program Resources

### *Byrne Funding*

The Multnomah County Multisystemic Therapy Treatment Foster Care program receives Byrne funding of \$131,702. Multnomah County's Multisystemic Therapy Treatment Foster Care program uses Byrne funds for personnel salaries, evaluation activities, and treatment foster care services. Byrne funds are used to provide clinical supervision to MST therapists, for external evaluation services to provide process and outcome evaluations of the program and to contract with Maple Star Oregon Inc. 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 program has a service delivery staff of eight. There are five MST Therapists, a Clinical Supervisor, and two Program Administrators. Services are delivered at two sites: Self Enhancement Inc. for gang affected youth and Multnomah County Department of Community Justice for substance abusing youth. Of the five therapists, two have a Master's degree, two are currently in a Master's program, and one has a Bachelor's degree. The MST therapists provide direct service 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 program as a whole receives supervision and oversight from a trained MST consultant. The MST consultant provides weekly phone supervision and conducts quarterly on-site booster trainings for the staff during the year. The Consultant's role is to facilitate clinician and clinical supervisor adherence to MST. The MST Consultant is responsible for the development of the clinician's ability to bring MST-like thinking and interventions to cases. In so doing, the MST Consultant identifies obstacles to implementation of MST and suggests strategies to address these issues. The Program Administrators provide overall supervision at their respective sites. 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 three Therapists and one half-time Program Administrator employed by the Department of Community Justice (DCJ), the MST staff also consists of two Therapists and one half-time Administrator who are employed by Self-Enhancement, Inc. (SEI), one Clinical

## **Multisystemic Therapy Treatment Foster Care**

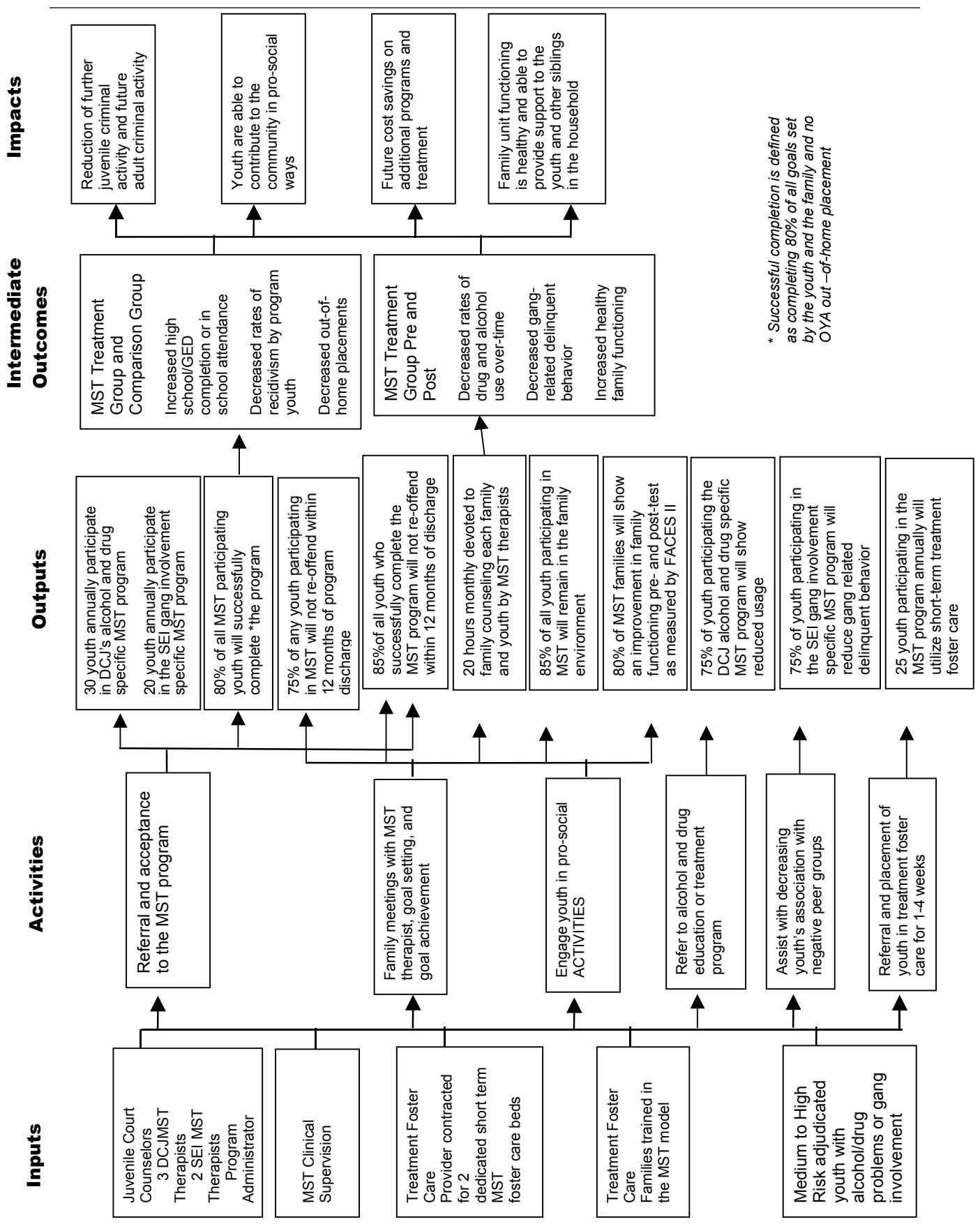
Multnomah County Department of Community Justice

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Supervisor who is a contractor, one MST Consultant who is also a contractor, and an agency (Maple Star Oregon) that is responsible for the TFC component. Coordination and collaboration between DCJ/MST staff and the SEI/MST staff 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 meet regularly with the DCJ staff and other treatment providers in an effort to keep lines of communication open. The MST Treatment Foster Care Program Administrators meet quarterly with judicial officers and provide updates regarding the program's utilization and any programmatic issues. 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

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## Program Progress

The Multnomah County Multisystemic Therapy Treatment Foster Care program had a slow start-up due to the County's cumbersome procedures for awarding contracts. The contract for foster care services was not signed until April and as a result the program was not able to implement its plan for treatment foster care during this reporting period. Despite this setback, the program made good progress in other areas. The program continued to make good progress toward MST site certification and successfully completed all evaluation capacity steps outlined in the Byrne Comprehensive Evaluation Plan for grantees.

- *Clients served:* From October 1, 2001, through June 30, 2002, the program served 43 families. Of the 43 families served, 17 families were receiving services at the end of June, 16 families had completed the program successfully or with partial success, and 10 family had failed to successfully complete the program. There were four families on a waiting list for service. Of the 43 families served, 28 were identified as having substance abuse problems and 15 were identified as being gang involved. A total of three youth were placed in treatment foster care during the reporting period. Of those three youth, two successfully completed treatment foster care and one youth did not (ran away from placement after five days).
- *Program implementation:* Initial start-up tasks completed include: (a) increasing clinical supervision hours to the level recommended by MST Services, (b) developing a training curriculum to be used to train the treatment foster care parents in the MST model, (c) developing an RFP and initiating the process to select a contractor to provide treatment foster care services, and (d) awarding a contract for treatment foster care services to Maple Star Oregon.
- *MST site certification:* MST Inc. has a systematic training and implementation model for agencies adopting MST as a clinical model that insures the fidelity of the MST model. The model includes clinical training for all staff, follow-up visits, and ongoing supervision. The entire training and implementation process takes two years to complete. Site certification tasks completed during this reporting period include: (a) weekly telephone supervision by a trained MST clinical consultant on individual cases and model adherence, and (b) three one and one-half day on-site quarterly booster trainings, to provide additional training in areas identified by therapists and to facilitate in-depth examination, enactment, and problem-solving of particularly difficult cases.
- *Program evaluation:* The program's external evaluator held several evaluation meetings with program staff to identify and refine expected program outcomes; identify measurement tools; create data collection, management, and analysis procedures; and outline a timeline for evaluation activities in concordance with the Byrne Comprehensive Evaluation Plan requirements. The program submitted a Program Description and a Logic Model as required by the Byrne Comprehensive Evaluation Plan and developed an initial Evaluation Measurement Plan.



# Multisystemic Therapy Treatment Foster Care

Multnomah County Department of Community Justice

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## Issues and Solutions

The program faced several challenges in moving from a MST program to a MST program with a foster care component. The start of the foster care component was delayed due to the time-consuming nature of the RFP process, the contract negotiations, and the start-up time required by Maple Star. The contract with Maple Star was not signed until April and the first youth was not placed into a Treatment Foster Care home until mid-May. Another challenge has been the absence of a designated MST foster family. To date, the MST TFC families have not been identified. In the interim, two families have been temporarily providing TFC for MST youth. Although the families have been very positive and supportive of the work done by MST staff, they have not been trained in the MST model. As soon as a permanent TFC family has been selected, the MST training for foster parents will occur. The curriculum for the training has been completed and the MST clinical supervisor will be responsible for administering the training.

# **¡Poder!**

## Oregon Council for Hispanic Advancement

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### **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 major components of the program include: intensive case management services, academic instruction, English as a Second Language (ESL) classes, life skills classes, and youth development programs.

The ¡Poder! program is implemented at the LISTOS Alternative Learning Center (LISTOS) of the Oregon Council for Hispanic Advancement (OCHA). Founded in 1996, LISTOS has provided Latino youth with culturally based, bilingual academic and social service programs. Since LISTOS' foundation, youth between the ages of 15 and 18 have had low retention rates resulting in low academic gains and contributing to youth criminal involvement. ¡Poder! is designed for high-risk youth in this age group to keep them engaged in positive educational and community activities, thereby reducing their involvement in juvenile violence. The program provides intensive advocacy and case management services in addition to LISTOS' existing program services.

The overall goal of ¡Poder! is to reduce youth violent crimes and recidivism by reducing the risk factors and enhancing the protective factors of each individual participant. To achieve this goal, ¡Poder! will annually recruit 15 high-risk youth, ages 15 to 18, who have dropped out of school and will provide:

- Culturally proficient intensive advocacy and case management services.
- Bilingual academic instruction and ESL classes.
- Life skills classes and opportunities for participation in youth development programs.

### **Target Population**

The target population of the ¡Poder! program is high school dropouts, mostly Latino, who live in Portland, are between the ages of 15 and 18, and have at least one of the following risk factors: (a) prior involvement in the criminal justice system, (b) gang affiliation, (c) substance abuse, (d) pregnant or parenting status, (e) recent immigration, (f) low literacy in either English or Spanish, (g) limited English proficiency, (h) welfare recipient, (i) low income, and (j) 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. Youth enrolled in LISTOS between the ages of 15 and 18 are referred to the social services Coordinator to determine their eligibility for participation in ¡Poder!. The social services Coordinator/Program Coordinator administers a screening checklist to measure and document youth's risk eligibility criteria. Eligible youth are immediately assigned a Case Manager who conducts risk and needs assessments, develops an action plan, and provides case management services. Youth who are determined to be ineligible for ¡Poder! return to the regular LISTOS program.

### **Program Components**

Built upon the existing infrastructure of the LISTOS Alternative Learning Center, the ¡Poder! program consists of three main components: (a) intensive case management, (b) bilingual academic instruction and English as a Second Language (ESL) classes, and (c) life skills classes and youth development programs. 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:* After ¡Poder! eligibility screening is conducted by the social services Coordinator, as described in the Target Population section, eligible youth are immediately assigned a Case Manager. There are currently two Case Managers: a Youth/Family Advocate and the Gang Specialist/Youth Advocate. A Case Manager conducts risk and needs assessments for each youth by interviewing the youth and administering two structured interview questionnaires: the Risk and Protective Factors Assessment (RPA) and the Needs Assessment/Self Sufficiency Plan (SSP). The RPA is designed to measure the youth's risk and protective behaviors in five main areas: school issues, peer relationships, antisocial behaviors, family functioning, substance abuse, and mental health. The SSP is used to collect information on the youth's needs such as medical referrals and housing.

After completion of risk and needs assessments, the Case Manager 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. Case Managers make reference to the youth's action plan to write their weekly case notes for the youth and to monitor his or her program activities and progress.

After the action plan is completed, the Case Manager contacts the youth at least twice a week. The purpose is 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 doctor appointment.

In addition to biweekly contact with the youth, the Case Manager contacts the youth's family at least once a month. The Case Manager makes an initial home visit during the youth's 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.

## ¡Poder!

### Oregon Council for Hispanic Advancement

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- *Bilingual academic instruction and English as a Second Language (ESL) classes:* ¡Poder! youth participate in bilingual, English and Spanish academic instruction and ESL classes provided by the LISTOS Alternative Learning Center (LISTOS). LISTOS staff conduct assessments of each youth's academic and English level in order to place them at the appropriate academic level and to create individualized curriculum for GED preparation. The assessment is based on three main tests: (a) Test for Adult Basic Education (TABE) to assess grade level for Spanish-speaking youth, (b) IDEA Proficiency Test (IPT) to assess language level of limited English-proficient youth, and (c) Computerized Adaptive Test (CAT) to assess academic level for English-speaking youth.

LISTOS provides academic instruction in English and Spanish to youth at all academic levels and in all subjects. Youth receive academic instruction Monday through Thursday, in either the morning (9:00 a.m. to 1:00 p.m.) or evening (5:00 p.m. to 9:00 p.m.) school schedule. Youth in morning and evening shifts participate in ESL classes, life skills classes, or supervised gym time at the YWCA for two hours, and receive individualized instruction in any of five GED subject areas (math, science, reading, writing, and social studies) for the other two hours. Youth receive assignments from instructors in all subject areas and receive assistance in the completion of these assignments by certified teachers, instructors, advocates, and adult volunteers.

- *Life skills classes and youth development programs:* All ¡Poder! youth attend life skills classes provided by the LISTOS Alternative Learning Center (LISTOS). The life skill classes are designed to develop the coping skills needed to live a healthier and more productive life in the community. The topic areas of classes include: job application process, resume preparation, immigration issues, budgeting, health, nutrition, communication skills, cultural awareness, conflict resolution, goal setting, and decision making.

Per their action plan, ¡Poder! youth can also participate in a variety of youth development programs at LISTOS including the Alternative Pathways, Conexión, and Mi Amigo programs. For youth who are close to graduation from LISTOS, the Alternative Pathways program offers structured transition from alternative high school to college. Through Alternative Pathways, youth receive payment for tuition and books through their first three terms in community college and receive ongoing support services including counseling, transportation assistance, childcare subsidies, and emergency financial assistance. Through the Conexión program, youth participate in a comprehensive high technology curriculum, in-school placements, and job shadow opportunities. Youth who successfully complete the program are awarded the computer that they have built. The Mi Amigo program is a mentorship program in which youth are matched with mentors, many of whom are high-level professionals such as doctors, attorneys, and corporate executives. Mentors make at least a one-year commitment to meet weekly with their mentees and provide guidance and support.

Program completion criteria are currently under development. One criterion in consideration is based on changes in youth's eligibility risk factors and/or risk and protective factors measured by the Risk and Protective Factors Assessment tool. Under this criterion, the youth will be transitioned to the regular LISTOS program if the youth do not meet the program eligibility criteria or make a certain level of improvement in their risk and protective behavior.

# **¡Poder!**

## Oregon Council for Hispanic Advancement

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### **Program Resources**

#### *Byrne Funding*

The ¡Poder! program receives Byrne funding in the amount of \$74,900. Most of the funding is used to support the Social Services Coordinator/Program Coordinator, Case Managers (the Youth/Family Advocate and the Gang Specialist/Youth Advocate), and other LISTOS staff in providing program services.

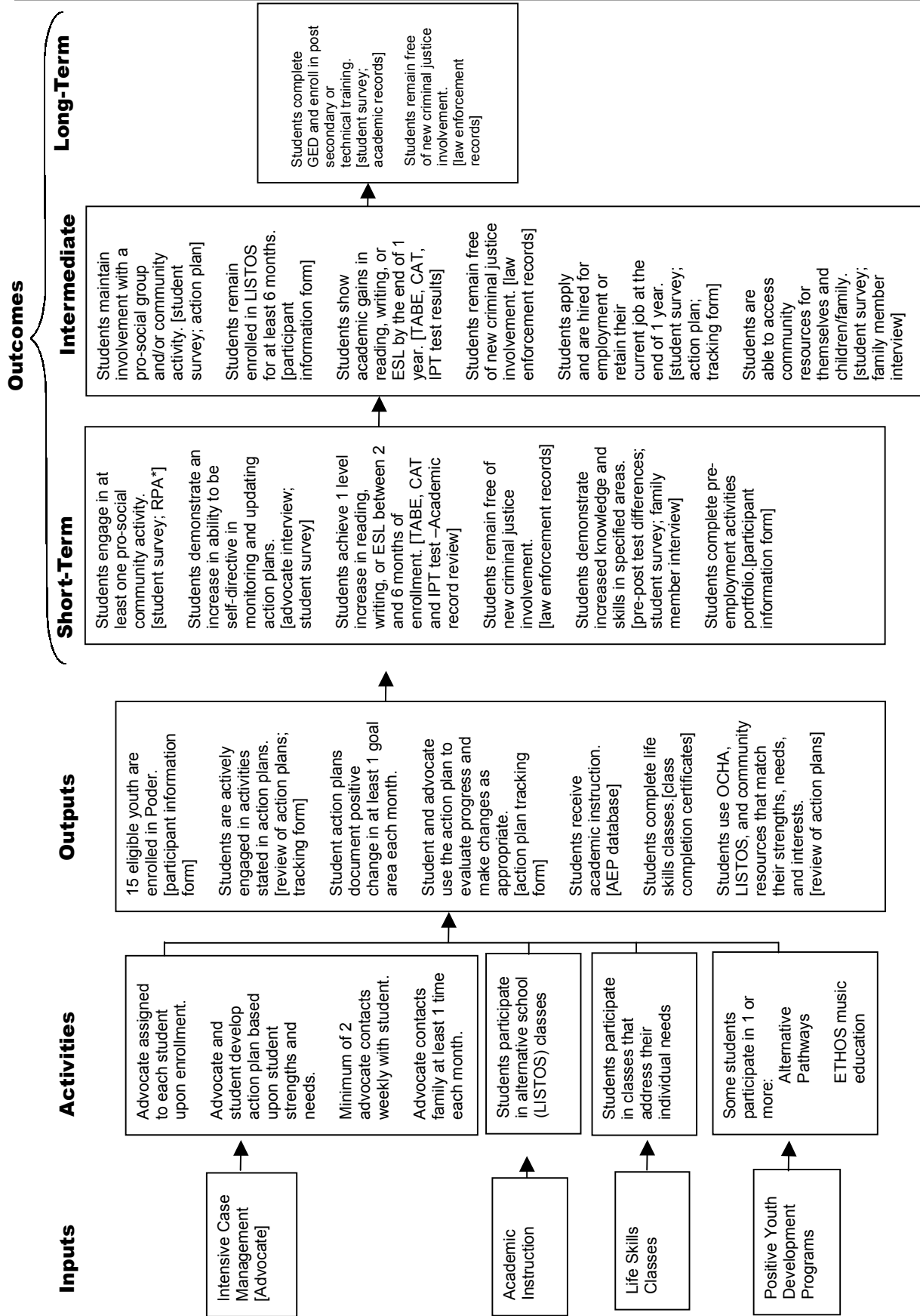
#### *Program Staff*

There are currently three main staff members who are directly involved in implementation of the program's intensive case management: the Social Services Coordinator/Program Coordinator and two Case Managers (the Youth/Family Advocate and the Gang Specialist/Youth Advocate). The Social Services Coordinator/Program Coordinator develops and monitors the program, supervises the Case Managers, conducts screening for potential clients, and coordinates program services for clients. Case Managers conduct youth's risk and needs assessments, develop action plans, contact youth and families, document all contact in case notes, and review cases with the Social Services Coordinator/Program Coordinator. Bilingual academic instruction, ESL classes, life skills classes, and youth development programs have already been built in the LISTOS infrastructure. These services are provided to ¡Poder! youth by the Academic Testing and Standards Coordinator, ESL Instructor, Life Skills Specialist, and the Special Programs Coordinator. Program evaluation is conducted by the internal program evaluator at the Oregon Council for Hispanic Advancement and the external program evaluator, a research faculty staff person at Portland State University.

#### *Collaboration*

The primary stakeholders in the ¡Poder! program include the Portland Public School District, Multnomah Department of Juvenile and Adult Community Justice, the Oregon Youth Authority (OYA), and Portland Police Department. Program staff work 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 Social Services Coordinator/Program Coordinator participates in several community forums and committees including the Hispanic Advisory Council to the Portland Police Department, Multnomah County Safety Council Strategic Intervention Team, Over-Representation of Minorities in the Juvenile Justice System, and the OYA quarterly Providers meeting. Other staff members participate in the Coalition for Latino Education with Portland Public Schools, Latino Network, Consortium of Pathways Directors, and the Mayor's Anti-Gang meeting.

# Program Logic Model ¡Poder!



\*Risk and Protective Factor Assessment

### Program Progress

First-year efforts of the ¡Poder! program were focused on clarifying and refining ¡Poder! target populations, intensive case management strategies and procedures, and program resources and capacity. As of June 30, 2002, program staff completed the essential groundwork needed to facilitate program activities. Evaluation efforts were focused on building the program foundation while developing the framework for program outcome evaluation.

- *Clients served:* From October 1, 2001, through June 30, 2002, ¡Poder! served 15 youth. To pilot-test the originally proposed program design and the program capacity, the program initially started with seven youth, and added eight more youth in the middle of the program. Of the 15 youth served, 14 are still in the program and one youth returned to a public school and program services were terminated. Currently, there are four youth on a waiting list.

The risk profile of the 15 youth at program intake was as follows: 27 percent had prior involvement in the criminal justice system; 93 percent were gang affiliated; 40 percent were using substances; 13 percent were pregnant or parenting; 27 percent were recent immigrants; 27 percent had low literacy in either English or Spanish; 53 percent had limited English proficiency; 27 percent were welfare recipients; 93 percent had low income; and 73 percent had an incarcerated family member.

- *High program retention rate:* Intensive case management seems to be successful in retaining high-risk youth in the program. Based on seven youth who have participated in the program since the beginning, a six-month program retention rate was 86 percent (only one of the seven program participants dropped out within six months). In comparison, for the past school year before initiation of intensive case management, the six-month school retention rate was only 31 percent (20 of 29 participants dropped out within six months).
- *Recidivism and academic improvement:* Of the 15 youth served, 93 percent remained free of new criminal involvement while they were in the program. All youth showed grade level increases in math, reading, and writing, or one level increase in ESL. The first-year program goal was that 80 percent of participants would remain free of new criminal involvement and would make academic improvement.
- *Program evaluation:* Evaluation efforts were focused on facilitating the process of building the program foundation and designing the framework for program outcome evaluation. The internal and external program evaluators completed development of a detailed Program Description, a Logic Model, and an initial Evaluation Measurement Plan. The main program outcomes are: (a) an increased program retention rate, (b) an increase in participants' academic level, (c) an improvement in life skills, (d) an improvement in risk and protective behaviors, and (e) a reduction in criminal justice recidivism.

### Issues and Solutions

Over the past couple of years, the Oregon Council for Hispanic Advancement (OCHA) has faced challenges in terms of organizational resources and leadership. In addition, soon after

## **¡Poder!**

### Oregon Council for Hispanic Advancement

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starting the ¡Poder! program, staff realized that implementation of the proposed intensive case management model would require much more time and many more resources than originally anticipated. A new permanent Executive Director has recently taken over at OCHA and has been working with program staff to resolve these issues. The main resolution efforts are of restructuring staff in the next program year. This will include: (a) creation of a new full-time intensive Case Manager position to perform all intensive case management duties and (b) replacement of the current internal program evaluator with the recently hired principal of LISTOS Alternative Learning Center who will work with the Social Services Director/Program Coordinator and the external program evaluator.

In an effort to address the issue of resources, the program is currently making changes in ¡Poder! eligibility criteria and youth development programs. For the next program year, the program plans to use the “weighted” risk factor system to determine youth’s eligibility for ¡Poder! participation. Through this system, youth must either: (a) have prior involvement in the criminal justice system or gang affiliation or (b) meet at least two of the following less heavily weighted risk factors: substance abuse, pregnant or parenting status, recent immigration, low literacy in either English or Spanish, limited English proficiency, welfare recipient, low income, or family member incarceration. For the next year, the program also plans to replace the LISTOS’ Conexion and Mi Amigo youth development programs with two new programs: the ETHOS and Oregon Leadership Institute programs. The ETHOS program provides youth with opportunities to receive music lessons in guitar, voice, and drum. The Oregon Leadership Institute program is a mentorship program similar to the Mi Amigo program, in which Latino high school students are matched with Latino college students who serve as role models and peer supporters.



# **Project SUPPORT – Service Utilization to Promote Positive Outcomes in Rehabilitation and Transition for Adjudicated Youth**

Oregon Department of Education

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## **Program Purpose**

In January 2002, the Oregon Department of Education received funding to adapt and expand its existing Project SUPPORT program for paroled youth to serve youth on probation and to perform a rigorous and extensive evaluation of the program using a randomized experimental design.

The purpose of Project SUPPORT (Service Utilization Promoting Positive Outcome in Rehabilitation and Transition) is to assist Oregon Youth Authority (OYA) probation youth who have been diagnosed with a special education disability or a mental disorder to successfully complete probation services by connecting each youth with (a) education, (b) pre-employment and/or employment opportunities, and (c) community-based services. Probation youth have not yet been incarcerated and it is the goal of this program to decrease their further involvement within the juvenile justice system and increase their involvement in school and work.

The expansion of Project SUPPORT to probation youth is timely and much needed. A recent study that tracked a sample of 531 youth leaving OYA custody and returning to the community found: (a) few of the youth in the sample received services from community-based social service agencies, (b) almost 60 percent returned to OYA or were committed to the adult correctional system, (c) only a quarter enrolled in school and even fewer completed their education, (d) employment rates were low—averaging less than 30 percent, and (e) only a portion—about 35 percent—were engaged in either school or work. Participants moved often and more than a third of the participants reported being robbed or assaulted. Those with a disability (special education or mental health diagnosis) label were almost three times more likely than those without a label to return to the correctional system and two times less likely to become involved in work or school. These results are especially important to note as those participants who were engaged in work and/or school immediately after leaving OYA tended to stay out of the correctional system at a rate of 2.8 times lower than that of persons who were not so engaged. The effect of these positive activities was especially pronounced for participants with disabilities. Those with disabilities who were working or going to school during the first six months after leaving OYA were 3.2 times less likely to return to OYA and 2.5 times more likely to remain working and/or in school 12 months after leaving OYA. Finally, virtually the entire sample had been affiliated with the county probation system prior to entering OYA, pointing to the importance of intervening with these high-risk youth at an earlier point in the correctional system.

Taken together, these results indicate the potential benefits of providing intensive community services to probation youth with disabilities as a prevention mechanism to reduce the likelihood of increased involvement in the juvenile justice system leading to incarceration. Such services are, unfortunately, not readily available; thus there is a pressing, crucial need to continue and expand Project SUPPORT to this second population of probation youth.

The main goals of the program are to:

- Develop a systemwide service delivery model resulting in lower rates of involvement with Oregon Youth Authority or adult corrections and higher rates of employment and education for probation youth.
- Embed program services within the existing administrative and fiscal structures of the participating state agencies and local communities.

# Project SUPPORT – Service Utilization to Promote Positive Outcomes in Rehabilitation and Transition for Adjudicated Youth

Oregon Department of Education

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## Target Population

Project SUPPORT targets male and female youth ages 12 to 18 who are on probation with OYA and have been diagnosed with a special education disability or a mental disorder. An OYA probation youth will be eligible for Project SUPPORT services if they meet the following conditions: (a) the youth resides within the regions currently served by Project SUPPORT, and (b) the youth is randomized into the pilot services group. If a randomized youth has been placed in a residential treatment facility outside of the service region, the youth will receive services upon return to the service region.

Referrals to the program will come from OYA. Initially, OYA will generate a list of all probation youth in the target population in each serving region. These youth will be randomized into the pilot (treatment) groups and usual services (control) group. The treatment group will serve as the Transition Specialist's initial caseload. Those in the control group will receive the usual probation services. After the initial caseloads are defined, a monthly list of newly adjudicated probation youth in the target population in each region will be generated and randomly assigned to treatment and control groups.

## Program Components

Project SUPPORT has four primary components: (a) education, (b) employment, (c) involvement within the juvenile justice system, and (d) community support. A Transition Specialist, the key staff person in this program, works directly with the youth and agency staff to define the youth's strengths, weaknesses, interests, and life goals. The Transitions Specialist's primary responsibility and the foundation for this service model is the development of a trusting relationship with the probation youth. Through these relationships, services will be tailored to the youth's strengths, needs, aptitudes, and interests with a focus on academic and/or employment placements. In addition, other local community agencies (e.g., mental health, alcohol and other drug agencies) will be utilized based on the individual needs of each program youth. The Transition Specialist will collaborate with OYA probation officers, education providers, employers, foster care, and community agency staff to assist the youth in meeting his or her transition goals.

The following is a detailed description of the main program components:

- *Individualized educational placement and support:* Each Transition Specialist will be employed by an Educational Service District and will have ready access to the various educational options available in those programs. The Transition Specialist will access these curricular offerings to: (a) facilitate the program youths' enrollment in a community education placement, (b) complement program youths' job placement requirements (e.g., math instruction will focus on skills needed to succeed in a particular job), and (c) foster academic success by forging youths' (re)connection with schools.
- *Employment-related activities:* The Transition Specialists will provide employability skill development instruction (e.g., job gaining and maintaining skills) to insure that basic employment skills are obtained by each youth. In addition, every effort will be made to place youth in competitive jobs as quickly as possible. These placements often will complement an educational placement. The job placements frequently will be part-time and temporary, allowing youth to experience different types of jobs and build basic employment skills (e.g., attendance, following instructions, working with co-workers).

# **Project SUPPORT – Service Utilization to Promote Positive Outcomes in Rehabilitation and Transition for Adjudicated Youth**

Oregon Department of Education

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- *Enhancing probation plan requirements:* The Transition Specialist will work closely with the youth's probation officer to understand the requirements of the youth's probation plan and will assist the youth in meeting these requirements. The role of the probation officer is to monitor the youth's probation plan and ensure that initial services (e.g., school attendance, employment, alcohol and drug treatment) are accessed by the youth. The role of the Transition Specialist will then be to assist and support the youth to maintain these engagement levels and service connections.

*Service coordination with community support agencies:* The Transition Specialist will build systemic relationships with community-based agencies (e.g., vocational rehabilitation, mental health). Major activities of the Transition Specialist will include: (a) identifying the necessary services needed by the youth and assisting the youth to access those services and, (b) maintaining regular communication with those social service staff regarding participation.

## **Program Resources**

### *Byrne Funding*

Project SUPPORT receives Byrne funding of \$198,634. Project SUPPORT uses Byrne funds for personnel salaries, evaluation activities, and staff training. Project SUPPORT contracts with the University of Oregon for external evaluation services to provide process and outcome evaluations of the program.

### *Program Staff*

Project SUPPORT has a service delivery staff of five. There are four Transition Specialists and one Program Coordinator. The program will initially serve two regions, Eastern Oregon and the South Coast Region. The Transition Specialist responsibilities include: working with the probation officer and local school personnel to insure transition services are in place; insuring that the youth has a sound education/employment training program; monitoring the youth's school program/progress/attendance; arranging employment training placements in the community, consulting regularly with the probation officer regarding the revocation plan, community housing, and other needs or limits that might impact the success of the transition/employment plan; and working with the probation officer to insure that community agency services are in place and can provide needed support.

### *Collaboration*

Project SUPPORT involves a great deal of collaboration at both the state and local levels. The Oregon Department of Education (ODE) and the Oregon Youth Authority (OYA) provide the framework for collaboration at the state level to insure that administrative and fiscal structures are set in place to maintain Program SUPPORT after grant dollars cease. ODE provides administrative and fiscal oversight for the program and contracts with local education providers to hire and supervise program staff. OYA provides administrative oversight at both state and local levels for the probation officers working with the program and provides a list of probation youth to evaluators to define the treatment and control groups. ODE and OYA state managers meet monthly to assess program progress and develop strategies to guide program implementation. At the local level, contracted Education Service Districts and school districts provide supervision of Transition Specialists. Local education providers (traditional schools/alternative

# **Project SUPPORT – Service Utilization to Promote Positive Outcomes in Rehabilitation and Transition for Adjudicated Youth**

Oregon Department of Education

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schools) work directly with the Transition Specialist to engage and maintain probation youth in school. Probation Officers develop and monitor the probation plan for each youth and work directly with the Transition Specialist to facilitate the completion of the youth probation plan. In addition, foster parents and residential care providers provide residential care for the probation program participants and work with the Transition Specialist to meet the transition needs of program participants. Community support agencies (e.g., alcohol and other drug treatment agencies, local mental health providers) collaborate with the Transition Specialist to engage and maintain the probation youth's involvement in needed services.

# Program Logic Model Project SUPPORT

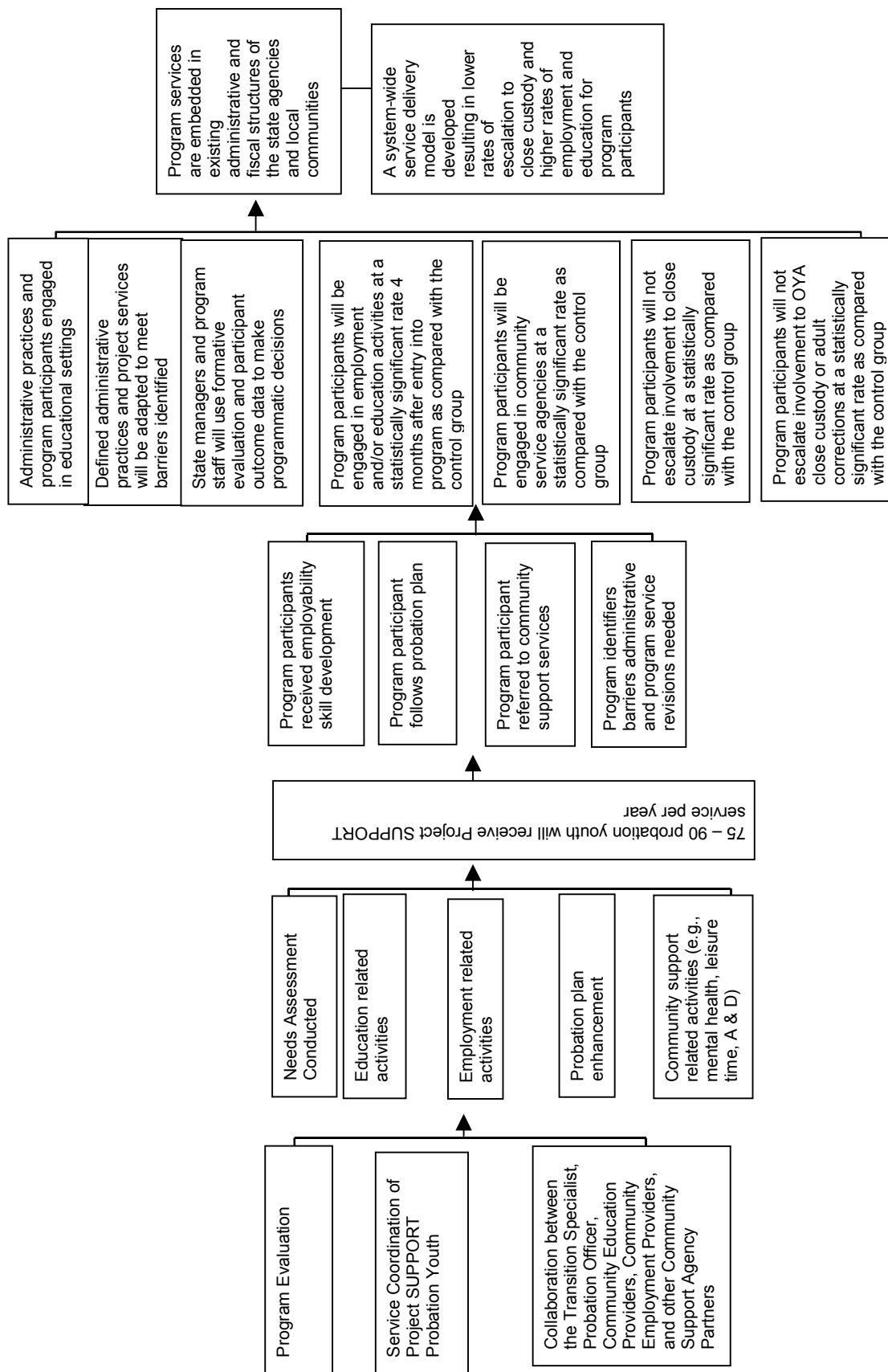
## Program Goals

## Outcome Measures

## Outputs

## Activities

## Inputs



# Project SUPPORT – Service Utilization to Promote Positive Outcomes in Rehabilitation and Transition for Adjudicated Youth

Oregon Department of Education

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## Program Progress

Project SUPPORT had a slow start-up due to cumbersome procedures for contracting services. In order to begin program services in the Eastern Oregon region, Union/Baker ESD and Coquille School District needed contracts from the Oregon Department of Education (ODE) to hire staff and provide program services. The contracting process was initiated in January of 2002 and was officially completed on June 24, 2002. This caused a delay in the initiation of program services and as a result no clients were served during this reporting period. Despite this setback, the program made good progress in other areas. The program successfully completed all evaluation capacity steps outlined in the Byrne Comprehensive Evaluation Plan for grantees and began building the infrastructure to deliver services (the Union/Baker ESD had an existing contract with ODE and on good faith began the development of building the infrastructure for initiating grant services during this reporting time frame).

- *Clients served:* No clients were served from January 1, 2002, through June 30, 2002.
- *Program Implementation:* Initial implementation tasks completed include: (a) the formation of a state management team consisting of representatives from ODE, OYA, along with the University of Oregon evaluation team to identify needed infrastructure building activities, (b) conducting initial planning meetings in the Eastern Region with representatives of all involved agencies, (c) conducting an initial needs assessment in Eastern Oregon with stakeholder groups represented by probation officers and regional probation supervisors, Union/Baker ESD staff, Transition Specialists, Workforce Investment Act staff, and foster care parents and residential care providers to define local barriers and existing supports for assisting probation youth in the community.
- *Program Evaluation:* Initial evaluation tasks completed include: (a) identifying the numbers of probation youth in the target group within each region to assist in defining regions to be served by each Transition Specialist, (b) developing a randomization plan for defining probation youth into either treatment or control groups, (c) developing a data collection system including data collection forms and data collection manuals, (d) training data collectors in Eastern Oregon on the data collection process, and (e) submitting a Program Description, Logic Model, and initial Evaluation Measurement Plan as required by the Byrne Comprehensive Evaluation Plan.

## Issues and Solutions

The program faced two major challenges in its initial reporting year. First the start of the program was significantly delayed due to the contracting procedures that ODE must follow to initiate contracts to the local Education Service District or school districts to implement this program. These contracts were not finalized until June 2002 and as a result no services were provided to youth during this reporting period. A second challenge encountered was the initial reluctance of the probation officers to develop a collaborative relationship with the Transition Specialists. Probation officers were concerned, due the current budget crisis in Oregon, that Transition Specialists might represent a threat to their job security since Transition Specialists were engaged in similar tasks. To resolve this issue, the program provided probation officers more information about the types of activities that the Transition Specialists would be engaged in doing. It was clarified that the Transition Specialists do not duplicate the duties of the probation officer but instead enhance the probation plan by supporting the youth to become engaged in educational and employment options.

# Home Works

## Youth Contact, Inc.

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### Program Purpose

In October 2001, Youth Contact, Inc. in Hillsboro, Oregon, received funding to establish a new in-home family therapy program for youth at high risk of involvement in juvenile crime in Washington County. This grant award provided Youth Contact with the funds necessary to launch the Home Works program, which uses Multisystemic Therapy (MST) to address the needs of Washington County's high-risk youth and their families.

Youth Contact, a private nonprofit agency founded in 1976, has had 25 years of successful youth treatment service delivery. The agency has substantial expertise in the delivery of treatment from a strategic/structural treatment perspective, the theoretical/clinical basis of MST, and has provided family therapy services for delinquent and at-risk youth since 1981.

The primary purpose of Youth Contact's Home Works program is to provide at-risk adolescents and their families with treatment(s) that eliminate or greatly reduce delinquency and those risk factors related to delinquency. The program seeks to reduce delinquency and its correlates through the use of MST, an empirically evaluated, family-based intervention that addresses the known determinants of serious antisocial behavior in adolescents and their families. 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 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.

### Target Population

The Home Works 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, seriously 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 Oregon Juvenile Crime Prevention Risk Assessment. The areas of risk assessed by the Juvenile Crime Prevention screening tool include: (a) antisocial behaviors, (b) family functioning, (c) school performance, (d) peer relationships, and (e) substance abuse.

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, area hospitals, and other mental health programs as well as directly from

## Home Works Youth Contact, Inc.

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families. When a referral is made, Home Works staff: (a) determine if space is available in the MST program, (b) review the case to determine if it is appropriate for MST, (c) verify that the referral agency has informed the family of the referral, (d) schedule an intake session with the family, and (e) 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-causal; 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 part of this process is to foster in the parents the ability to be good advocates for their children and themselves with social service agencies and to seek out their own supports. In other words, parents are encouraged to develop the requisite skills to solve their own problems rather than rely on professionals.

The following is a detailed description of the main program components:

- *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 four and six 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 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 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.



## Home Works

### Youth Contact, Inc.

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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 conjointly 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 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 indigenous 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:

- 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 mechanisms 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 be developmentally appropriate and fit the developmental needs of the youth.

## Home Works Youth Contact, Inc.

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- 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 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 six 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. Clients also have access to 24-hour crisis intervention services by way of a crisis pager, which each Home Works Therapist carries on a rotating basis.

### Program Resources

#### *Byrne Funding*

The Youth Contact Home Works program receives Byrne funding of \$200,000. The program uses Byrne funds for personnel salaries, evaluation activities, and MST site certification. Youth Contact Home Works contracts with Portland State University for external evaluation services to provide process and outcome evaluations of the program and with MST Services for site certification and staff training.

#### *Program Staff*

The Youth Contact Home Works program has a service delivery staff of five. There are three MST Therapists, a Clinical Supervisor, and a Program Director. The three MST Therapists all have Master's degrees. They provide direct service to families using the MST model and carry caseloads of up to six families. One of the three is bilingual 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 as a whole receives supervision and oversight from a trained MST consultant. The MST consultant provides weekly phone supervision and conducts quarterly on-site booster trainings for the staff during the year. The consultant's role is to facilitate clinician and clinical supervisor adherence to MST. The MST consultant is responsible for the development of the clinician's ability to bring MST-like thinking and interventions to cases. In so doing, the MST consultant identifies obstacles to implementation of MST and suggests strategies to address these issues. 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.

## **Home Works**

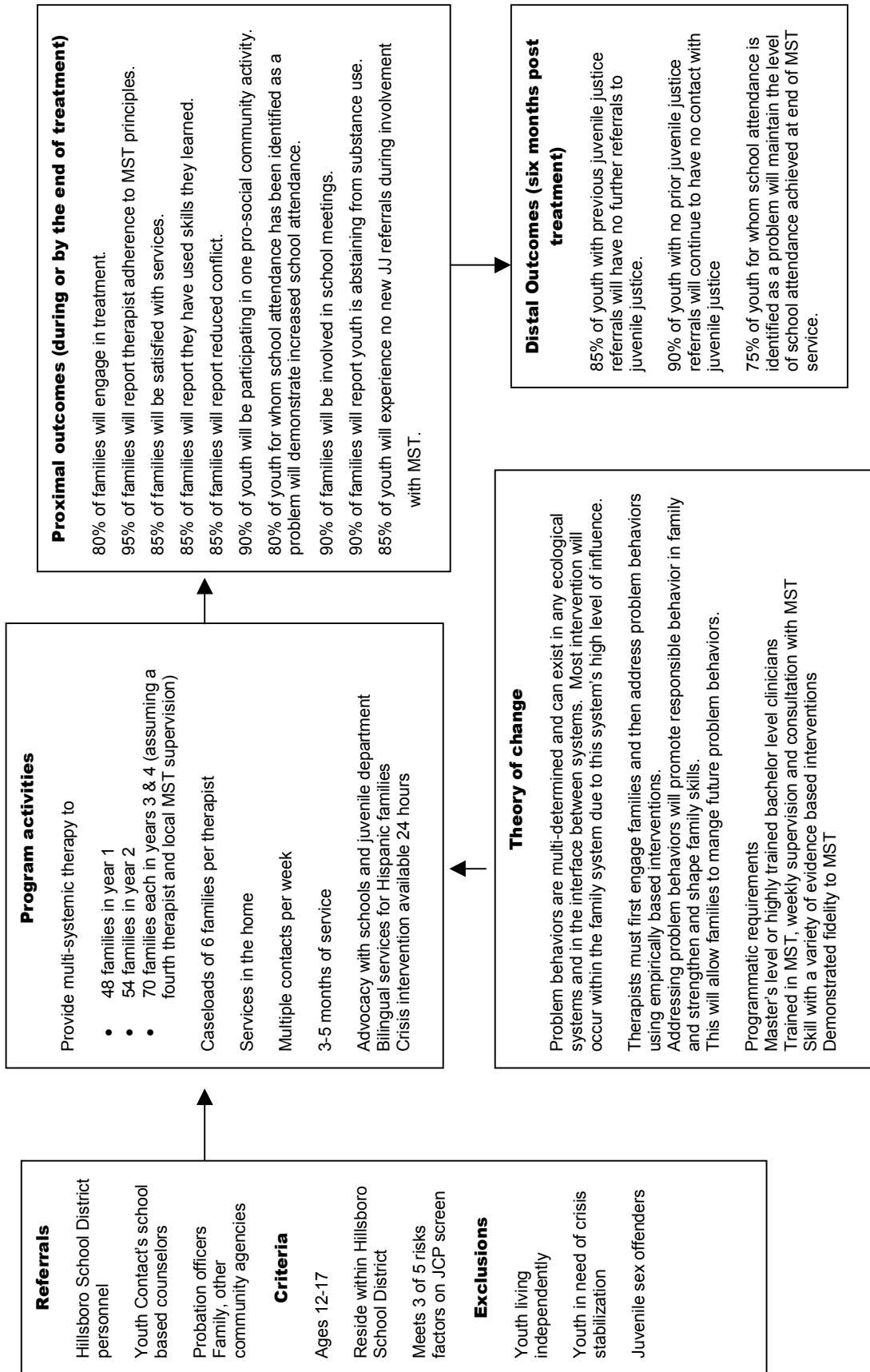
### **Youth Contact, Inc.**

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#### *Collaboration*

The key community partners for the Youth Contact Home Works 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 Home Works program were the Washington County Juvenile Crime Prevention Partnership and the Hillsboro School District.

## Program Logic Model Home Works



# Home Works

## Youth Contact, Inc.

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### Program Progress

The Youth Contact program made good progress during the reporting period. Therapists successfully established therapeutic relationships with clients who enrolled in the program and during the reporting period. No families chose to terminate services prior to the successful completion of treatment goals. The program completed all start-up tasks, made good progress toward MST site certification, and successfully completed all evaluation capacity steps outlined in the Byrne Comprehensive Evaluation Plan for grantees.

- *Clients served:* From October 1, 2001, through June 30, 2002, the program served 23 families. Of the 23 families served, 11 families were receiving services at the end of June, 11 families had successfully completed the program, and one family had failed to successfully complete the program (this family had been simultaneously and mistakenly entered into two treatment programs by probation services and the probation counselor chose to have the family continue in the other program with an option to re-enroll in Home Works at a later date). There were three families on a waiting list for service. Most of the youth served were experiencing significant family conflict (including domestic violence, past or current abuse or neglect, marital dilemmas, etc.), 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).
- *Program implementation:* Initial start-up tasks completed include: (a) advertising, interviewing, and hiring MST Therapists, (b) purchasing computers and diagnostic tools for use by MST Therapists, (c) creating and distributing pamphlets and literature to educate families and community partners about the program, and (d) developing a referral process in conjunction with the program's primary referral sources.
- *MST site certification:* MST Inc. has a systematic training and implementation model for agencies adopting MST as a clinical model that insures the fidelity of the MST model. The model includes clinical training for all staff, follow-up visits, and ongoing supervision. The entire training and implementation process takes two years to complete. Site certification tasks completed during this reporting period include: (a) a two day on-site pre-training assessment visit from MST Services that included meetings with stakeholders, information sessions, a review of the client referral process, an overview of MST training for Therapists, and assistance in designing clinical record keeping to document MST treatment goals, (b) a five-day clinical training that covered the core constructs, phases, assessment, and intervention techniques of MST, (c) weekly telephone supervision by a trained MST clinical consultant on individual cases and model adherence, and (d) three one and one half day on-site quarterly booster trainings, to provide additional training in areas identified by Therapists and to facilitate in-depth examination, enactment, and problem-solving of particularly difficult cases.

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- *Program evaluation:* The program submitted a Program Description and a Logic Model as required by the Byrne Comprehensive Evaluation Plan. The program identified an external evaluator and formed an evaluation team. The evaluation team includes the external and internal evaluators, the Home Works Program Coordinator, and the agency's Executive Director. The team held several meetings to determine evaluation outcomes, data needed for evaluation, and procedures to collect necessary data. An initial Evaluation Measurement Plan was submitted.

### Issues and Solutions

The program faced several challenges in its initial year. Two Therapists unexpectedly resigned from the Home Works program including the program's only bicultural/bilingual Therapist; program staff initially had no independent office space, and the program had difficulty monitoring its success with Spanish-speaking clients (30 percent of Home Works clients are Spanish-speaking) because the instrument provided by MST to do so was not available in Spanish. To resolve these issues, the program aggressively recruited for the replacement positions, worked closely with the Hillsboro School District to locate office space, and successfully lobbied the MST Institute to translate the needed instrument into Spanish. As a result, (a) Home Works was able to recruit and train two new Masters level Therapists, one of which is bilingual/bicultural; (b) the Hillsboro School District provided the program housing within the Miller Education Center, the school district's alternative school (this location proved opportune in that it provided the most high-risk students and their families easy access to program services), and (c) the MST Institute agreed to translate the Therapist Adherence Measure (TAM) in order to minimize the possibility that the tool would be incorrectly interpreted. While the process took some time, it has currently been translated into Spanish and is being administered to Spanish-speaking families. Unfortunately, the Spanish-language TAM cannot yet be analyzed until MST develops an appropriate tool to do so. The best means to resolve this problem is currently being addressed by Youth Contact's Program Director and the MST Institute.



